

CANADIAN ASSOCIATION FOR DISABLED SKIING-
NATIONAL CAPITAL DIVISION



**2016 Winter Sports Clinic
For Injured Soldiers and Veterans**

*Calabogie Peaks
30 Barrett Chute Rd, Calabogie, ON K0H 1H0*

February 07th to 14th 2016



Please check one of the following: **Instructor Application** ____ **Volunteer Application** ____

First Name: _____ Last Name: _____

Address: _____ City: _____

Province/ State: _____ Country: _____ Postal/ Zip Code: _____

Residence Phone # _____ Cell Phone # _____

Email Address: _____ Occupation: _____

Date of Birth: _____ Male: ____ Female: ____ Shirt Size: (e.g.sm/med/lg) _____
Day/ Month/ Year

Participant Signature

Date

Note: Preference will be given to those individuals available to volunteer for the entire week.

Are you available for all the dates listed above? YES ____ NO ____

If NO, please explain and give dates you would be able to attend. _____

Are you a CADS member? Yes ____ No ____

RETURN ALL 4 PAGES OF COMPLETED/ SIGNED FORM TO : WSC.Participant.Calabogie@gmail.com

NAME: _____

WHAT LEVEL OF CERTIFICATION DO YOU HAVE?

CSIA: _____ CASI: _____ CADS: _____ PSIA: _____

TRACK3: _____ Other (specify): _____

WHERE ARE YOU CURRENTLY TEACHING?

Adaptive Skiing: _____ # hours per week: _____

Regular Snow School _____ # hours per week: _____

Name of Supervisor/ Snow School Director: _____ Tel # _____

ABILITY LEVEL: B=BEGINNER; I = INTERMEDIATE; A= ADVANCED

TYPE OF INSTRUCTION	YEARS OF EXPERIENCE	ABILITY LEVEL	TYPE OF INSTRUCTION	YEARS OF EXPERIENCE	ABILITY LEVEL
Snow Boarding			Traumatic Brain Injury/ Cognitive		
3-Track			Hearing Impaired.		
4-Track			Visually Impaired		
Mono Ski			Cross-Country		
Bi Ski			Biathlon		

PLEASE LIST ANYTHING YOU DO NOT WANT TO TEACH OR ARE UNCOMFORTABLE TEACHING:

LIST OTHER INSTRUCTIONAL EXPERIENCES.

LIFTING RESTRICTIONS: What is your maximum lifting ability? _____ lbs.

NAME: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY: (THIS IS REQUIRED FOR YOU TO ATTEND THE CLINIC)

NAME	RELATIONSHIP	DAYTIME PHONE NUMBER	EVENING PHONE NUMBER

MEDICAL HISTORY- (Do you have any of the following? If yes, please explain and list current medications)

ALLERGIES NO___ YES___ If yes, please explain _____

HEART PROBLEMS NO___ YES___ If yes, please explain _____

DIABETES NO___ YES___ If yes, please explain _____

HIGH BLOOD PRESSURE NO___ YES___ If yes, please explain _____

BACK PROBLEMS NO___ YES___ If yes, please explain _____

LIFTING RESTRICTIONS NO___ YES___ If yes, please explain _____

OTHER (Please specify) NO___ YES___ If yes, please explain _____

LIST PREVIOUS RELEVANT SURGERIES: _____

OTHER:

Special Lodging Requirements (note that arrival date will be 7th Feb 2015 and departure date will be 14th Feb 2016): Check out is 11:00am.

Room Mate Request, if you have one (you will have a roommate):

Dietary Requirements: _____

NAME: _____

INDEMNITY RELEASE

Canadian Association for Disabled Skiing - National Capital Division and Calabogie Peaks

In consideration of the Canadian Association for Disabled Skiing - National Capital Division and Calabogie Peaks services, supplies and facilities for: **[insert participant name here]** _____ to participate, with others, in ski programs for individuals with disabilities sponsored and conducted by the Canadian Association for Disabled Skiing - National Capital Division at the location of Calabogie Peaks, Ontario.

I/We do hereby agree to save harmless and keep indemnified CADS-NCD and Calabogie Peaks and all servants, agents, officers and employees of all persons assisting each of the said organizations from and against all claims, actions costs and expenses and demands in respect to death, injury, loss or damage to the said CADS member, however caused, arising out of or in connection with any participation in such programs and notwithstanding that the same may be contributed to or occasioned by the negligence of the said organizations, or any of them, their servants, agents, officers and employees or persons assisting such organizations. It is understood that this Agreement is to be binding of myself/us, my/our heirs and assigns.

Signature: _____ Date: _____
(Participant)

PHOTO/ VIDEO RELEASE

We are aware that on occasion a photographer may desire to take pictures or video of participants in this activity; on the understanding that these pictures/video will be taken under the supervision of the officer in charge of the program and that care will be taken to avoid the individual or any organization being embarrassed unduly by the reproduction of such pictures, permission is hereby granted for such pictures to be taken.

Signature: _____ Date: _____
(Participant)

PERSONAL INFORMATION PROTECTION & ELECTRONIC DOCUMENTS ACT

The information provided on this form will be used to provide you with your national membership card, newsletters and other communication, and to administer and manage our programs. CADS will not sell or lend your personal information to any person(s) or organization for any other purposes unless you provide permission. I consent to the use of information as described:

Signature: _____ Date: _____
(Participant)

SLEDGE HOCKEY WAIVER

In consideration of the Canadian Association for Disabled Skiing - National Capital Division (CADS-NCD), Calabogie Peaks Resort, and the Township of Greater Madawaska providing services, supplies and facilities for the Winter Sports Clinic for Injured Soldiers and Veterans

I / We do hereby agree to save harmless and keep indemnified CADS-NCD, Calabogie Peaks Resort, and the Township of Greater Madawaska, all servants, agents, officers and employees of all persons assisting each of the said organizations from and against all claims, actions, costs, expenses, and demands in respect to death, injury, loss or damage to the said **[insert participant name here]**: _____ however caused, arising out of or in connection with any participation in such sledge hockey program and notwithstanding that the same may be contributed to or occasioned by the negligence of the said organizations, or any of them, their servants, agents, officers and employees or persons assisting such organizations. It is understood that this Agreement is to be binding of myself/us, my/our heirs, executors and assigns.

Signature: _____ Date: _____
(Participant)