

Bart J. Ruggiere Adaptive Sports Center Summer Camp Registration Form

Date _____ D.O.B. _____

Name _____ Age _____ Sex _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email address _____

Emergency contact and phone # _____

Name of person accompanying participant _____

Disability _____

Height _____ Weight _____

New Camper _____ Returning Camper _____

Medications (Please include dosage, frequency and reason)

Food Allergies:

Past Surgical Procedures

Primary Physician (name) _____ Phone # _____

General Physical Condition (circle one) Excellent – Good – Fair

Activities and sports involvement

Previous ski/snowboard experience _____

Swimming _____ Weights _____ Soccer _____ Sailing _____ Basketball _____ Ice Skating _____

Water skiing _____ Walking _____ Running _____ Gymnastics _____ Tennis _____ Biking _____

Horseback riding _____ Other (specify) _____

Behavior and General attitudes

- (1) Normal - No problems
 - (2) Mild problems – interferes infrequently
 - (3) Moderate problems – interferes frequently
 - (4) Severe problems – interferes constantly
- (Enter above number to item below)

Frustration tolerance _____ Hostility _____ Confusion _____ Anxiety _____ Distractibility _____ Impulsivity _____

Follows directions _____ Problem solving _____ Slowness of speech _____ Spatial disorientation _____

Memory loss _____ Temper _____ Ability to self correct _____ Slowness of cognitive _____

Secondary concerns

Circulatory in limbs _____ Diabetes _____ Cardiovascular _____ Visual loss _____

Seizures (circle one yes no) If yes, controlled with medication : (circle one yes no other)

Type of seizure _____ Date of last seizure _____

Endurance: normal _____ decreases with activity _____

Bladder management: self: yes no Catheter: yes no Leg bag : yes no

Hearing loss _____ Sensory loss _____ other _____

Motor Status

Please list any problems with muscle tone, range of motion, or strength in the space below, and note any spasticity or paralysis and affected area.

Goals for improving during season

I hereby give my permission to have photographs or video taken and use for the purpose of providing visual publicity for the Bart J. Ruggiere Adaptive Sports Center.

Signature _____ Date _____

THE ONLY LIMITS THAT YOU HAVE ARE THE LIMITS THAT YOU SET

**The Bart J. Ruggiere Adaptive Sports Center
P. O. Box 2232
Manchester CTR, VT 05255
Chapter member of DSUSA**

Please indicate the days your child will be attending summer camp and return to
Bart Adaptive Sports

June

Tuesday	Wednesday	Thursday
21	22	23
28	29	30

July

Tuesday	Wednesday	Thursday
5	6	7
12	13	14
19	20	21
26	27	28

August

Tuesday	Wednesday	Thursday
2	3	4
9	10	11
16	17	18