



MOUNTAINCREEK

200 Route 94, Vernon Township, New Jersey 07462
mountaincreek.com

Ski Program Registration 2016/2017

Mountain Creek Resort Adaptive Sports Program at Mountain Creek

Today's Date _____ / _____ / _____

I am a Military Veteran

Skier Application

Name
Last _____ First _____ Initial _____

Address
Street _____
City _____ State _____ Zip _____

Contact Info
 Home Home
 Cell Cell
 Work Work
 Primary Phone Number _____ Alternate Phone Number _____

email Address Print Clearly!
email _____

Gender Male Female
Date of Birth _____ Age _____

Emergency Contact
 Home Home
 Cell Cell
 Work Work
 Name _____ Primary Phone Number _____ Alternate Phone Number _____

Disability
 SCI CVA/Head Injury
 Cerebral Palsy Blind/Visual
 Amputee Other _____
 MS

Height/Weight
Height _____ Weight _____

Parent/Guardian (if under 18)
Does the participant have a legal guardian or legal representative? Yes No
If the answer is YES, the participant's legal guardian or legal representative must sign the waiver & release of liability agreement on behalf of the participant (on reverse of this page).

Parent/Guardian Name & Phone
 Home Home
 Cell Cell
 Work Work
 Name _____ Primary Phone Number _____ Alternate Phone Number _____

(Please Fill out Reverse)

____/____/____
Today's Date

Disability Evaluation

Adaptive Sports Program at Mountain Creek

Name _____
Last First Initial

Age _____
Date of Birth Male Female _____
Date of Injury/Onset

Disability SCI Level _____
 Complete Incomplete
 Amputee _____
 CVA R hemi L hemi Other

CP Type _____
 Hemi _____
 Lower _____
 Upper _____
 Single _____
 TBI R Hemi _____
 L Hemi _____
 Other _____
Cognition _____ Describe _____

Other Disabilities or _____
Additional Comments: _____

Seizures Yes Grand Mal Controlling Med: _____
 No Petit Mal _____

Date Last Seizure _____

Medications _____

Physician _____
Name Phone _____

