

SOCIETY FOR HANDICAPPED CHILDREN AND ADULTS 2012 WINTER SKIING UNLIMITED PROGRAM PARTICIPANT PACKET

Frequently Asked Questions

What is the Winter Skiing Unlimited Program?

"Winter Skiing Unlimited" is a snow ski program for children and adults with disabilities. This program provides access to the sport of snow 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 few disabilities too severe to prevent participation in the sport of snow skiing. **The minimum age to participate in this program is 7 years old and maximum weight is 180 lbs.**

What is the cost of participation in the Winter Skiing Unlimited Program?

There is no cost to our participants to participate in the Winter Skiing Unlimited program however donations are greatly appreciated.

Program Location: All ski trips are held at Dodge Ridge Ski Resort. Please meet at the Olympic room which is located in the old lodge on the lower level past the ski shop at 9 am the day of your scheduled trip. There will be a base room volunteer to check you in and give you any instructions you may need. Participants are responsible for their own transportation to and from Dodge Ridge. A parent, guardian or attendant must bring participant to Dodge Ridge Ski Resort and be available in case of an emergency. Please check road conditions the morning of the scheduled trip to insure your safety on highway 108 at <http://www.dot.ca.gov/cgi-bin/roads.cgi> or call 1-800.427.7623.

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, 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 as soon as possible 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 8th Street, Ste 101, Modesto CA 95354. If you have any questions regarding the Winter Skiing Unlimited Program, please contact Christine Baily at 209-524-3536 or by email at programs@societyforhandicapped.org.

Please return your completed pages 1-3 which includes the participant registration forms part 1 and 2 and the liability release forms, as soon as possible. All participants must fill our registrations forms each ski year. **We will not use last year's information.** Please keep the FAQ's and the procedures pages for your records. We will contact you via email to confirm receipt of your application and the date you are scheduled to participate. 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.

(Please keep this page for your records)

SOCIETY FOR HANDICAPPED CHILDREN AND ADULTS 2012 WINTER SKIING UNLIMITED PROCEDURES AND INFORMATION

Please read carefully, it is your responsibility to know this information.

Please keep this page for your future reference

In order to insure the success Winter Skiing Unlimited, we ask everyone to be aware of the following procedures and information. Please read the following information it is your responsibility to know the policies of the program.

- Participants will not be allowed to participate without a completed and signed 2012 application on file. The application forms are available by contacting the Society office.
- 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 surveys and detailed information about the participant is essential for a successful year for the ski participant. A full color photo from the chest up of the participant must be included with the application. The photo can be emailed to Admin@societyforhandicapped.org
- Participants 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 are a participant and unable to attend a trip for which you are signed up to attend, you must inform the office in advance. 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 participants will be provided by Society for Handicapped. Participants must provide their own assistant if they are unable to provide for their own personal needs.
- Participants are responsible for their own transportation.
- A change of clothing is encouraged and recommended for participants. The morning hours can be very chilly. Sunglasses, hats or visors and sunscreen is recommended and the responsibility of the participant.
- Please bring snacks, water and a sack lunch. The Society for Handicapped does not provide food or drinks during the ski trip. Plan for a full day at Dodge Ridge and bring necessary food, drink and snacks for an enjoyable day. Also don't forget to bring an extra change of clothing, especially extra socks for your comfort.
- Space is limited. We have a first- come, first- served 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.

Please keep this page for your records

Page B (Procedures and information)

SOCIETY FOR HANDICAPPED CHILDREN AND ADULTS

2012 WINTER SKIING UNLIMITED PARTICIPANT APPLICATION

Participation in Winter Skiing Unlimited is subject to review and evaluation by SHCA staff.

(Please Print)

