

**SOCIETY FOR HANDICAPPED CHILDREN AND ADULTS**  
**1129 8<sup>th</sup> Street Suite 101 Modesto CA 95354**  
**2009 WATER SKIING UNLIMITED PROGRAM PARTICIPANT PACKET**  
**IMPORTANT INFORMATION**

*Please read carefully and keep for future reference*

**What is the Water Skiing Unlimited Program?**

“Skiing Unlimited” is a water ski program for disabled children and adults. This program provides access to the sport of water skiing for many blind, deaf, paraplegic, quadriplegic and developmentally disabled individuals who would otherwise be denied the opportunity to share in these exhilarating activities. With the help of the trained volunteers and adaptive equipment, there are very few disabilities that would prevent participation in the sport of water skiing. The minimum age to participate is 7 years old.

**What is the cost of participation in the Water Skiing Unlimited Program?**

You will need to pay the entrance fee (\$8.00) to Modesto Reservoir. The Society for Handicapped office will reimburse this fee if necessary, a receipt for this fee must be provided to the office to receive reimbursement.

**Program Location:** All ski trips are held at Modesto Reservoir. Take a left after the entrance gate and go as far as possible to the back. Allow at least 15 minutes to get to this location. You will see our group there, ready to ski. Everyone meets on the Saturday morning of the trip at 9:30 am for the am session and 12:30 for the afternoon session to coordinate volunteers with participants and organize the session. The Society for Handicapped does not provide transportation for this program. A parent, guardian or attendant must bring the participant to Modesto Reservoir.

**Cancellations:** Please remember to call the Society before noon on the business day before a scheduled trip to confirm it is still taking place. Due to severe weather, low water level or an inadequate number of volunteers, the Society must at times cancel a scheduled trip. If you are scheduled to attend and find yourself unable to do so, please notify the office by Wednesday the week of the trip so we can make adjustments to attendance. It is important that you call and leave a message, regardless of the time, so that we do not record you as a “no show.” If you are a no show to a trip you are scheduled to be skiing, you will be ineligible to participate in future trips.

**Contact Information:** Please mail completed forms to Society for Handicapped Children and Adults, 1129 8<sup>th</sup> Street, Ste 101, Modesto CA 95354. If you have any questions regarding the Water Skiing Unlimited Program, please contact Bonnie Ohara at 209-524-3536 or by email at [bohara@societyforhandicapped.org](mailto:bohara@societyforhandicapped.org)

**Please return your completed pages 3-6 which includes the participant registration forms part 1 and 2, the liability release form and the hold harmless agreement as soon as possible.** All participants must fill out new registration forms each ski year. **We will not use last year’s information.** Please keep pages 1 and 2, the important information page and rules and procedures sheet for your records. We will contact you via email to confirm your dates of participation. Whether it is your first year or your fifth year participating in the ski program, the following forms **MUST BE COMPLETE** in order to participate in the program, incomplete applications will not be accepted and will be returned to you.

*(Keep this page for your information)*

# SOCIETY FOR HANDICAPPED CHILDREN AND ADULTS

1129 8<sup>th</sup> Street Suite 101 Modesto, Ca. 95354

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## **2009 WATER SKIING UNLIMITED RULES, PROCEDURES AND INFORMATION**

In order to insure the success of this program, we ask everyone to be aware of the following rules and information. Please read the following information carefully, there have been changes to the program.

