

SPLASH BASH
September 10, 2011
Participant Registration

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Mobile Phone: _____

Date of Birth: _____ Height: _____ Weight: _____ Sex _____

Email Address: _____

Number of People Attending the Event **IN ADDITION** to the Participant: _____

Names of People Attending with the Participant: _____

Participant T-shirt size: S M L XL XXL

Family/Attendant T-shirt sizes: S M L XL XXL (limit 2)

Please explain your disability:

Date of injury/disability: _____ If spinal cord injury, what level? _____

Emergency Contact: _____ Phone: _____

General Physical Condition Fair Good Excellent

Endurance Good Poor Decreased with Activity

Have you had a pressure sore within the last year? Yes No

If yes, is it fully healed? Yes No

Do you require assistive devices? (Wheelchair, walker, prosthesis etc.)

What?

Are you independent with mobility? Yes No

Are you independent with personal care? Yes No

Please note: if you require assistance with personal care, an attendant must be with you.

Left Upper Extremity Strength

Good Fair Poor Absent

Right Upper Extremity Strength

Good Fair Poor Absent

Left Upper Extremity Range of Motion

Good Fair Poor Absent

Right Upper Extremity Range of Motion

Good Fair Poor Absent

Upper Extremity Coordination

Good Impaired

Left Lower Extremity Strength

Good Fair Poor Absent

Right Lower Extremity Strength

Good Fair Poor Absent

Left Lower Extremity Range of Motion

Good Fair Poor Absent

Right Lower Extremity Range of Motion

Good Fair Poor Absent

Lower Extremity Coordination

Good Impaired

Do you currently drive? Yes No

If yes, do you use hand controls? Yes No

Do you have any chronic conditions?

Diabetes

Circulatory Problems

Seizures

Asthma

High Blood Pressure

Spasticity

Heart Condition

Autonomic Dysreflexia

Heat Tolerance Problems

Epilepsy

Sensory Loss

Other _____

Do you have any behavior or general attitudes that interfere with participation and/or daily activities?

- | | |
|--|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Low Frustration Tolerance |
| <input type="checkbox"/> Hostility | <input type="checkbox"/> Difficulty Following Direction |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Difficulty Problem Solving |
| <input type="checkbox"/> Limited Attention | <input type="checkbox"/> Difficulty Sequencing |
| <input type="checkbox"/> Distractibility | <input type="checkbox"/> Memory Loss |
| <input type="checkbox"/> Impulsivity | <input type="checkbox"/> Other _____ |

Explanation of behaviors:

Are there any conditions or recent injuries that would affect your participation in activities? Yes No

What?

Form completed by: _____

Signature: _____ Date: _____

Parent/Guardian (if under 18): _____

Relationship to participant, if other than self: _____

Please return your completed participant application and the waiver and release of liability forms for each person attending by August 19, 2011. Space is limited.

Return to:
Michelle Azarigian Rogers, OTR/L
HealthSouth Rehabilitation Hospital
2935 Colonial Dr.
Columbia, SC 29203
michelle.azarigian@healthsouth.com
803-401-1347