

**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 07^h to 12th 2016



Please check one of the following: **Participant Application** ____ **Spouse/Caregiver 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: ____
Day/ Month/ Year

Height: _____ Weight: _____ Boot Size: _____ Shirt Size: (e.g.sm/med/lg) _____

Type of Disability : _____

Type of adaptive equipment used for daily mobility (e.g. crutches, wheelchair): _____

Special Lodging Requirements _____

Spouse/Primary Care Giver will attend Yes ____ No ____ Request _____ as a roommate.
(There will be roommates)

Special Dietary Requirements: _____

Preference: SKIING: ____ SNOW BOARD: ____ CROSS-COUNTRY: ____ OTHER : _____

Will you be bringing your own ski/ snowboarding equipment? Yes: ____ No: ____

Experience: First Time: ____ Beginner: ____ Intermediate: ____ Advanced: ____

Please describe any prior downhill skiing, cross-country or snowboarding experience:

Participant Signature

Date

RETURN ALL 3 PAGES OF COMPLETED/ SIGNED FORM TO :
WSC.Participant.Calabogie@gmail.com

NAME: _____

Are you a CADS Member Yes ___ No ___

EMERGENCY CONTACT:

NAME	RELATIONSHIP	DAYTIME PHONE NUMBER	EVENING PHONE NUMBER

HEALTH CARD #: _____

MEDICAL INFORMATION (Please describe):

Allergies/ Sensitivities (Drug, Environmental, Other) Please Specify:

Medication Taken (List type and frequency):

If Applicable, have you been medically cleared by your CO to attend this Clinic? Yes ___ No___.

Are you working with a therapist (i.e. Occupational or Physio therapist) Yes ___ No___.

Doctor or Physio Comments, where applicable:

OTHER INFORMATION THAT WOULD HELP US TO CREATE A SUCCESSFUL WEEK FOR YOU:

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 not withstanding 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 not withstanding 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)