REGISTRATION INFORMATION

**Participant’s Name:** Click or tap here to enter text.
**Date of Birth:** Click or tap here to enter text.
**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, June 19th 2021 ☐
* Saturday, July 10th 2021 ☐
* Saturday, July 24th 2021 ☐
* Saturday, August 21st 2021☐

**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.