

***Adaptive Sports Program at Mountain Creek
In Partnership with Helen Hayes Hospital***



Program Participant Application Form

I prefer to ski on (please indicate a 1st choice and 2nd choice):

Saturday 9:30-11:30 _____ Saturday 1:00-3:00 _____ Sunday 9:30-11:30 _____ Sunday 1:00-3:00 _____

Name: _____ Gender: _____

Address: _____ City: _____ Zip: _____

Phone (Day): _____ (Evening): _____ Email: _____

Birth Date: _____ Age: _____ Height: _____ Weight: _____

Disability: _____ # Years with Disability: _____

Other Sports (Past/Present): _____

School or Occupation: _____

I use a wheelchair: YES NO If yes, I use: ELECTRIC MANUAL

I am able to ambulate _____% of the time.

I use braces or other assistive devices: YES NO I CANNOT AMBULATE

Please explain any other limitations: _____

I wish to learn to: SKI SNOWBOARD

Experience?: NEVER BEGINNER INTERMEDIATE ADVANCED # Years? _____

Experience with adaptive ski equipment? NONE SOME A LOT

Type of adaptive equipment? _____

Will rolling sideways onto your shoulders cause any pain or injury to your back, neck or shoulders? YES NO

Parent/Legal Guardian/Advocate: _____ Phone: _____

Address if different from above: _____ ZIP: _____

Mission Statement:

Adaptive Sports Program at Mountain Creek is dedicated to providing winter sports education and recreation to people of all abilities in a fun and safe environment. We believe that all people have the right and ability to participate in recreational opportunities. With the support of Helen Hayes Hospital and volunteers from the NJ/NY area we are dedicated to insure that all individuals have the opportunity to participate in winter sports to their fullest potential while maintaining their dignity, personal responsibility and self-determination.

Participant Information and Release:

Last Name: _____ First Name: _____

EMERGENCY CONTACT INFO:		HEALTH HISTORY: CHECK ALL THAT APPLY:	
Who do we call if Parent/Guardian cannot be reached? Name: _____	_____	<input type="checkbox"/> Asthma	<input type="checkbox"/> Rheumatic Fever
Address: _____	_____	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Heart Murmur
Phone: _____ Other Phone: _____	_____	<input type="checkbox"/> Measles	<input type="checkbox"/> Diabetes
Relationship: _____	_____	<input type="checkbox"/> German Measles	<input type="checkbox"/> Convulsions
		<input type="checkbox"/> Mumps	<input type="checkbox"/> Fainting
		<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Seizure Disorder
ALLERGIES: Does the Participant have any allergies? NO YES			
Tell us about allergies participant may have and what we need to do regarding them below and on the back:			
<input type="checkbox"/> Insect stings/bites <input type="checkbox"/> Hay Fever <input type="checkbox"/> Poison Ivy <input type="checkbox"/> Prescription Drugs <input type="checkbox"/> Foods <input type="checkbox"/> Other			

Has participant had any operations?	NO	YES
Does participant take medication regularly?	NO	YES
Has participant had any serious injuries in the past 6 mos?	NO	YES
Does participant have chronic/recurring illness?	NO	YES
Do activities need to be limited for any reason?	NO	YES
Does participant have a seizure disorder?	NO	YES
Is participant under medical care for any reason?	NO	YES
Does participant use a wheelchair/other support?	NO	YES
Does participant usually have a one-on-one?	NO	YES
Does participant need help with communication?	NO	YES

Explain all Yes answers and provide complete details below.

Note details of health history from above and any physical conditions or activity restrictions that staff should know about and include any other information you feel would be useful such as wanders, puts things in mouth, fears that relate to a crowded atmosphere, etc:

Please note the level of assistance needed with the following:

Eating _____ Toileting _____ Dressing _____ Other _____

Goals for Participant (Recreation, Socialization, leisure, skill building, exercise, etc.):

If the participant has Down's syndrome it is necessary to have a Cervical Spine x-ray completed. If the participant has had a serious illness or surgery within the last year he/she must have this signed by a physician to attend programing.

I consider this participant to be in good health at this time, and that he/she is physically able to participate in program activities.

Signature of Licensed Physician _____ Date: _____

This application and health history is true and correct to the best of my knowledge. In the case of an emergency, when the person listed as Emergency Contact or other person cannot be contacted, I hereby authorize the Adaptive Sports Program at Mountain Creek to take action deemed necessary for the best interest of my child.

Participant or Parent/Guardian Signature: _____ Date: _____

LIABILITY RELEASE

I would like to participate in the Adaptive Sports Program at Mountain Creek program. I acknowledge the risks and potential risks that my son/daughter/myself is taking, but feel that the potential benefits outweigh the risks assumed. I hereby, intending to be legally committed for myself, my heirs and assignees, executors and administrators, waive and release forever all claims for damages against Adaptive Sports Program at Mountain Creek, its Board of Directors, volunteers, and employees for any and all injuries and/or losses that I/my son/my daughter/or client may sustain while a participant in the Adaptive Sports Program at Mountain Creek program. Additionally, I understand that all personal clothing and gear that my son/daughter/or myself bring to use at the program is my responsibility. While Adaptive Sports Program at Mountain Creek maintains an area within the public lodge, Adaptive Sports Program at Mountain Creek cannot be held responsible for lost or stolen items.

Signature: _____ Date: _____
Participant

Signature: _____ Date: _____
Parent, advocate, legal guardian

Dear Parents/Caregivers,

At Adaptive Sports Program at Mountain Creek we strive to provide the best instruction to the students we are teaching. In order for us to do this it is helpful for the volunteers working with each student to know some background information about the student that they are working with. In some cases the student may be too shy or anxious to provide this information or in other cases the student may not be able to communicate it.

