

CADS Calgary Ski/Snowboard School

Student Information for Program Supervisors

This form will remain with the student's group supervisor for their reference throughout the season. Thank you for taking the time to complete this information and for participating with CADS Calgary!

_____ **NEW Student** _____ **RETURNING Student**

NAME _____ NICKNAME _____

GROUP _____

MALE _____ FEMALE _____ HEIGHT (ft, in) _____ WEIGHT (lbs) _____ DATE OF BIRTH _____

SKILL LEVEL INFORMATION (If applicable):

Skiing: Beg. _____ Int. _____ Adv. _____ **Snowboarding:** Beg. _____ Int. _____ Adv. _____

PLEASE ANSWER ALL QUESTIONS ON FRONT AND BACK

Please circle all that apply to the student. Provide specific information where requested. All information is voluntary and requested only to assist supervisors and instructors in providing a quality learning experience.

PHYSICAL

ALLERGIES

AMPUTEE (TYPE _____)

ARTHRITIS

ASTHMA

BRAIN INJURY

CEREBRAL PALSY

(TYPE _____)

CONGENITAL HEART DISEASE

CYSTIC FIBROSIS

DIABETES

EPILEPSY

FEEDING TUBE

HEARING IMPAIRED

MULTIPLE SCLEROSIS

MUSCULAR DYSTROPHY

RESPIRATORY DISEASE

SEIZURES

SHUNT

SPINA BIFIDA

SPINAL CORD INJURY
(LEVEL _____)

STROKE
(LEFT/RIGHT _____)

VISUALLY IMPAIRED

HEART PROBLEMS
(TYPE _____)

POST POLIO

ARTHROGRYPOSIS

OTHER (EXPLAIN) _____

MOBILITY

ELECTRIC WHEELCHAIR

MANUAL WHEELCHAIR

CANES/CRUTCHES

INDEPENDENT

DEVELOPMENTAL

MILD

MODERATE

SEVERE/PROFOUND

AUTISM

DOWN SYNDROME

OTHER (EXPLAIN) _____

LEARNING DISABILITY

PERCEPTUAL DIFFICULTY

DISTRACTIBILITY

HYPERACTIVITY

DYSLEXIA

ATTENTION DEFICIT DISORDER

OTHER (EXPLAIN)

RACE/ETHNIC ORIGIN

(OPTIONAL) _____

BEHAVIOR DISORDER

ACTING OUT

AGGRESSIVE

SELF-ABUSIVE

OTHER (EXPLAIN) _____

EMOTIONAL

ANTI-SOCIAL

ANXIETY

DEPRESSION

DISORIENTATION

EATING DISORDER

NEUROSIS

PSYCHOSIS

SCHIZOPHRENIA

SUBSTANCE ABUSE

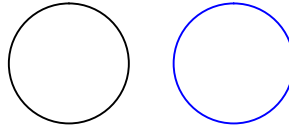
OTHER (EXPLAIN)

COMMUNICATION

VERBAL
NONVERBAL
OTHER _____

VISUAL FIELD

LEFT RIGHT
BLACK OUT AREAS OF NO VISION



MEDICAL INFORMATION

SUBJECT TO SEIZURES? (YES/NO) _____ WHEN? _____ TYPE? _____

ALLERGIES TO FOODS OR MEDICATIONS? IF SO, PLEASE LIST: _____

CURRENT MEDICATIONS? IF SO, PLEASE LIST TYPE AND PURPOSE: _____

PLEASE EXPLAIN ANY BEHAVIORS OF WHICH STAFF SHOULD BE AWARE: _____

HOW DOES PARTICIPANT BEHAVE WHEN UPSET OR FRUSTRATED: _____

METHODS WHICH WOULD MAKE LEARNING EASIER (Visual, Verbal, Tactile, etc.): _____

ANY ADDITIONAL INFORMATION THAT WOULD BE HELPFUL FOR SUPERVISORS/INSTRUCTORS: _____

PARTICIPANT RECREATION AND LEISURE INFORMATION

WHICH OF THE FOLLOWING BARRIERS RESTRICT PHYSICAL ACTIVITY? PLEASE CHECK ALL THAT APPLY.

LACK OF ENDURANCE _____ LACK OF COORDINATION _____ LACK OF MOBILITY _____

LACK OF FLEXIBILTY _____ LACK OF STRENGTH _____ OTHER? _____

WHAT EXPECTATIONS DO YOU HAVE OF YOUR CADS EXPERIENCE?

PLEASE WRITE A PERSONAL GOAL THAT THE STUDENT WILL WORK TOWARDS THROUGH PARTICPATION WITH CADS :

