

## MICHIGAN ADAPTIVE SPORTS

[www.michiganadaptivesports.org](http://www.michiganadaptivesports.org)

January 2010

Greetings Ski Volunteer!

Thank you for your interest in helping with our adaptive snow ski program. Enclosed you will find our volunteer registration form, as well as a copy of "Volunteer Guidelines and Policies", a document approved by our Snow Ski Committee. Please read the latter for your own information. Also, complete the registration form and return it to:

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

In order to schedule skiers for lessons this year, it is important that we get information regarding specific dates and times from our volunteers. **Even if you are not sure of all your dates at this point, please return the form anyway with dates you know and dates you are not sure of, so that I can get an idea of how many participants we will be able to accept for various dates.**

If you are signing up as a volunteer at Pine Knob, assume that you will be on the list to volunteer on the dates/times you indicate, and you should not expect further communication from me. Otherwise, expect to show up on the dates/times you indicate. Our local ski clinics are held at Pine Knob Ski Resort in Clarkston. In case you are unfamiliar with Pine Knob, it 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.

Regarding our weekend ski clinics at Crystal Mountain and Schuss, the resorts have provided us with complimentary accommodations for 10-12 people at one of their local condos or houses. Volunteers from out of the area are "chosen" to stay in these accommodations from the pool of people that express interest. Further information about the complimentary housing can be found on the last page of the enclosed "Volunteer Guidelines and Policies". Volunteers selected for this trip that will be arranging their own housing can take advantage of the new group rates we have been given this year.

**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, so we don't accept too many participants.**

I appreciate your interest in helping with our ski program, and for your cooperation in completing the enclosed registration form as soon as possible. The \$25 yearly membership fee helps defray our costs for mailings and adds to our membership count which, in turn, improves our position to obtain grants and other financial support for our programs. We strongly encourage you to join!

Looking forward to a great ski season!

Sincerely,

Carol McElhiney-Luster, Dave Henry and Jennifer Hoffman

Snow Ski Program Coordinators

*Adaptive Snow Ski Clinics – 2009--2010*

**REGISTRATION FORM FOR VOLUNTEERS**

**(PLEASE PRINT CLEARLY)**

PLEASE PRINT AND MAIL IN

NAME \_\_\_\_\_ SEX \_\_\_\_\_  
\_\_\_\_\_

AGE \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_  
\_\_\_\_\_

PHONE (day) \_\_\_\_\_ (eve) \_\_\_\_\_  
\_\_\_\_\_

(cell) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_  
\_\_\_\_\_

EMERGENCY CONTACT: NAME \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_

**SCHEDULE: (please circle dates/times you are available below)**

**DEC 5 (OFF HILL TRAINING LOCATION - TBA)**

**JAN 8 (ON HILL SKI TRAINING SESSION 5:30-9:30 PM; PINE KNOB)**

**JAN 9 (SKI LESSONS 2:30-5:30PM, 6-9PM; PINE KNOB)**

**JAN 23 (SKI LESSONS 2:30-5:30PM, 6-9PM; PINE KNOB)**

**Jan 30 – Jan 31 (SKI LESSONS 8:30-5:30 SAT; 8:30-11:30 SUN; SCHUSS MOUNTAIN)**

**FEB 13 (SKI LESSONS 8:30-11 AM, 11:30-2:30 PM, 2:30-5:30PM; PINE KNOB)**

**FEB 20 (SKI LESSONS 8:30-11 AM, 11:30-2:30 PM, 2:30-5:30PM; PINE KNOB)**

**MARCH 6-7 (SKI LESSONS 8:30-5:30 SAT; 8:30-11:30 SUN; CRYSTAL MOUNTAIN)**

**DO YOU WISH TO VOLUNTEER:** (check one)

\_\_\_\_\_ "ON HILL" (You must be at least 15 years of age and an intermediate skier able to ski an ntermediate hill in control, and be able to lift and carry at least 50 pounds safely. After qualifying, level of volunteer in a specific discipline type will depend on demonstrated skills).

Please complete the next section:

SKILL LEVEL: \_\_\_Intermediate \_\_\_Advanced Intermediate\_\_\_Advanced  
\_\_\_Certified ski instructor

(PSIA) Level \_\_\_; Discipline\_\_\_\_\_

KNOWLEDGE/EXPERIENCE REGARDING DISABILITIES/PERSONS WITH DISABILITIES

Job experience\_\_\_\_\_

Other experience\_\_\_\_\_

Attendance at off-hill workshop: \_\_\_\_\_

SKIING DISCIPLINE MOST PREFERRED (IF YOU HAVE ONE):

TWO TRACK/FOUR TRACK \_\_\_\_\_THREE TRACK \_\_\_\_\_

BI SKI \_\_\_\_\_MONO SKI\_\_\_\_\_

DEVELOPMENTALLY COGNITIVE CHALLENGED \_\_\_\_\_

\_\_\_\_\_ "OFF HILL" OR AT THE BOTTOM OF THE HILL: (order of preference with #1 most preferred) \_\_\_\_\_ Registration table

\_\_\_\_\_ Preparing participants to ski or assisting them while waiting to ski

\_\_\_\_\_ Transferring skiers or skier loading onto chair lifts (you must be able to lift and carry at least 50 lbs. safely)

## 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 lessors 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 \_\_\_\_\_