- **Participants must fill out a registration form for each new ski year (no exceptions). The Society for Handicapped must have the most up to date information on each participant. New health survey's and detailed information about the participant is essential for a successful year for the ski participant.**
- Participation in an adapted water ski date must be scheduled in advance of each trip. Scheduling is done through the Society office. The society office will adhere to all sign up deadlines. Participants who show up without scheduling in advance and without approval of the office will **NOT BE ALLOWED TO PARTICIPATE**. No exceptions will be made to this rule.
- On the last business day before a scheduled trip (usually the Friday before the trip); please contact the Society office at 524-3536 if you are scheduled to attend that trip to confirm the trip is still scheduled. This is necessary due to last minute changes that occur due to volunteer/participant ratio, weather conditions or other unforeseen problems that may cancel the trip. If you call after office hours, there will be a message on the voice mail if the trip has been cancelled, you must call 524-3536 to get that message.
- If you are a participant and unable to attend a trip for which you are signed up to attend, you must inform the office by Wednesday the week of the trip. This will enable a participant on the waiting list for that date to attend the trip in your place.
- When meeting places and times are set, it is important to be prompt.
- Adaptive equipment for disabled participants will be provided by Society for Handicapped.
- Disabled participants must provide their own assistant if they are unable to provide for their own personal needs, ie: using the restroom and any feeding, distribution of medications etc that may be necessary.
- Participants are responsible for their own transportation.
- Water shoes are required and sunglasses, hats or visors and sunscreen is recommended and the responsibility of the participant and volunteer. Please also bring a chair, blanket and umbrella for shade. Participants must bring their own lunches, drinks and/or snacks for the day.
- Space is limited. We have a first come, first serve basis when signing up for ski trips.
- For insurance and safety purposes, no alcoholic beverages will be allowed during any ski trip by either participants or volunteers.

Ski Dates: 6/20 7/25 8/15 9/19

*(Keep this page for your information)*

**SOCIETY FOR HANDICAPPED CHILDREN AND ADULTS**

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**2009 WATER SKIING UNLIMITED PARTICIPANT REGISTRATION FORM PART 1**

Name \_\_\_\_\_

Participant Name (please print) \_\_\_\_\_ Age \_\_\_\_\_ Parent Name (if Participant is minor) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \*(required) \_\_\_\_\_

\*We will use email as primary contact with you as much as possible.

**Participant's Level of Water Skiing Skill (No experience is necessary)**

Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_

Circle date(s) you want to participate      6/20                      7/25                      8/15                      9/19

The Society for Handicapped does not guarantee participation in the dates chosen. Please understand many factors go into the selection of the dates and sessions for participation including but not limited to availability of skilled volunteers, weather and demand for certain ski dates. Please be flexible.

Please note the Adapted Water ski day for participants is divided in two sessions: The office will select the session you will be scheduled to attend and will confirm the session with you during the week of the scheduled ski date.

Am Session: 9:30 arrival for ski time from 10:00 am 12noon

Afternoon Session: 12:30 arrival for ski time from 1:00 pm – 3:00 pm

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

As a participant in the "Skiing Unlimited" program (or as the parent or legal guardian of a participant), I realize that water skiing can be a dangerous sport. I hereby release the Society for Handicapped Children and Adults of Stanislaus County, Inc. (Society) and its staff and volunteers from all liability arising from participation in this activity.

I also grant permission to use my likeness (or the participant's likeness) in photographs, voice or words, in television, film, newspaper, and other media for the purpose of advertising or communicating the purposes and activities of the Society and in appealing for funds to support the Society's activities.

I have read and understand the above statement: \_\_\_\_\_

**Signature (If participant is a minor, Parent/Guardian must sign) Date**

Please Print Participant Name \_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_

*Please return this completed form to Society for Handicapped 1129 8<sup>th</sup> Street Suite 101 Modesto Ca. 95354*

**SOCIETY FOR HANDICAPPED CHILDREN AND ADULTS**

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**2009 WATER SKIING UNLIMITED PARTICIPANT REGISTRATION FORM PART 2**

Name \_\_\_\_\_

Age: \_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Minimum age to participate is 7 years old

Disability: \_\_\_\_\_

Sit Skier \_\_\_\_\_ Standing Skier \_\_\_\_\_

Wheelchair participants-include wheelchair seat width in inches of wheelchair \_\_\_\_\_

Does Participant have a life jacket? \_\_\_\_\_ If not, size of life jacket needed (if known) \_\_\_\_\_

Please answer the questions below. Please be detailed and provide complete information to assist us in assigning the appropriate volunteers for the participant.

