

2009 Quantum LEAP Recreational Optional Form

You do not need to fill this out if you already did so in 2009!!!!

Name _____ Age: _____ Gender: Male Female

Address: _____

City: _____ State: _____ ZIP: _____

HomePhone _____ Work _____ Cell _____

Please check the following that applies to you and/or write in any other special situation we should be aware of:

- | | |
|---|---|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Downs Syndrome |
| <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Vision Impaired |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> MR/DD |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Cerebral Palsy |
| <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Hearing Impaired |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Spinal Cord Injury | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Balance Problems |
| <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Emotional Disability |
| <input type="checkbox"/> Allergies (any type) | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Heart Disease/defect |
| <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Back Problems |
| <input type="checkbox"/> Other | |

If you answered yes to any of the above, please describe more fully here:

Are you taking any medications? Please list and describe what they are for and if you experience any side effects that we should be aware of:

Do you know of any behavioral or health factors that make it advisable for you to follow a limited program of physical activity or to refrain from participating in any of the program activities? If yes, please explain. Mention any recent surgery, illness, broken bones, injuries, allergies, or other physical conditions.

I use one of the following to get around: Manual Wheelchair Crutches Other Scooter
 Power Wheelchair

Do you use any alternative methods for communication? _____ If yes, please explain:
