

PARTICIPANT INTAKE FORM

Please Print Clearly

Today's Date _____

Name: _____ T-shirt Size _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone _____ Work phone _____

Occupation _____ Email _____

Height _____ Weight _____ Age _____ Date of Birth ____/____/____ Male _____ Female _____

If Participant is a Minor

Name of Parent(s) _____ Telephone _____

Address _____ City _____ State _____ Zip _____

Medical Information: Please answer the following questions as applicable. If you check YES to any question, please explain.

Your Disability: _____

Are you currently under a Doctor's care for any condition? Yes _____ No _____
If YES, please explain _____

Are you currently taking any medication(s), which we should be aware of? Yes _____ No _____
If YES, please explain _____

Do you experience seizures? Yes _____ No _____

Are you currently taking seizure medication? Yes _____ No _____

Are you allergic to anything, especially latex or bee stings? Yes _____ No _____
If YES, please explain _____

Are you ambulatory? Yes _____ No _____
What % of time _____. With what kind of aid, if any? _____

Do you need to limit your activities for any reason? Yes _____ No _____
If YES, please explain _____

Do you have any special medical conditions we should know about? Yes _____ No _____
(i.e. asthma, diabetes, heart trouble, etc.)
If YES, please explain _____

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Do you have any special medical instructions/information we should know? Yes _____ No _____

If YES, please explain _____

Are you Water Safe? Can you turn yourself face-up from a face-down position in deep water wearing a Type 1 personal flotation vest? Yes _____ No _____

Do you have any open wounds? Yes _____ No _____

If YES, please explain _____

While water skiing, skiers will be towed behind or alongside a motor-boat at speeds up to 25mph. Should you fall, your body must be able to sustain the impact of hitting the water at these speeds. If you think the impact may cause you pain or injury, please consult with your doctor before attempting to water ski and bring a doctor’s written release with you.

Will falling sideways onto your shoulders cause pain or injury to your back or shoulders or cause dizziness? Yes _____ No _____

Within the past six months have you had any injury to, or surgery on, your back, spinal cord or hips? Yes _____ No _____

If YES, please explain _____

Do you wear a brace? Yes _____ No _____

If YES, describe the type of brace _____

Do you have Harrington Rods? Yes _____ No _____

If YES, what is the length of time you’ve had them? _____

Emergency Contact Name _____ Telephone _____

Emergency Contact Name _____ Telephone _____

Physician’s Name _____ Telephone _____

By signing below, I verify that the information above is current and accurate. I understand that the information above is confidential and will be used only by the Missouri Disabled Water Ski Association to provide the participant with a safe and fun waterskiing experience.

(Printed name)

(Signature of person completing form)

(Date)