Health Survey Question	Yes	No	Comments
1. Does participant need assistance with personal needs? (Feeding, hygiene, etc.? If yes, please indicate who will be available to provide this assistance.)			
2. Is the participant subject to seizures? (If yes, please answer questions 3 - 5.)			
3. Are seizures controlled by medication?			
4. How many years/months since the last seizure occurred?			
5. Are there any special instructions relative to the seizures?			
6. Does the participant use any adaptive equipment? If so, please tell us what. (Wheelchair, cane, etc.)			
7. Is the participant verbal?			
8. Are there any other health concerns to be reported to staff?			

*Please return this completed form to Society for Handicapped 1129 8<sup>th</sup> Street Suite 101 Modesto, Ca. 95354*

*Incomplete registration forms will not be accepted*

**Society for Handicapped Children and Adults of Stanislaus County**  
**1129 8<sup>th</sup> Street Suite 101 Modesto Ca. 95354**  
**WATER SKIING UNLIMITED PARTICIPANT**  
**WAIVER AND RELEASE OF LIABILITY**

I request for myself or my child to be allowed to participate in the Skiing Unlimited adapted ski program, and agree to the following:

1. I 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. I am aware of the many dangers and inherent risks in the sport of downhill skiing including without limitation: risks of collision with objects, risks associated with water and weather, risks associated with dismemberment, and all other risks of the sport of water skiing. I also acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.
2. I assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
3. Myself and my family release, waive, discharge and promise not to sue Society for Handicapped, its volunteer instructors and director, its staff, executive director, and board of directors, and other participants of Skiing Unlimited for any personal injury, property damage, or other damages that may arise from my participation in the Skiing Unlimited programs, regardless of whether such injury or damage is caused by negligence or carelessness of the Skiing Unlimited program.
4. I agree that photographs and/or my or my child's name may be published in, or used by Society for Handicapped and any of the media or mass communication (including newspapers, magazines, television, pamphlets, brochures, newsletters, reports, etc.) without any liability on the part of Society for Handicapped.
5. I have talked to my physician, who has acknowledged, that I or my child are physically capable to engage in the sport of water skiing with or without the use of adaptive equipment. I have given an accurate description of my or my child's disability and medical needs on the participant application.
6. I agree that the staff and volunteers of Skiing Unlimited and Society for Handicapped may authorize emergency medical treatment for myself, or for my child, up to and including emergency hospitalization and surgery. I give the Society and volunteer(s) the right to determine the appropriate medical facility/provider in the absence of the parent. I agree to be personally responsible for any related medical expenses.

**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.**

\_\_\_\_\_  
**Participant Name**

\_\_\_\_\_  
**Signature (no signature if minor)**

\_\_\_\_\_  
**Date**

**IF PARTICIPANT IS UNDER 18 YEARS OF AGE OR IS UNABLE TO LEGALLY GIVE EFFECTIVE CONSENT PARENT OR GUARDIAN MUST SIGN BELOW**

\_\_\_\_\_  
**Parent Name**

\_\_\_\_\_  
**Signature (Required if participant is a minor)**

\_\_\_\_\_  
**Date**

*Please return this signed liability release waiver to  
Society for Handicapped 1129 8<sup>th</sup> Street Suite 101 Modesto Ca. 95354*

<b>FOR OFFICE USE ONLY</b>			
<input type="checkbox"/>	Registration form Part 1	<input type="checkbox"/>	Hold Harmless
<input type="checkbox"/>	Registration form Part 2	<input type="checkbox"/>	Release of Liability



## PARKS & RECREATION DEPARTMENT

3800 CORNUCOPIA WAY, SUITE C, MODESTO, CALIFORNIA 95358 (209) 525-6750 FAX (209) 525-6774

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### *HOLD HARMLESS AGREEMENT*

In consideration of the granting of permission by the County of Stanislaus to use the County facilities and to participate in the activities, I hereby assume all risk of personal injury to person or property received by me or arising out of the use of the County facilities and adjacent area.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Original - County Copy  
Copy - Participant Copy

Individual  
7010-47