If this is the case with your child or family member, please take the time to answer the attached questions. Feel free to answer as many or as few as you want or to provide any additional information that you may think is helpful.

Thank you,

Adaptive Sports Program at Mountain Creek Team

About Me

My name is:

The members of my family are:

Two things I want people to know about me are:

1.

2.

When I am happy, I will:

When I am unhappy, I will:

Some things I like to do are:

Some of my favorite things are:

Some things that I do well are:

Some things that others can do to help me are:

Some things that people try to do but that are not helpful are:

Some things that bother me are:

Some things that I have accomplished are:

Goals I'd like to work on are:

Some things that you can do that will help you get to know me are:

If you have any questions and wish to talk to my family, they can be reached at:

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Photo Release Form

I, _____, grant permission to
(Please print full name of Participant/Parent or Legal Guardian)

ADAPTIVE SPORTS PROGRAM AT MOUNTAIN CREEK, their successors, licensees, and assigns, the right to use to the photographs or films taken of me, or members of my family, without compensation, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium.

I acknowledge that I am over the age of 18
 the parent/legal guardian of the following:

Name/Age: _____
First Name Last Name Date of Birth

- I understand that use of the photographs/films taken of me may reveal or imply information about myself/my family member.
- I understand I may withdraw my permission at any time by writing to the address listed below. I understand that the withdrawal will not apply to photographs/videos that have already been released in response to this authorization.
- I understand that my/my family member's eligibility and participation in ADAPTIVE SPORTS PROGRAM AT MOUNTAIN CREEK programs will not be affected if I do not sign this form.
- This form will expire when the Participant's involvement with ADAPTIVE SPORTS PROGRAM AT MOUNTAIN CREEK ends or when permission is withdrawn in writing as noted above.

Signature _____ Date _____

Address _____
Street (Please print)

City, State, Zip

Phone _____

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RENTAL AGREEMENT and RELEASE FROM LIABILITY

Date: _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Shoe Size _____

Weight _____ lbs. Height _____ ft. _____ in. Age _____

ID # _____

Check your level of ability ___ I ___ II ___ III

PLEASE READ CAREFULLY BEFORE SIGNING

- I accept for use, as is, the equipment listed on this form and accept full responsibility for its care while it is in my possession.
- I agree to reimburse Mountain Creek for any loss or damage other than reasonable wear resulting from use.
- I accept and clearly understand that there are inherent risks involved in the sport of skiing and boarding, that injuries are a common and ordinary occurrence and I freely accept these risks.
- I understand that the ski/boot/binding system which I have rented will not release at all times nor under all circumstances and does not guarantee my safety.
- I have received instruction on the use of any equipment and fully understand its use and function.
- I agree to hold harmless and indemnify and release Mountain Creek and its owners, agents, and/or employees, including ski instructors, manufacturers and distributors thereof, from any and all liability for damage, injury to myself or any person, including while taking a lesson, death and/or property damage, resulting from negligence, conditions of the premises, operation of the ski and boarding area, rental or operation of equipment, installation, maintenance, selection, adjustment, and use of the equipment and/or actions and/or omissions of Mountain Creek and its owners, agents, and/or employees, accepting myself the full responsibility for any and all such damage, injury, or death which may result.
- I have made no misrepresentations to Mountain Creek in regard to my height, weight, age or skier type and agree to return all equipment by the agreed date and time to avoid additional charges.
- This agreement is governed by the applicable law of New Jersey State. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect.
- I have read, reviewed and understand the "WARNING TO SKIERS" posted at this ski area. I signify that I am aware and understand the risks inherent in the sport of skiing snowboarding as set forth on the "WARNING TO SKIERS."
- I agree that all disputes and/or lawsuits under this contract and/or from my use of the facilities at Mountain Creek shall be litigated exclusively in the Superior Court of the State of New Jersey, County of Sussex, or in the United States District Court for the District of New Jersey.

PLEASE DO NOT WRITE BELOW THIS LINE

BOOTS #	SKIS		BINDINGS SETTINGS
SNWRD BOOTS #	SNOW DOGS #	SNBRD #	

**I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE ABOVE RENTAL AND RELEASE FROM LIABILITY AGREEMENT.
I VERIFY THAT THE VISUAL INDICATORS ON MY BINDINGS CORRESPOND TO THE SETTINGS
AS SHOWN ON THIS RENTAL AGREEMENT FORM**

SKIER APPROVAL: _____

If minor signature of parent or guardian required

PARENT/GUARDIAN/EMPLOYEE: _____

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Dear Adaptive Sports Program at Mountain Creek Volunteers and Participants:

This letter is to inform you of the Adaptive Sports Program at Mountain Creek cancellation Policy. Due to the wide variety of needs and temperature tolerances of our skiers and possible safety issues with some of the equipment in extreme cold weather we felt the need to establish such a policy.

The policy is as follows:

- If a weather advisory has been issued we ask that no one travel to Mountain Creek. We would rather everyone be safe than risk the possibility of an accident.
- If the actual reported forecast is to be zero degrees or below we reserve the right to cancel. An outgoing message will be left at 973-827-2000 by 7am each morning to notify skiers and volunteers of any cancellations.
- If an instructor arrives at Mountain Creek and finds that conditions are such that it is not safe to use equipment on the hill or any trails, the instructor reserves the right to cancel the lesson. All attempts will be made to contact skiers as early as possible to make sure no unnecessary travel takes place.

Thank you for your understanding in this matter.

Sincerely,

The Adaptive Sports Program at Mountain Creek Team