

Shirley Ryan AbilityLab Adaptive Sports and Fitness Program
Participant Medical Form

: Fitness Center Only* Sports Program Only Both Sports and Fitness
 *Enclose \$35 Initiation Fee *Enclose \$35 Initiation Fee

First Name: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: (____) _____ Home or Work Phone: (____) _____

Date of Birth: ____/____/____ Email: _____ Military Veteran: YES NO

_____ Amputation Cause: _____ Level: _____

_____ Arthritis

_____ Cancer Type: _____

_____ COPD

_____ Cerebral Palsy

_____ Head Injury Cause: _____

_____ Multiple Sclerosis

_____ Parkinson's disease

