

ADAPTIVE SNOWSPORTS ALDERSHOT PARTICIPANTS FORM



Date completed _____

Forename(s):	Surname:
D.O.B:	Male/Female:
Address:	
Tel No: Home:	Mobile:
Email:	

Guardian's details	
Name:	Relationship:
Address:	
Tel No: Home:	Mobile:

Emergency Contact details:	
Name:	Relationship:
Tel No:	Mobile No:

Personal information:		
Height: _____	Weight: _____	Shoe Size: _____
Disability (please be specific)		

How does this affect you physically:

How does this affect your behaviour?

Was your disability caused by an accident? Yes / No

Date of accident: / /

Do you use a wheelchair? Yes / No Manual / Electric

How far can you go unaided?

Can you independently transfer yourself? Yes / No

Are you currently taking any medication? Yes / No

If so, please state type and amount and if applicable any which may need to be administered during a session.

Do you have any loss of sensation in your limbs? Yes / No

If so, please specify _____

Head injuries/shunt? Yes / No _____

Seizures/epilepsy (if yes, when was last)? Yes / No _____

Hepatitis? Yes / No _____

Operation / treatment in last 12 months? Yes / No _____

Pending operation / medical treatment? Yes / No _____

Recent injury? Yes / No _____

Allergies (particularly Latex)? Yes / No. _____

Your Skiing Experience:

Have you skied before? Yes / No Pre or Post accident: _____

How many times / where? _____

If yes, what level of skier are you? Beginner / Intermediate / Advanced

What adaptive equipment did you use? _____

Do you have your own equipment? Yes / No

Have you skied with ASD before? Yes / No Where/when? _____

Will any of your family or helpers need equipment? Yes / No

For each person put:

Name: _____ Height: _____ Weight: _____ Shoe size: _____

Name: _____ Height: _____ Weight: _____ Shoe size: _____

Name: _____ Height: _____ Weight: _____ Shoe size: _____

Volunteers only: Please list previous experience, training or qualifications:

What other sports/activities do you do? _____

May we use any photos of you for marketing materials? Yes / No

Where did you learn of Aldershot Snowsports for the Disabled:

Any other comments / information you feel we need to know:

Data Processing Consent:

I consent to Aldershot Snowsports for the Disabled (the “Club”) holding and using my medical and disability information for the purpose of providing me with adaptive Snowsport.

This information is maintained in the Club’s records and is made available to Club members in their roles as Snowsport instructors and helpers.

I understand I have the right to withdraw this consent by telling the Club’s Membership Secretary and can ask for my information to be removed from the Club’s records.

The Club’s Privacy Policy is available on our website:

<https://asaldershot.org/wp-content/uploads/2024/02/ASA-Privacy-Policy.pdf>

Please tick this box to confirm you understanding and your consent:

Declaration:

I declare that all the information given on this form is true and correct to the best of my knowledge and I do not hold the ASA or its operatives responsible for any consequences that arise from false information.

Full Name:

If under 18 years of age a parent / guardian must sign.

If signing as parent/guardian: Name of parent / guardian:

Relationship:

Date:

Signature:

