

ADAPTIVE SPORTS PROGRAM
STUDENT APPLICATION
jcline@adaptivesportsprogram.org

(505) 570-5710
PO Box 5676
Santa Fe, NM 87502

STUDENT INFORMATION – PLEASE PRINT

Name _____ # of years skiing/snowboarding _____

Address _____ City _____ ST _____ Zip _____

Primary Phone # _____ Secondary Phone # _____

E-MAIL _____ Best way to reach you (phone/email) _____

Date of Birth _____ Height _____ Weight _____ Shoe Size _____ Gender _____

EMERGENCY CONTACT (EC) OR PARENT-GUARDIAN CONTACT INFO (if participant is a minor)

EC or Parent Name(s) _____

Home Phone _____ Work/Cell phone _____

Name of School and teacher (if participating with a school program): _____

MEDICAL INFORMATION

Description of participant's disability _____

What major life function(s) are affected? _____

Participant's current activities / general energy level _____

List medications participant is currently taking _____

Has the student experienced a seizure within the past year? _____

If so please indicate the approx. date of last seizure _____

List participant's food/medication allergies _____

Does participant need to limit their activities for any reason? _____

Physicians Name and Phone Number _____

We may need to contact your physician if we cannot determine eligibility from application.

Please check most appropriate answer:

Ability to sense cold: Normal Impaired Unable

Comprehension: Normal Impaired Unable

Hearing/Vision level: Normal Impaired Unable

Verbal Communication: Normal Impaired Unable

INDICATE PARTICIPATION PREFERENCES BELOW (for school groups, schedule will be determined by school and teacher)

Multi-Week Program:

Ski Santa Fe: Thursday Saturday Sunday Please select: Morning Afternoon

Sandia Peak: Friday Saturday Sunday Please select: Morning Afternoon

Private Lessons: Please list days you would like lessons, and whether you would like a 4-hour (full day) lesson, or a 2-hour (half day) lesson: _____

EQUIPMENT NEEDS – PLEASE INDICATE TO THE BEST OF YOUR ABILITY A doctor's note may be requested to determine that participants are within the weight limits for bi and mono skis

_____ Outriggers with standard equipment -- Outriggers are handheld crutches with mini-skis on each end. Outriggers are for any stand up skier requiring extra balance.

_____ Bi-Ski (Santa Fe skier weight must not exceed 190lbs., Sandia Peak 140lbs.) This sit down ski is for wheelchair users or those who have significant difficulty walking.

_____ Mono-Ski (Santa Fe skier weight must not exceed 190lbs., Sandia Peak 140lbs.) This sit down ski is for spinal cord injuries <T6. It requires more physical strength than the bi-ski.

_____ Standard Equipment (boots, poles and skis)

_____ Snowboard (snowboard and boots)

_____ Helmet (please note that ALL students are required to wear a helmet during lessons)

THIS SECTION TO BE FILLED OUT BY SIT DOWN SKIERS ONLY

Will rolling onto your shoulders cause pain to your back or shoulders? Yes No

Using arm strength, can you push your own wheelchair independently? Yes No

Do you have Harrington Rods or a shunt? Yes No

If applicable, please note the level of your spinal cord injury _____

Do you have the ability to maintain grip strength in your hands? Yes No

PARTICIPATION FEES – please submit payment with your application. To apply for scholarship assistance, please fill out the Scholarship Application also on our website.

- Multi-week lessons: 5 or 6 week program: \$240.00
- Public School Price for 3 Sessions of Skiing/Snow Boarding : \$45.00
- Private Lessons: \$150.00 for a 4-hour (full day) lesson, \$100.00 for a 2-hour (half day) lesson

Please print out the waiver, sign in both places and return with application. Applications are not considered complete until waiver and payments have been submitted.

THANK YOU!