

**RUAPEHU ADAPTIVE PROGRAMME
WHAKAPAPA SNOW SCHOOL**



Customer Information Sheet

| | |
|---|--------------------|
| PERSONAL INFORMATION | |
| Name | Male/Female |
| DOB | Weight (kg) |
| Address | Phone # |
| | Cell # |
| | Emergency # |
| | Local # |
| | Email/Other |
| | |
| Parent/Caregiver # | |
| Overall goals | |
| DISABILITY INFORMATION (please be as detailed as possible) | |
| Disability | |
| | |
| How long? | |
| Medications (list all with possible side effects) | |
| | |
| Allergies/Drug Reactions (eg latex, penicillin) | |
| | |
| Other precautions (eg epilepsy, fatigue) | |
| | |
| Previous snowsports experience | |
| | |
| Other sports experience | |
| | |
| DSNZ Membership number | |