

MICHIGAN ADAPTIVE SPORTS

(248) 988-0156

www.michiganadaptivesports.org

Please print and mail in

January 2010

Greetings Skier!

As the temperature keeps dropping, we continue to get more excited about the upcoming ski events we will be having, and we hope that you are, too! In order to confirm your registration for skiing this season, however, we need more information from you.

Please complete the enclosed registration materials and return them to:

Carol McElhiney-Luster, 1967 Tamarisk Drive, East Lansing, MI 48823-1470

Please be sure to sign the waiver, and note that minors under the age of 18 or individuals with a legal guardian also need signature from parent(s) or guardians.

2010 Fee Schedule

Membership Dues = \$25.00

Individual Lesson = \$25.00 per lesson

Group Lesson = \$25.00 per day (if available)

Rental Fee = \$10.00 (per day for up north)

Nonmember Lesson Fee = \$35.00 per lesson

Make checks payable to MAS and include with your registration form. (Please do not pay for lessons in advance).

Upon receipt of your registration materials, acceptance into our ski program will be determined. As discussed in pre-registration materials, participants will need to have certain minimum abilities to be accepted into the ski program and we

reserve the right to not ski individuals whom we feel are inappropriate candidates. Registration information, phone conversations, or possibly evaluation during a ski session, will help us determine appropriateness. Once accepted, we will try to accommodate your schedule as much as possible with regard to dates and times for skiing. Unless we need to talk to you further regarding your registration materials or acceptance into the ski program, you can assume that you have been accepted. You will probably not hear from us until close to the time of your first lesson. At that time, you will be contacted by **EMAIL** regarding the time of your lesson.

Lessons are somewhat variable in length, with time allotted at the beginning for evaluation and equipment set-up. We want to get you with the instructor and/or out on the hill as much of the lesson time as we can; therefore, we ask that you arrive 30 minutes prior to your scheduled time. This will give us time to pull out your registration materials and get you set up with your ski instructor/ski buddies, etc. We will clarify the time you need to be there when you are scheduled.

Our local ski clinics are at Pine Knob Ski Resort in Clarkston. Pine Knob is north of Pontiac off I-75. When traveling north from the Detroit area, exit at Sashabaw Rd. Turn right onto Sashabaw, and Pine Knob is right there on your right. If you need further directions, the number at Pine Knob is 248-625-0800. When you arrive, come in the main entrance and continue down the ramp past the window where lift tickets are purchased. We will be in the room closest to the hill on the left side of the hall. Please come to the registration table when you arrive. **If, at any time, you are unsure of whether we will be skiing on a certain date due to weather conditions, please call 248-988-0156 and listen to the message on Snow Ski voice mail box. It's important that I know as soon as possible about cancellations, as we may have people on a waiting list to take that time so please leave a message at the 248-988-0156 asap.** We pre-arrange volunteer instructors/buddies who give of their time to ski with you, so please be considerate about notifying us of changes in your plans.

Information for Crystal and Schuss Mountain will be provided at a later date..

We look forward to hearing from you soon, and seeing you on the slopes!

Sincerely,

Carol McElhiney-Luster, Dave Henry & Jennifer Hoffman

Snow Ski Program Coordinators

Adaptive Snow Ski Clinics - 2009-2010

REGISTRATION FORM FOR PARTICIPANTS

(PLEASE PRINT CLEARLY)

THESE FORMS ARE NOT ABLE TO BE FILLED OUT ON LINE!!!!!!!!!!!!!!!!!!!!!!

