**2024**

**Adaptive Snow Skiing**

**Program Registration**

# Section I (Everyone)

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

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

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

# Section II (Volunteers)

I will attend the December 14th 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.)** January 5 12 19 26 February 2 9 16 23 | **Sunday Afternoon 12:30 p.m. — 2:45 p.m.** January 5 12 19 26 February 2 9 16 23 | **Tuesday Evening** **(6:45 p.m. – 9:00 p.m.)**  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**