



Let No One Sit on the Side Lines...or the Slopes!

ATHLETES AND PROFESSIONALS!
Join us February 27 & 28, 2007

Skiable is a multi-day event in the mountains of Arizona for individuals with permanent physical disabilities. The cooperative program provides an opportunity for beginner, intermediate and advanced skiers to enjoy the freedom and thrill of the downhill sport. Athletes include, but are not limited to, those with amputations, cerebral palsy, muscular dystrophy, spina bifida, spinal cord injuries, traumatic brain injuries and visual impairments. Athletes may be ambulatory or use a manual or power wheelchair.

Skiable also welcomes family members and professionals for an educational experience. Dry land and on-hill training is offered for those choosing the educational track to promote awareness of adaptive equipment, teaching techniques, safety, disability awareness and more. Appropriate individuals are therapists, physical education teachers, special education teachers, coaches, students, disability organization administrators, ski instructors and more. The goal: prepare you as an *assistant* for future outings with an athlete and professional ski instructor.



Registration fee: \$60 (\$30 ½ day) / skier includes...

Full day lesson

One day lift ticket

Adaptive equipment

Please note: Scholarship available for Wounded Warriors. Call for inquiries.

A limited number of slots are available. Please send registration and payment by January 19th to:

Susan Byrne Rossi

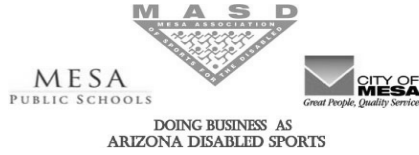
59 E. Broadway Rd. – Mesa, AZ 85210

480.644.5702 desk

susan.byrne@cityofmesa.org

www.mesadisabledsports.com or www.arizonasnowbowl.com

Payment by check may be made payable to Mesa Association of Sports for the Disabled (MASD). You will receive communication to verify enrollment along with suggestions for lodging and other pertinent information.



Wounded Warrior Disabled Sports Project



Arizona *SkiAble* 2007 Application / Medical Form

The following information assists the instructors in maintaining a risk-managed environment. Please complete this form as accurately and truthfully as possible. This information will be confidential.

Ski Date Preference: Tuesday, February 27
 (preferences based on availability) Wednesday, February 28
 No Preference

½ day a.m. 9:30-Noon
 ½ day p.m. 1-3:30
 Full Day 9:30-3:30

PERSONAL INFORMATION

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Mobile # _____

Email _____

Age _____ Birth Date _____ Gender Male Female

Emergency Contact _____ Relationship _____

Phone # _____ Mobile # _____

Ethnic Origin (optional)

African American		Hispanic	
Asian American		Native American	
Caucasian		Other	

Are you a United States Veteran or current member of the military? YES NO

Medical History (Fill in blank or circle as appropriate)

A physician's approval to participate is not required. You are strongly encouraged to consult your physician if you have concerns or questions regarding your ability to participate in an outdoor experiential program. The staff will be happy to answer any questions that you or your physician have concerning activities and/or adaptations.

Medical Diagnosis / Disability _____

Height _____ Weight _____ Shoe Size (if appropriate) _____

Do you use any mobility devices? YES NO If yes, what type? _____

Do you smoke? YES NO If yes, how much? _____

Do you exercise regularly? YES NO If yes, please describe your exercise program.

Dietary Restrictions _____

Seizure Disorder? YES NO If yes, type & date of last seizure? _____

Medications (please list all)

1. _____ for _____
2. _____ for _____
3. _____ for _____

Allergies (please list all)

1. _____
2. _____
3. _____

Within the last year have you had any **illnesses**, **injuries** or **surgeries**? Yes _____ No _____

If yes, please **list** and **explain** _____

Please check off any of the following conditions you have or have had in the past and give the year of occurrence:

- | | | | |
|-------------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Dislocation | <input type="checkbox"/> Back Pain | <input type="checkbox"/> Sprain |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Fracture | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Headaches | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Difficulty Breathing |

Additional Information (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Memory Loss | <input type="checkbox"/> Spasticity |
| <input type="checkbox"/> Non-Verbal | <input type="checkbox"/> Poor Muscle Tone |
| <input type="checkbox"/> Sensory Integration Disorder | <input type="checkbox"/> Limited Range of Motion |
| <input type="checkbox"/> Poor Circulation | <input type="checkbox"/> Rigidity |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Catheter/Leg Bag |
| <input type="checkbox"/> Vertigo | <input type="checkbox"/> Diabetic |

Are there any other conditions or concerns not listed above? Please explain: _____

Insurance

Insured? YES NO If yes, please list: _____

Health Care Provider _____

Policy # _____

Ski Information

Due to the nature of adaptive ski equipment and to help ensure the safety of all our participants, there is a 220 lb weight limit for all students who use sit down equipment.

Have you skied before? YES NO If yes, when, where and with what program? _____

Ability Level: Beginner Intermediate Advanced Expert Ski

Ski Method Desired (if known): i.e. Mono-ski, Bi-ski, three-track, four-track, blind guide, etc.

Local Contact Information during event (if applicable)

Lodging _____ Reservation Name _____

RM/Suite # _____ Phone # _____ Transportation Method _____

I have enclosed:

Complete Registration: YES NO **Complete Waivers:** YES NO

Payment: YES NO

\$60 (\$30 ½ day) / skier includes a one day lift ticket, full day lesson & adaptive equipment

Please note: Scholarship available for Wounded Warriors. Please call for details.

**Breckenridge Outdoor Education Center
Acknowledgement of Pre-Existing Injury**

I, _____, acknowledge that I am skiing with a pre-existing condition of _____ . I realize that there are inherent risks involved in adaptive skiing and will not hold the BOEC responsible for any injury.

Participant Signature Date

Parent/Guardian Signature Date

DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM and MEDIA RELEASE FORM

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

In consideration of being allowed to participate in any way in 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 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 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 "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) Signature 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)

MEDIA RELEASE FORM

Name _____ Age _____ Male ___ Female ___
(PLEASE PRINT CLEARLY)

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to Disabled Sports USA to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this DS/USA event. I further agree that 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 of Participant/Guardian Date