NAME _____ SEX _____

AGE _____ DOB _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (day) (_____)

(eve) _____

(cell) _____

EMAIL ADDRESS _____

EMERGENCY CONTACT:

NAME _____ PHONE _____

DISABILITY_# YEARS SINCE ONSET _____

DESCRIPTION OF IMPAIRMENT(S) _____ L

EVEL OF INJURY _____

MOVEMENT LIMITATIONS _____

_____ COGNITIVE _____

OR SENSORY INVOLVEMENT (please be specific) _____

ON A DAILY BASIS DO YOU... WALK INDEPENDENTLY _____

USE CRUTCHES/WALKER WALK WITH SHORT/LONG BRACES

USE A MANUAL WHEELCHAIR _____ USE LEFT/RIGHT/BOTH
ARMS IN FUNCTION _____

USE AN ELECTRIC WHEELCHAIR _____ USE A NECK
SUPPORT OR HEAD REST _____

INDICATE YOUR HEIGHT _____ WEIGHT _____
NEEDS EQUIPMENT? _____

SKIING DISCIPLINE (IF KNOWN):

TWO TRACK/FOUR TRACK _____ THREE TRACK _____ BI
SKI _____ MONO SKI _____

VISUALLY IMPAIRED _____ DEVELOPMENTALLY DELAYED

SKIING LEVEL: NEVER SKIED BEFORE BEGINNER
_____ INTERMEDIATE _____ ADVANCED/INDEPENDENT _____

REGISTRATION FORM FOR PARTICIPANTS (continued)

OTHER SPORTS OR PHYSICAL ACTIIVITIES THAT YOU DO? _____

Are you currently under a doctor's care for any condition other than your primary diagnosis? yes no

if yes please explain _____

Are you currently taking any medication(s) of which we should be aware? yes no

Are you allergic to anything (ie., medication, food, latex)? yes no

Do you need to limit your activities for any reason? yes no

Do you have seizures? yes no

Are there any special medical conditions the program staff should know about? (ie., hyperreflexia; indwelling catheter; skin breakdown problems; brittle bones or osteoporosis; soft tissue problems such as tendonitis, bursitis, asthma, diabetes, heart trouble). yes no

Do you have Down's syndrome? yes no

Do you have a shunt? yes no

Do you have limitations in range of motion in your hips? yes no or
knees? yes no

Information for Sit-Down Skiers: To get up the ski hill, all skiers use a chairlift. As a sit-down skier, you will ride the lift in your mono- or bi-ski and will, with assistance, unload the lift by dropping down as much as 3 feet onto the unloading ramp. In this unloading process, your hips and back must be able to sustain the "jolt" or jarring that will occur. Also, in learning to sit-ski, you will be taught how to roll over on your side and shoulders as a method of stopping. To do this you will be moving and will make the sit-ski "tip over" onto its side. In this case, your arms, shoulders, and back must be able to sustain the jolting or jarring that will occur. If you think either unloading or tipping onto your side may cause you pain or injury, please consult with your doctor before attempting to mono- or bi-ski and bring a doctor's release with you.

Will rolling sideways onto your shoulders cause pain or injury to your back or shoulders or cause dizziness? yes no

Within the past year, have you had any injury to or surgery, on your back, spinal cord, hips, or legs? _____ (please describe any previous injuries/surgeries, such as previous fractures, fusions, as well as date of occurrence). yes no _____

Do you wear a back brace? (If yes, describe type of brace). yes no

Do you have Harrington rods (or other rods in your back)? If yes, length of time you have had them. yes no _____

DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM

In consideration of being allowed to participate in any way in MICHIGAN ADAPTIVE SPORTS or DISABLED SPORTS USA's programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise MICHIGAN ADAPTIVE SPORTS or DISABLED SPORTS USA of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue MICHIGAN ADAPTIVE SPORTS, DISABLED SPORTS USA, its affiliated clubs, their representative administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X _____

Participant's Name (PLEASE PRINT CLEARLY)

Signature

Date

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releases, and, for myself, my heirs,

assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X

Parent's Signature & Emergency _____ Phone
Name _____ Date _____

MEDIA RELEASE FORM

Name _____ Age _____ Male _____ Female

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to Michigan Adaptive Sports or Disabled Sports USA to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this MAS or DS/USA event. I further agree that MAS or DS/USA may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X _____ Signature date _____