

Great Bear Adaptive Ski Program Participant Application

Personal Information

Skiers Name _____ Age _____ Sex _____ Weight _____ Height _____

Address _____ City _____ State _____ Zip _____

Primary Contacts Name & Phone _____

Primary Contacts Email Address _____

Emergency Contact _____ Primary Phone _____

2nd Emergency Contact _____ Primary Phone _____

Medical Information

Skiers Primary Disability _____ Secondary Disability _____

Date of Injury or Onset _____ Primary Physician _____ Phone _____

What aides, if any, are needed for walking? (Wheelchair, braces, canes, crutches, ect.) _____

Please describe any physical limitations including any lack of mobility, coordination, flexibility, strength, or spasticity.

Please describe any cognitive limitations, fears, or behaviors that are unique to the skier

Are you subject to Seizures? _____ If yes, What type _____

Frequency _____

Seizure Medications _____

Approximate date of last seizure _____

What Types of Medications, if any, are you currently taking? _____

Please list any allergies? _____

Do you have full strength in all four extremities? If no, please explain _____

Please describe any medical or limiting factors not noted above

Disclaimer

Student participation in the Great Bear Adaptive Ski Program is subject to review and evaluation by the Great Bear Adaptive Ski Program and Great Bear Recreation Ski School Staff. The information contained on this application may be used internally by the Great Bear Adaptive Ski Program and Great Bear Recreation Ski School Staff and your volunteer instructors. All information will be kept confidential. I recognize that Adaptive Skiing is a vigorous sport, I accept the risks that are inherent in Adaptive Skiing. I acknowledge my responsibility to Adaptive Skiing safely and to be in control at all times. In consideration of acceptance of my enrollment, I release the Great Bear Adaptive Ski Program, Great Bear Recreation Park Inc., and the City of Sioux Falls, and their agents and employees from all claims, liabilities or costs, which rise out of my travel to or from and participation in the Great Bear Adaptive Ski Program. By signing below, you allow and agree to the above stated and the subsequent release of this information to the Great Bear Adaptive Ski Program, Great Bear Recreation Staff, and volunteer instructors to use and review for their purposes.

Skiers Printed Name _____

Skiers Signature _____ Date _____

Legal Guardians Printed Name (if skier is under 18 yoa) _____

Legal Guardians Signature _____ Date _____