



The Vancouver Island Society for Adaptive Snow Sports

the 2012 Winter Snowsports Festival
at Mount Washington Alpine Resort

January 8th to 12th, 2012

Anyone in the Province of BC that has a physical or mental disability and wants to learn how to ski or board (Alpine or Nordic/Cross Country) is invited to attend our Learn to Ski Week Winter Snowsports Festival 8 - 12 January 2012.

If you are already an experienced boarder or skier, then join our Festival Ski Improvement program.

We offer at no cost to you:

- Four days of skiing/boarding instruction by our Nationally Certified Volunteer Instructors
- Four day lift pass
- All skiing/boarding equipment (skis, boards, boots, poles, helmets) including specialized adaptive equipment to suit your disability
- Daily Bus transportation to and from Courtenay to Mt Washington
- Two Gala Banquets
- Final Day "Fun Race",
- and A GOOD TIME!

You are responsible for:

- Membership in the Disabled Skiers Association of BC (DSABC) \$45. www.disabledskiingbc.com
- Accommodation in Courtenay if from out of town. (If your application is accepted we will provide you with a list of reasonable priced accommodations)
- Suitable clothing for Snowsport activities.

We can only handle 35 students so, if you want in on this wonderful offer, please apply early.
Deadline 9 December 2011

Questions?

Call Bob (250) 339-6833 or E-mail: curlew@shaw.ca

Fill out the following application form and send to:

Vancouver Island Society for Adaptive Snowsports
Florence Filberg Centre - Attn: VISAS
411 Anderton Ave., Courtenay, BC V9N 6C6
or Email: curlew@shaw.ca

Visit www.visasweb.ca for more info on VISAS programs



Winter Snowsports Festival 2012

For Office Use Only

Date application rec'd _____
 Waiver rec'd _____
 M'ship application _____
 M'ship paid _____
 M'ship number _____
 Fees paid _____
 Accepted _____

January 8th to 12th, 2012

Application Form

DEADLINE FOR RETURN IS 9th DECEMBER 2011

PRINT LEGIBLY. FILL IN ALL SPACES OF APPLICATION FORM. WE CANNOT ACCEPT AN INCOMPLETE FORM

LAST NAME: _____ FIRST NAME: _____
 NICKNAME: _____ E-Mail: _____
 ADDRESS: _____ CITY: _____
 POSTAL CODE: _____ DATE OF BIRTH: (day/mon/yr) _____
 PHONE: (HOME) _____ (WORK) _____
 HEIGHT _____ WEIGHT _____

BACKGROUND: (Please check). Additional information may be included on back of form if required.

| | | |
|---------------------------|----------------------------|---|
| NEVER SKIED BEFORE: | | |
| SKIED PRIOR TO DISABILITY | If yes, give details below | Maximum 200 lbs (90 Kg.) for Sit-Ski and Bi-Ski |

MEDICAL HISTORY / CLASSIFICATION:

Please state your disability in as much detail as possible. Please include comments on mobility, balance and communication skills. Additional information may be included on back of form if required.

CARE CARD #: _____ DOCTOR'S NAME: _____ PHONE: _____

NAME TO CONTACT IN EMERGENCY: _____ PHONE: _____

MEDICATION & POSSIBLE SIDE EFFECTS:

ATTENDANT'S NAME: _____ PHONE: _____

