

ADAPTIVE SKI PROGRAM

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2009/2010 Private Lesson Application

Please give at least two weeks notice from lesson date.

**Applications are accepted on a first-come first-serve basis.
Only COMPLETE applications are accepted.**

Name _____ EMAIL _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Phone # while visiting New Mexico (if applicable) _____

Have you participated in adaptive skiing before? _____

When/where was the last time you went skiing? _____

If Skier is a Minor OR Emergency Contact info

Parent's Name(s) _____ Phone _____
Or Emergency Contact (If different from above)

Email (or other contact info.) _____

MEDICAL INFORMATION

Age _____ Date of Birth _____ Height _____ Weight _____

Description of participant's disability _____
Please review eligibility guidelines. Call the main office at the number above if you have questions.

What major life functions(s) does participant's disability affect? _____

Participant's current activities and general energy level _____

List all medication participant is currently taking _____

Has participant experienced seizures in the past? Please list approx date of last seizure _____

List known allergies (food, medication etc.) _____

Is participant ambulatory? What Percent of the time? _____

Do you need to limit your activities for any reason? Please explain _____

Please indicate the answer which best describes the following:

Hearing level:	_____ Normal	_____ Impaired	_____ None
Depth of vision:	_____ Normal	_____ Impaired	_____ None
Peripheral vision:	_____ Normal	_____ Impaired	_____ None
Ability to verbally communicate:	_____ Normal	_____ Impaired	_____ Unable
Ability to sense becoming cold:	_____ Normal	_____ Impaired	_____ Unable
Ability to understand instructions:	_____ Normal	_____ Impaired	_____ Unable

Please detail any special medical conditions or other information we should know.

Please indicate your equipment needs (to the best of your ability)

___ **Outriggers and regular skis.** Outriggers are hand held crutches with mini-skis mounted on each end. They are used in place of poles when extra balance is required. Those who walk using crutches, canes or walkers typically use outriggers. They are a necessity for above-the-knee amputees or below-the-knee amputees with a less than 4" stump.

___ **Bi-Ski (bi-ski users must weigh less than 200 lbs.)**

The bi-ski is designed for those who use a wheelchair or have difficulty walking, even when assisted by crutches, canes or walkers. Bi-skiing candidates also include traumatic head injuries, high-level (T7 and up) paraplegics, quadriplegic and those who have been unsuccessful in stand-up skiing.

___ **Mono Ski (mono-ski users must weigh less than 200lbs.)**

Best for individuals who use a wheelchair, who are athletic and in good physical shape. The mono ski was designed for individuals with spinal cord injuries <T6. It requires more physical strength than a bi-ski.

___ **Standard Equipment** - (regular boots, poles, skis).

You will need to be pre-fitted for your size, prior to the first day of lessons. Information on where and when to be fitted will follow by mail.

___ **Snowboard & Boots** –(limited availability)

___ **Helmet** – ALL ASP students are required to wear a helmet during their lessons.

The program has extras if you need to borrow one for your lesson

Please note that your equipment is included in the price of the lesson. If you choose to rent at a location other than Ski Santa Fe it will NOT be included. During peak times, the rental line can be very lengthy. Please plan accordingly. If you have any questions please call the main office at the number on the top of this application.

This Section to be filled out by sit-skiers only

For safety purposes, a skier's weight must not exceed 200 lbs. Adaptive ski equipment is not designed for use beyond this weight. (Note that this is for Santa Fe. Participants joining us at Sandia Peak must weigh less than 140lbs.)

In the chairlift unloading process, safe as it is, your hips and back must be able to sustain the slight "jolt" that occurs when transferring from the chair to the snow.

Will rolling sideways onto your shoulders cause pain, injury or dizziness? Yes No

Using arm strength, can you push your own wheelchair independently? Yes No

Do you have a spinal cord injury? If so, what level is the injury? _____

Have you had any recent injury to, or surgery on, your back, spinal cord or hips? Yes No

Do you wear a back brace or have Harrington Rods? Yes No

Does your disability cause weakness on one side or in your hand-grip ability? Yes No

I am aware of the weight restrictions and testify that the weight given is accurate. Yes

PRIVATE LESSON RATES

Rates are for Santa Fe Only. If you want to ski at Sandia Peak please call the office as availability is limited

\$100 Full-Day lesson (4 hours) Full day lessons are from (10:00-12:00 and 1:00-3:00)

\$75 Half Day lesson (3 hours) Half day lessons are from (10:00-1:00 or 1:00-4:00)

Please note: Based on snow conditions and availability we may request a 9:00 start time for some lessons.

Date(s) you wish to ski _____

Indicate AM Half Day, PM Half Day or Full Day _____

Are your dates and times flexible? _____

If yes, please describe

Please remember that all of the ASP instructors are volunteers and are clearing their schedules to ski with you while you visit. If your plans change please notify us immediately so they can re adjust their schedules. If you arrive late for a lesson, your instructor may not be able to continue passed the scheduled lesson time. Thank you.

When submitting this application please complete the waiver of liability by signing in both places (in blue or black ink) and returning with the application. If you do not want the ASP to use any photos, video, and or film of you please indicate "no" on the waiver – do not leave blank. If choosing to pay by check, please include full payment with liability form. **Both the liability form and payment are needed two weeks prior to lesson to guaranty availability.**

THINK SNOW!!!