ADVENTURE GUIDES FOR THE BLIND

VIP QUESTIONNAIRE AND REGISTRATION FORM - SUMMER

PARTICIPANT INFORMATION			
First Name:	Middle Initial:	Last Name:	
Address:			
City:		State:	Zip:
Home Phone:	Mobile:	Work:	
Email Address:			
Date of Birth:	Sex: ☐ M ☐ F	Height (ft,in):	Weight (lbs):
Military Service: ☐ Active Military Duty ☐ Reserve ☐ Veteran ☐ N/A			
Branch of Service:		Rank:	
PARENT/LEGAL GUARDIAN INFORMATION (IF PARTICIPANT IS A MINOR OR LEGALLY INCAPACITATED)			
First Name:	Last Name:	Relationship:	
Address (if different than above):			
City:		State:	Zip:
Home Phone:	Mobile:	Work:	
Email Address:			
EMERGENCY CONTACT in COLORADO			
First Name:	Last Name:		
Relationship to Participant:			
Home Phone:	Mobile:	Work:	
EMERGENCY CONTACT at HOME			
First Name:	Last Name:		
Relationship to Participant:			
Home Phone:	Mobile:	Work:	

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VISION INFORMATION: IMPORTANT: OUR ARRANGEMENT WITH OUR SPONSORS IS THAT WE NEED TO KEEP DOCUMENTATION OF YOUR VISION LOSS ON FILE. PLEASE PROVIDE US WITH A 3rd PARTY VERIFICATION (DR., REHAB COUNSELOR, etc).	
Please describe your visual impairment including level of sight, if any:	
Date of onset:	What was the cause of your loss of vision?
Do you use a guide dog? ☐ Y ☐ N *If YES, will the dog come to Vail with you?* *If so, we need to discuss dog-sitting options during the day when you are skiing or riding since we are unable to watch your dog for you.*	
MEDICAL INFORMATION	
Currently taking any medications? ☐ Y ☐ N *If YES, please list all, including over-the-counter medications:* *Please also indicate if these medications affect you at high altitude and/or cause dehydration:*	
Have you had surgery in the last six months? ☐ Y ☐ N *If YES, please describe*	
Do you have allergies? ☐ Y ☐ N *If YES, please list*	
Do you carry an EpiPen? ☐ Y ☐ N	

PLEASE INDICATE YES OR NO TO EACH QUESTION. IF YES, PLEASE DESCRIBE TYPE AND SEVERITY		
Are you currently under a doctor's care for ANY CONDITION (other than vision loss)?	☐ Y ☐ N	
Traumatic Brain Injury?	☐ Y ☐ N	
Post-Traumatic Stress?	☐ Y ☐ N	
History of seizures or seizure disorder?	☐ Y ☐ N	If yes, do you take anti-seizure medication? Please list:

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Deaf or hard of hearing?	□ Y □ N	
Limited range of motion in any limbs?	□ Y □ N	
Difficulty with balance?	□ Y □ N	
Wear any sort of spinal stabilization?	□ Y □ N	
Any type of paralysis?	□ Y □ N	
Sensitivity to hot or cold?	□ Y □ N	
Difficulty speaking or communicating?	□ Y □ N	
Difficulty remembering or following directions?	□ Y □ N	
Emotional and/or behavioral concerns we should know about?	□ Y □ N	
Personal care or independence concerns?	□ Y □ N	
Cognitive or developmental delay?	□ Y □ N	
Heart/Cardiac condition?	□ Y □ N	
Respiratory condition?	□ Y □ N	
Are you allergic to anything?	□ Y □ N	If yes, please list what meds or treatment you take for your allergies:
Are you ambulatory?	□ Y □ N	If yes, % of time
Do you need to limit your activities for any reason?	□ Y □ N	

Please list any other medical conditions, concerns or instructions not mentioned above (i.e. bone disease, easily fatigued, weakened immune system):
PARTICIPATION INFORMATION
Have you participated in any of the below activities before? ☐ Y ☐ N If YES, please note which activity, the last time you participated in that activity and your level in all of the below activities. (Beginner, intermediate, advanced) Stand Up Paddle Boarding – Hiking - Rock Climbing - Fly Fishing – Horseback Riding – Ropes Courses -
What are your fears about any of these activities?
What are your likes/dislikes?
What are your sport or recreation goals?
What other physical activities do you participate in?
Will a caregiver be accompanying you? □ Y □ N *If YES, please list name and contact information:*

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Please provide any additional information that will help us create a successful experience for you:
Where did you hear about Foresight Ski Guides?
A touchy question, but some of our funders would like to know generally the income level of our participants. We will not reveal your specific information - just generally as a group: "X" percentages of our VIP's reported income of $20,000 - $50,000, etc. Once we calculate the percentages, we will shred your information from our records. If you feel uncomfortable revealing this information, please indicate you would prefer not to answer. Please check which answer best describes your level of income: □ 0.00 - $20,000 □ $20,000 - $50,000 □ $50,000 - $100,000 □ Above $100,000 □ I prefer not to answer

ACKNOWLEDGEMENT	
I certify that the information provided in this form is true and correct to the best of my knowledge.	
Printed Name:	Date:
Signature:	
If the participant is under 18 or legally incapacitated, this section must also be completed:	
Parent/ Legal Guardian Printed Name:	Date:
Parent/Legal Guardian Signature:	Relationship:

Thank you for your time. We hope you have a pleasant experience. If you have any questions at all, please contact us.

PLEASE EMAIL THIS FORM TO: Christine Holmberg, Executive Director
EMAIL: christine@foresightskiguides.org
PHONE: 303-506-3859