

# 2026

## Adaptive Snow Skiing

### Program Registration

#### Section I (Everyone)

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

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

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

#### Section II (Volunteers)

Volunteer training will be Sunday, December 14<sup>th</sup>, with or without snow, at Brandywine Ski Area. Training will be 9:00 to Noon and 12:30 to 3:00 on snow if the area is open.

I will attend : Yes          No

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    4   11   18   25

February   1   8   15   22

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

January    4   11   18   25

February   1   8   15   22

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

January    6   13   20   27

February   3   10   17   24

**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, 2025 To:**

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