

ADAPTIVE SKI PROGRAM

1595 Camino La Cañada
Santa Fe, NM 87501
(505) 995-9858
director@adaptiveski.org

2011/2012
STUDENT APPLICATION
Six-Week Lessons Series

**Applications accepted on a first come first serve basis.
Only COMPLETE applications are accepted. Please do not leave anything blank.
Applications are approved after eligibility, payment and availability have been confirmed.**

STUDENT INFORMATION – PLEASE PRINT

Name _____ # of years skiing/snowboarding _____

Address _____ City _____ ST _____ Zip _____

Primary Phone # _____ Secondary Phone # _____

E-MAIL _____ Best way to reach you (phone/email) _____

Date of Birth _____ Height _____ Weight _____ Shoe Size _____ Gender _____

Physicians Name and Phone Number _____

We may need to contact your physician to determine eligibility.

EMERGENCY CONTACT (EC) OR PARENT-GUARDIAN CONTACT INFO (if participant is a minor)

EC or Parent Name(s) _____

Home Phone _____ Work/Cell phone _____

MEDICAL INFORMATION

Description of participant's disability _____

A letter from a physician, teacher or counselor may be requested to determine eligibility.

What major life function(s) are affected: _____

Participant's current activities / general energy level _____

List medications participant is currently taking _____

Has the student experienced a seizure within the past year? _____

If so please indicate the approx. date of last seizure

List participant's food/medication allergies _____

Does participant need to limit their activities for any reason? _____

Please check most appropriate answer:

Ability to sense cold:	<input type="checkbox"/> Normal	<input type="checkbox"/> Impaired	<input type="checkbox"/> Unable
Comprehension:	<input type="checkbox"/> Normal	<input type="checkbox"/> Impaired	<input type="checkbox"/> Unable
Verbal Communication:	<input type="checkbox"/> Normal	<input type="checkbox"/> Impaired	<input type="checkbox"/> Unable
Hearing/Vision level:	<input type="checkbox"/> Normal	<input type="checkbox"/> Impaired	<input type="checkbox"/> Unable

INDICATE PARTICIPATION PREFERENCES BELOW

Area you want to participate at: _____ Sandia Peak _____ Ski Santa Fe

Day of the week you want to participate on: _____ Thurs. _____ Saturday _____ Sunday
Please indicate first and second choice (Santa Fe only)

Lesson Time: _____ 9:00-11:00am _____ 10:00-12:00 _____ 1:00-3:00pm
Please indicate first and second choice (Sandia Only) (SF only)

Please provide special requests or additional information we should know _____

EQUIPMENT NEEDS – PLEASE INDICATE TO THE BEST OF YOUR ABILITY

A doctor's note may be requested to determine that participants are within the weight limits for bi and mono skis

_____ **Outriggers with standard equipment** -- Outriggers are handheld crutches with mini-skis on each end. Outriggers are for any stand up skier requiring extra balance.

_____ **Bi-Ski (Santa Fe skier weight must not exceed 190lbs., Sandia Peak 140lbs.)**
This sit down ski is for wheelchair users or those who have significant difficulty walking.

_____ **Mono-Ski (Santa Fe skier weight must not exceed 190lbs., Sandia Peak 140lbs.)**
This sit down ski is for spinal cord injuries <T6. It requires more physical strength than the bi-ski.

_____ **Standard Equipment (boots, poles and skis)**

_____ **Snowboard (snowboard and boots)**

_____ **Helmet (please note that ALL students are required to wear a helmet during lessons)**

THIS SECTION TO BE FILLED OUT BY SIT DOWN SKIERS ONLY

Will rolling onto your shoulders cause pain to your back or shoulders? Yes No

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

Do you have Harrington Rods or a shunt? Yes No

If applicable, please note the level of your spinal cord injury _____

Do you have the ability to maintain grip strength in your hands? Yes No

PARTICIPATION FEES – please submit payment with your application

Participation fees are based on the following sliding scale. Anything other than the full tuition is a scholarship. If you are requesting scholarship assistance please fill out the scholarship request form and return with application.

_____ \$200 full tuition _____ \$150 _____ \$100 _____ \$50 _____ \$30

Please print out the waiver, sign in both places and return with application.
Applications are not considered complete until waiver and payments have been submitted.

☺ THANK YOU ☺