



RASP – Red Adaptive Snow Sports Program



Checking In For Your Lesson:

- Check in at the Fall Line office located in the log building beside the main lodge
- Please arrive at least 10 minutes prior to your lesson start time
- Let us know if you would like the Adaptive Instructor to meet you at the drop off location with a sit ski
- Disabled parking is located in the upper parking lot by the main lodge if required
- Lodge access is via the main guest services doors
- There is a lift servicing the 2nd and 3rd floors of the lodge if required

Membership:

- You must become a DSABC member prior to your lesson - <https://www.bcadaptive.com/>

Lift Passes:

- Lift passes are included in the RASP program for the student and accompanying adults are eligible for a 50% off lift ticket with proof of BC Adaptive membership

Contact:

- **Phone:** 778-457-5001
- **Email:** fall-line@redresort.com

Please fill in the following form and send it back to fall-line@redresort.com at least 1 week PRIOR to your RASP lesson

Red Adaptive Snow Sports Program – Information Required:

Today's Date: ___/___/___ (DD/MM/YYYY)

Please check one: New Student Returning Student

Please check one: Skier Snowboarder Sit Skier

Section 1 – PERSONAL INFORMATION:

Student Name: _____

Date of Birth: ___/___/___ (DD/MM/YYYY) Age: years

Gender: Male Female Prefer not to disclose

Height: cm Weight: kg

Section 2 – EMERGENCY CONTACT INFORMATION:

Name: _____

Cell Phone: _____

Email Address: _____

Relationship to Skier: _____

Section 3 – SKI/SNOWBOARD EXPERIENCE:

Skied, snowboard or sit skied before? Yes No

Level of skiing/ boarding ability:

Never skied/ boarded (Red) Beginner (Green)
Intermediate (Blue) Advanced (Black)

Details of your experience: _____

Section 4 – PHYSICAL INFORMATION:

Does the student have any physical disabilities? Yes No

If yes, please specify below:

Allergies (specify applicable environmental/food/medical): _____

Does participant use/carry an epi-pen? Yes No

Tick all that apply:

- Amputee: Specify type: _____ Location: _____
- Atlantoaxial Dislocation: Last X-ray date: ____/____/____ (DD/MM/YYYY)
- Brain Injury: Specify type: _____
- Cerebral Palsy :
- Congenital Heart Disease:
- Cystic Fibrosis :
- Diabetes:
- Epilepsy:
- Heart Problems:
- Hearing Impaired: Specify degree: _____
- Multiple Sclerosis:
- Muscular Dystrophy:
- Parkinson’s disease:
- Scoliosis:
- Seizure disorder: Type: _____ Typical time of day: _____
Frequency: _____ Duration: _____

Spinal Cord Injury: Date of last seizure: ____/____/____ (DD/MM/YYYY)
 Level: _____
 Paraplegic: _____ Quadriplegic: _____
 Complete: _____ Incomplete: _____

Stroke: Specify degree: _____ Side affected: _____

Visual Impairment: Specify degree: _____ Glasses: _____ Contacts: _____

Other: Specify: _____

Mobility Information:

Independent:	<input type="checkbox"/>	Person-assisted (specify):	<input type="checkbox"/>	_____
Braces:	<input type="checkbox"/>	Canes/crutches:	<input type="checkbox"/>	
Manual Wheelchair:	<input type="checkbox"/>	Electric Wheelchair:	<input type="checkbox"/>	
Transfer assistance required:	<input type="checkbox"/>			

Describe any challenges with mobility and/or walking that may affect participation in snow sports:

Visual Impairment:
 Does the student have a visual impairment? Yes No

If yes, please describe in detail:

Section 5 – DEVELOPMENTAL INFORMATION:

Does the student have developmental or cognitive disabilities? Yes No

If yes, please specify: _____

Autism: Level 1 Level 2 Level 3

Down syndrome:

Severity code: Mild Moderate Severe Profound Fragile Other (specify): _____

Learning Disability Information:

Brain injury:	<input type="checkbox"/>	Distractibility:	<input type="checkbox"/>
Hyperactivity:	<input type="checkbox"/>	Dyslexia:	<input type="checkbox"/>
Attention Deficit Disorder:	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/> _____

Behaviour Information:

Acting out:	<input type="checkbox"/>	Aggressive:	<input type="checkbox"/>
Frustration tolerance:	<input type="checkbox"/>	Social Skills:	<input type="checkbox"/>
Self-abusive:	<input type="checkbox"/>	Impulsive:	<input type="checkbox"/>
Hyperactive:	<input type="checkbox"/>	Hypoactive:	<input type="checkbox"/>
Self esteem:	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/> _____

Psychological/Emotional Information:

Anti-Social:
Depression:
Eating Disorder:
Psychosis:
Substance abuse:

Anxiety:
Disorientation:
Neurosis:
Schizophrenia:
Other (specify): _____

Communication Information:

Verbal:
Non-Verbal:
Signs:
Other (specify): _____

Section 6 – ADDITIONAL INFORMATION:

Does the student take any medications that we should be aware of? Yes No

If yes, please specify type and purpose:

1. _____
2. _____
3. _____
4. _____

Has the student had any recent injuries, illnesses, surgeries or hospitalizations we should be aware of?

Yes No

If yes, please describe: _____

Section 7 – LEARNING ENVIRONMENT:

How does the participant behave when upset or frustrated?

Methods to make learning easier (e.g. visual, tactile, verbal, etc.):

Is the participant able to follow directions? Yes No

Any additional information that would be helpful for the instructor:

Section 8 – PARTICIPANT RECREATION AND LEISURE INFORMATION:

Please list other sports/activities participated in:

Which of the following barriers restrict physical activity?

Tick all that apply:

- Lack of endurance:
- Lack of mobility:
- Spasticity:
- Lack of strength:
- Susceptible to overheating:
- Susceptible to impact:

- Lack of coordination:
- Lack of flexibility:
- Paralysis:
- Muscle Tone:
- Susceptible to cold:
- Other (specify):

Section 9 – OTHER:

What expectations do you have of your CADS experience?

Please write a personal goal that the student will work towards through participation within our adaptive program:
