



Athlete Intake Form

This form is good for one calendar year

Date: _____

Name: _____ Parents: _____

Sex: M F Date of Birth: _____ Age: _____

Shirt Size: _____ Classification (If Applicable): _____

Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Cell phone: _____ Accept Text Y N

Email: _____

Preferred Method of Contact: Home Phone ____ Cell phone ____ Email: _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

Allergies: _____ Cardiac Issues: _____ Seizures Y N

School Aged Yes No If yes, what school/district: _____

Is participant a veteran? Y N If so, Branch or Service _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Referral Source (Circle one): Family Physician Therapist Internet Newsletter Other

PLEASE NOTE:

The RHI Sports Program is a designated Paralympic Sports Club (PSC). The agency also participates and hosts events affiliated with state and national organizations; and RHI Sports is obligated to share the names, contact information, age and diagnosis of athletes in order to register competitive teams and individual athletes.

Functional Status:

- Ambulates Independently
- Ambulates with use of an Assisted Device
- Utilizes Power chair
- Utilizes manual chair
- Other

Physical Functioning (Circle the best answer; 1 being none, 5 being full control)

Trunk Stability	1	2	3	4	5
Lower Body	1	2	3	4	5
Upper Body	1	2	3	4	5
Fine Motor Control	1	2	3	4	5

Comments: _____

Communication:

- Verbal: Speaks clearly
- Verbal: Can be difficult to understand
- Unable to use verbal speech (utilizes communication board, pictures, or gestures)
- Utilizes sign language
- Utilizes hearing devices/aids

Behavior/Conduct:

- Follows directions independently
- Follows directions with Minimal supervision
- Needs verbal prompting/ supervision

Comments _____

Leisure Interest Survey (Please check all that apply)

Competitive Sports:

- W/C Basketball
- Power Soccer
- Wheelchair or Standup Tennis
- Water ski
- Beep Baseball
- Lacrosse
- Independent Athlete

Recreation/Clinic Programs:

- Power Soccer
- Boccia
- Shooting (Archery and/ or Air Rifle)
- W/C Tennis
- Skiing
- Cycling
- Rowing
- Fencing
- Swimming
- Softball
- Bowling
- Sitting Volleyball
- Table Tennis
- Community Fitness
- Kayaking (Clinic)
- Cooking
- Fishing
- Dance
- Waterski
- Downhill skiing
- Sailing