**2024**

**Adaptive Snow Skiing**

**Program Registration**

# Section I (Volunteers)

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 II (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 7 14 21 28 February 4 11 18 25 | **Sunday Afternoon 12:30 p.m. — 2:45 p.m.**  January 7 14 21 28 February 4 11 18 25 | **Tuesday Evening**  **(6:45 p.m. – 9:00 p.m.)**  January 2 9 16 23 30 February 6 13 20 27 |
|  |  |  |
|  |  |  |

***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: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return Completed Forms by December 31, 2023 To:**

**Three Trackers of Ohio**

**6909 Engle Road, Ste19**

**Cleveland, Ohio 44130**