



## 2017-2018 Winter Skiing Unlimited Participant Packet

December 16    January 20, 27    February 3    March 3, 10

### Frequently Asked Questions

#### **What is the Winter Skiing Unlimited Program?**

“Winter Skiing Unlimited” is a snow ski program for children and adults with diverse abilities. This program provides access to the sport of snow skiing for many blind, deaf, paraplegic, quadriplegic, and developmentally disabled individuals who would otherwise be denied the opportunity to share in this exhilarating activity. With the help of trained volunteers and adapted equipment, there are few disabilities too severe to prevent participation in the sport of snow skiing.

**The minimum age to participate in this program is 7 years old and maximum weight is 180 lbs.**

#### **What is the cost of participation in the Winter Skiing Unlimited Program?**

There is no cost to our participants to participate in the Winter Skiing Unlimited program; however, donations are greatly appreciated.

**Program Location:** All ski trips are held at Dodge Ridge Ski Resort. Please meet at the Olympic Room which is located in the old lodge on the lower level past the ski shop at 9AM the day of your scheduled trip. There will be a volunteer in the base room to check you in and give you any instructions you may need. Participants are responsible for their own transportation to and from Dodge Ridge. A parent, guardian or attendant must bring participant to Dodge Ridge Ski Resort and be available in case of an emergency. Please check road conditions the morning of the scheduled trip to insure your safety on Highway 108 at <http://www.dot.ca.gov/cgi-bin/roads.cgi> or call 1-800-427-7623.

**Confirmation & Cancellations:** Please remember to call the Society before noon on the business day before a scheduled trip to confirm it is still taking place. Due to severe weather, or an inadequate number of volunteers, the Society must at times cancel a scheduled trip. If you are scheduled to attend and find yourself unable to do so, please notify the office as soon as possible so we can make adjustments to attendance. It is important that you call and leave a message, regardless of the time, so that we do not record you as a “no show.” If you are a “no show” to a trip you are scheduled to be skiing, you will be ineligible to participate in future trips.

**Equipment:** Adapted equipment for participants will be provided by Society for disABILITIES. Participants must provide their own assistance if they are unable to provide for their own personal needs.

**Clothing:** Check local weather prior to ski date to see what clothing is appropriate and comfortable. Snow pants, jacket, gloves and hat are recommended. We suggest you bring an extra pair of clothes for the ride home.

**Food:** The Society does not provide food or drinks during the ski trips. Please pack a lunch, drinks, and snacks for an enjoyable day at Dodge Ridge Ski Resort. ALCOHOL is **NOT** permitted during any ski trips.

#### **Contact Information**

Please mail completed forms with a **current photo** to ATTN: Channa, Society for disABILITIES at 1129 8<sup>th</sup> Street, Ste 101, Modesto, CA 95354. If you have any questions regarding the Winter Skiing Unlimited Program, please contact Channa at (209) 524-3536 or by email at [channa@societyfordisabilities.org](mailto:channa@societyfordisabilities.org)

***(Please keep this page for your records)***



## 2017-2018 Winter Skiing Unlimited Participant Registration Information

**PLEASE ATTACH CURRENT PHOTO OF PARTICIPANT WITH APPLICATION IF POSSIBLE**

Participant Name: \_\_\_\_\_ Sit Ski/Stand: \_\_\_\_\_  
(PLEASE PRINT CLEARLY) \_\_\_\_\_ Age \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ (Maximum Weight: 180LBS) Gender  M  F

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

Phone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address **\*REQUIRED:** \_\_\_\_\_  
(All communication is done through email)

Please Provide Disability: \_\_\_\_\_  Verbal  Non-Verbal

Parent or Guardian Name(s)/**Emergency Contact:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address **\*REQUIRED:** \_\_\_\_\_  
(All communication is done through email)

### Health Questions Regarding Participant

Is any part of your body paralyzed?  Yes  No

If yes, please explain:

\_\_\_\_\_

Do you have altered hot/cold sensation?  Yes  No

If yes, please explain:

\_\_\_\_\_

Do you use American Sign Language?  Yes  No

Additional comments:

\_\_\_\_\_

Do you have difficulty speaking?  Yes  No

If yes, please explain:

\_\_\_\_\_

Do you need assistance with personal needs? (i.e. feeding or hygiene)  Yes  No

If yes, who will be accompanying you to help assist you?

\_\_\_\_\_

Do you have other medical conditions we should be aware of?  Yes  No

If yes, what are they?

\_\_\_\_\_

Do you use assistive adapted equipment to get around?  Yes  No

If yes, what kind of equipment?

\_\_\_\_\_

\_\_\_\_\_



## 2017-2018 Available Ski Dates

Please check which date best fits your schedule

- December 16**    **January 20**    **January 27**    **February 3**    **March 3**    **March 10**

Please note, Society for disABILITIES does not guarantee participation in dates chosen. Please be flexible. Many factors go into the selection of dates for participation, including but not limited to availability of skilled volunteers, weather, needs of the participant regarding equipment and volunteer assistance and demand for certain ski dates. The participants rosters will be filled on a first-come, first-serve basis and based on the criteria listed above. The office makes every effort to allow participants to go at least once in a ski season. If the participant is placed on the waiting list for a date, you will receive an email indicating that when there is an opening, that opening will be filled on a first-come, first-serve basis. You will be **required** to respond to the email to reserve the opening on a ski date.



**2017-2018 Winter Skiing Unlimited  
Insurance Waiver, Release of Liability & Media Release Form**

**PART 1-INSURANCE WAIVER & RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in Society for disABILITIES Winter Skiing Unlimited programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise Society for disABILITIES Winter Skiing Unlimited of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Society for disABILITIES, its affiliated clubs, their representative administrators, directors, agents, coaches, other employees, and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the release or otherwise.

**I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, I/WE HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.**

\*Participant Name \_\_\_\_\_ Date \_\_\_\_\_  
*(PLEASE PRINT CLEARLY)*

\*Participant Signature (18 and over) \_\_\_\_\_ Date \_\_\_\_\_

**FOR PARTICIPANTS UNDER THE AGE OF 18:** This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THEIR NEGLIGENCE.**

\*Parent Name \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
*(PLEASE PRINT CLEARLY)*

\*Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART 2-MEDIA/PHOTO WAIVER AND RELEASE**

\*Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Gender M / F

**MEDIA/PHOTO WAIVER:** I hereby authorize and give my full consent to Society for disABILITIES to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending any Society for disABILITIES Winter Skiing Unlimited event. I further agree that Society for disABILITIES may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

\*Signature of Participant/Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
*(If participant is under 18, Parent/Guardian must sign)*