

# 2025

## Adaptive Snow Skiing

### Program Registration

#### Section I (Everyone)

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Date: \_\_\_\_\_

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

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ E-Mail: \_\_\_\_\_

#### Section II (Volunteers)

I will attend the Sunday, December 29<sup>th</sup> volunteer pre-season Snow Ski training, with or without snow, at Brandywine Ski Area starting at

9:00 a.m.:            Yes            No

*If we have snow, training runs until 3:30 p.m. — If there is no snow, training will end at 12:30 p.m.*

PSIA Certification:            Yes            No            Level \_\_\_\_\_ Discipline: \_\_\_\_\_

Duty you are interested in:            Ski Instructor            Ski Buddy            Boot Loader / Helper

If skiing, what disciplines have you worked with: \_\_\_\_\_

Do you have any Lifting Restrictions, if so please explain: \_\_\_\_\_

#### Section III (Students & Volunteers)

Number of years with adaptive skiing: \_\_\_\_\_ Skiing Level (Circle one):            Beginner            Intermediate            Advanced

Which skiing discipline(s) are you interested in? Please circle all that apply.

Mono-Ski            Bi-Ski            Two-Track            Three-Track            Four-Track

Snowboarding            Visually Impaired            Not Sure

**Please circle the dates you would like to sign up for (Students – you may not get all dates requested):**

**Sunday Morning**  
**(9:30 a.m. – 11:45 a.m.)**

**Sunday Afternoon**  
**12:30 p.m. — 2:45 p.m.**

**Tuesday Evening**  
**(6:45 p.m. – 9:00 p.m.)**

January    5 12 19 26  
February    2 9 16 23

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February    2 9 16 23

January    7 14 21 28  
February    4 11 18 25

**STUDENTS** You will be notified by email each week on the final ski dates that are reserved for you. Dates you ask for are **NOT** guaranteed, we will do our best to accommodate as many as possible that you have requested.

**Emergency Contact (Everyone):**

Contact Person / Relation: \_\_\_\_\_

Contact Address (City/State/ZIP): \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

**Secondary Contact**

Contact Person / Relation: \_\_\_\_\_

Contact Address (City/State/ZIP): \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

**Return Completed Forms By December 31, 2024 To:**

**Three Trackers of Ohio  
6909 Engle Road, Ste19  
Cleveland, Ohio 44130**