PARTICIPANT INFORMATION				
Last Name:		First Name:		Today's date:
Height: ft in	Weight lbs	Please include a current photo of participant with completed application	Age	Date of Birth:
Maximum weight for participation 180lbs			Minimum age for participation is 7 years old	
Mailing address:		City:	State:	ZIP Code:
			County:	
PHONE NUMBERS:				
Home:		Cell:		Email (required, all communication will be through email)
Please circle the dates participant is available to ski: January 7 January 21 January 28 February 4 February 11 February 18 February 25 March 3 and March 17 Please note SHCA does not guarantee participation in dates chosen. Please be flexible. Many factors go into selection of the dates for the participation including but not limited to availability of skilled volunteers, weather, needs of the participant regarding equipment and volunteer assistance and demand for certain ski dates. The participant rosters will be filled on a first come first serve basis and the criteria listed above. The office makes every effort to allow participants to go at least once in a ski season. If the participant is placed on the waiting list for a date, you will receive an email indicating that when there is an opening and that opening will be filled on a first- come, first- served basis. You will be required to respond to the email to reserve the opening on a ski date.				
			Have you participated in Winter Skiing Unlimited before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years? And what Equipment? Check below: <input type="checkbox"/> Sit ski <input type="checkbox"/> Standing skier If this is your first year, how did you hear about Winter Skiing Unlimited? Have you participated in other SHCA programs? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check all that apply <input type="checkbox"/> Water Ski <input type="checkbox"/> Day on the Farm <input type="checkbox"/> Bike Camp	
OCCUPATION HISTORY				
Occupation (optional):		Employer:		Are you a veteran of the US Military? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what Branch of Service?: _____				
EMERGENCY CONTACT INFORMATION				
Emergency Contact Name:		Emergency Contact Phone 1:		Emergency Contact Phone 2: Relationship:
PARENT/GUARDIAN INFORMATION				
Are you your own guardian? Yes ___ No ___ If NO, please answer the following regarding your parent/guardian:				
Last Name:		First Name:		Relationship:
Address:		City:	State:	ZIP Code:
Phone 1:		Phone 2:		Email:
PARTICIPANT MEDICAL INFORMATION				
DIAGNOSIS DETAILS				
Disability/Diagnosis:		Date of Injury (If Applicable):	Briefly describe the nature and/or cause of your disability (for example: auto accident, blood clot, congenital, etc.).	
Physician Name:		Physician Phone:		Physician Fax:
Do you have seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please answer the following 3 questions regarding your seizures:		
Type of seizure:	Date of last seizure:	Are you currently taking medication for seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list:

WINTER SKIING UNLIMITED PARTICIPANT MEDICAL INFORMATION

- Walking
 Partial walking/partial wheelchair
 Wheelchair – Check one: MANUAL POWER

Please list any mobility aides used in ambulation:

Please indicate any movement or strength limitations you have. If it is not the same on both sides of your body, please use the Left (L) and Right (R) choices to clarify those differences.

STRENGTH	Weak		Average		Strong		RANGE OF MOTION	Normal		Limited	
	(L)	(R)	(L)	(R)	(L)	(R)		(L)	(R)	(L)	(R)
Upper Body Strength							Upper Body Range of Motion				
Lower Body Strength							Lower Body Range of Motion				

TONE: Do you have normal muscle tone?

If NO, how would you describe your tone?

Yes No

Spastic Athetoid Flaccid Other

If you have a **visual impairment**, please tell us about your vision.

If you have a **hearing impairment**, please tell us about your hearing:

Visual Acuity:
 Field of Vision:
 Other:

PLEASE CHECK YES OR NO TO THE FOLLOWING QUESTIONS	YES	NO	DETAILS Use the space to below to provide details about anything for which you checked YES .
Is any part of your body paralyzed?			
Do you have altered hot/cold sensation?			
Do you use American Sign Language?			
Do you have difficulty speaking or communicating?			
Do others have difficulty understanding you?			
Do you need assistance with personal needs ie; feeding or hygiene-please indicate who will be present with you to provide this assistance			
Do you have difficulty following directions?			
Do you become easily frustrated?			
Do you ever verbally or physically lose control?			

Do you have any other medical conditions we should be aware of, for example: fused joints, cardiac? :

The information contained on this application may be used internally by SHCA staff and volunteer instructors.
Please return completed application, waiver and release of liability (pages 1-3) and a photograph of participant
(Please note: Incomplete applications will be returned)

to:

Society for Handicapped Children and Adults

Attention Christine Baily

1129 8th Street Ste 101

Modesto, Ca. 95354

Fax 209-524-1205

Email to programs@societyforhandicapped.org

If you email this form, please retain a copy for your records

**2012 SOCIETY FOR HANDICAPPED WINTER SKIING UNLIMITED
INSURANCE WAIVER & RELEASE OF LIABILITY**

**and
MEDIA RELEASE FORM**

***Please note: there are two places on this sheet that require a signature**

PART 1-INSURANCE WAIVER & RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in Society for Handicapped Winter Skiing Unlimited 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 Society for Handicapped Winter Skiing Unlimited 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 Society for Handicapped Children and Adults, its affiliated clubs, their representative administrators, directors, agents, coaches, other employees, and volunteers 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 "releasees", 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 releasee 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) Participant Signature (18 and over) Date

FOR PARTICIPANTS UNDER THE AGE OF 18 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 Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees 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 (PLEASE PRINT CLEARLY)

PART 2-MEDIA/PHOTO WAIVER AND RELEASE

Participant Name _____ **Age** _____ **Male** _____ **Female** _____

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to Society for Handicapped Children and Adults to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending any Society for Handicapped Winter Skiing Unlimited event. I further agree that Society for Handicapped Children and Adults 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 of Participant/Parent/Guardian (if participant is under 18 Parent/Guardian must sign) Date