REGISTRATION INFORMATION

**Participant’s Name:** Click or tap here to enter text.   
**Date of Birth:** Click or tap to enter a date.  
**Parent/Guardian Name (if under 18 yo):** Click or tap here to enter text.  
**Best Contact ph #:** Click or tap here to enter text. **Email Address** Click or tap here to enter text.

\*\*We utilize **Mobilize** for communication *(app available for iPhone/Android; also works with email)*  
I authorize UMAISE representatives to contact me via mobilize/email/text message: YES  NO

**Emergency Contact(s)/Relation:** Click or tap here to enter text.

**Participant or Parent/Guardian address:** Click or tap here to enter text.

**In the event that I am unavailable, I authorize Michigan Medicine staff to seek medical treatment for me/my child.** Yes No **Initial here:** Click or tap here to enter text.

**PCP/Pediatrician Name and Contact:** Click or tap here to enter text.

**The clinic I am registering for is:***Please limit registration to 2 clinics per person to allow clinic availability for others.*

* Saturday, May 25th 2019
* Saturday, June 22nd 2019
* Saturday, July 13th 2019
* Saturday, August 3rd 2019

**Please see Next Page for Mandatory Questionnaire**

**Kayaking Questionnaire – please complete ALL fields:**Program staff will use this information to best accommodate needs and   
create a safe experience for all participants.

**Can Participant…**

1. breathe independently (does not require medical devices to sustain breathing)? **Yes No**
2. close mouth and lips independently/on command? **Yes No**
3. independently move head to an upright position in the water? **Yes No**
4. follow 1-step instructions? **Yes No**
5. sit upright unassisted? **Yes No**
   1. **If no,** please explain level of sitting assist needed? Click or tap here to enter text.
6. step down from a dock into a kayak independently or with hand-held assist? **Yes No**
   1. **If no,** please explain level of assist needed (i.e. “Total assist” or “slide board transfers”)   
      If unsure how to answer, please state “Contact me”: Click or tap here to enter text.
7. hold a kayak paddle independently? **Yes No**
   1. **If no,** please explain (i.e. “R-arm amputation” or “decreased grip strength”):

Click or tap here to enter text.

1. Have you ever kayaked with UMAISE in the past? **Yes No**
   1. Approximate year of most recent participation: Click or tap here to enter text.
2. Swimming Level : **Unable  A little  Good swimmer**

**Medical History**

1. Disability/Diagnosis: Click or tap here to enter text. # of Years Since Onset: Click or tap here to enter text.
2. Description of impairment (s); level of injury/movement limitations; cognitive or sensory involvement (please be specific): Click or tap here to enter text.
3. On a daily basis, do you (please check all applicable):
   1. Walk Independently
   2. Walk with short or long braces
   3. Use crutches/walker
   4. Use manual wheelchair
   5. Use electric wheelchair
4. Do you have a history of seizures? **Yes No**
   1. **If yes,** approximate date of last seizure: Click or tap here to enter text.
5. Do you have any allergies (please list): Click or tap here to enter text.
6. Are there any other special medical conditions the program staff should know about? (i.e. hyperflexia, indwelling catheter, skin breakdown problems, brittle bones or osteoporosis, soft tissue problems, etc.)   
    **Yes No**
   1. If yes, Please describe: Click or tap here to enter text.