



# Learn to Ski Festival 2010

*For Office Use Only*

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

## January 3th to 7th, 2010

### Application Form

*DEADLINE FOR RETURN IS 16th DECEMBER 2009*

**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: \_\_\_\_\_

