

UMAISE WHEELCHAIR TENNIS REGISTRATION

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

Emergency Contact(s) - name, phone #, relation: Click or tap here to enter text

 \*\*We utilize **Mobilize** for communication *(app available for iPhone/Android; also works with text message or email)*\*\*

I authorize UMAISE representatives to contact me via mobilize/email/text message: YES[ ]  NO[ ]

**Medical History**

Disability/Diagnosis Click or tap here to enter text # of Years Since Onset: Click or tap here to enter text

Description of impairment (s); level of injury/movement limitations; cognitive or sensory involvement (please be specific): Click or tap here to enter text

What assistance do you require to transfer to a manual sports chair? Click or tap here to enter text

On a daily basis, do you (please check all applicable):

a. Walk Independently [ ]

b. Walk with short or long braces [ ]

c. Use crutches/walker [ ]

d. Use manual wheelchair [ ]

e. Use electric wheelchair [ ]

Do you have a history of seizures? Yes[ ]  No[ ]

**If yes,** approximate date of last seizure: Click or tap here to enter text

Do you have any allergies (please list): Click or tap here to enter text

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**[ ]

**If yes**, Please describe: 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 phone number: Click or tap here to enter text

Click or tap here to enter text Click or tap here to enter text

Signature of participant or Parent/Guardian (if under 18 yo) Date

Please return completed registrations to:
SEONGHEE@MED.UMICH.EDU