



Skier Registration Form

Name: _____ Age: _____ Date of Birth: _____

Address: _____

Phone: (H) _____ (Cell) _____ (W) _____

Email: _____

Primary Disability: _____ Date of Onset: _____

Skiers w/ Spinal Cord Injuries, please list level of injury: _____

Skiers w/ Spinal Cord Injuries less than one year since injury are required to provide a written physician clearance letter prior to skiing with the Three Rivers Adaptive Sports ski program

Secondary Disability (if Applicable): _____

Do you have any type of spinal stabilization and/or rods? Yes: _____; No: _____

Type of stabilization: _____; Rod Length: _____

Do you wear braces/AFO's? Yes: _____; No: _____; Type: _____

Do you use any other assistive device(s)? Yes: _____; No: _____; Type: _____

What is your primary means of mobility?

_____ Walking UNASSISTED _____ Manual Wheelchair

_____ Cane _____ Power Wheelchair

_____ Crutches _____ Scooter

_____ Walker _____ Other: Specify: _____

Do you have movement or joint limitations? Please specify: _____

Do you have problems with skin integrity? Yes _____; No _____; Location _____

Do you have any skin breakdown at the present time? Yes _____; No _____; Location: _____

Do you have decreased sensation/ability to feel? Pain: _____; Location: _____

Cold: _____; Location: _____; Pressure: _____; Location: _____

Do you need assistance for transfers? Yes _____; No _____

Do you need assistance to get up from the floor? Yes _____; No _____

Do you have any allergies? (Food, medications, etc) Specify: _____

Do you have a history of seizures? Yes _____; No _____

If yes, explain type and frequency: _____

Date of last seizure: _____

Do you know when you are going to have a seizure? Yes _____; No _____

Do you have any of the following medical conditions? (Check all applicable)

_____ Asthma _____ High Blood Pressure _____ Low blood Pressure

_____ Diabetes _____ Autonomic Dysreflexia _____ Hepatitis

_____ Bladder drainage device/Catheter Type: _____

_____ HIV/Aids

Do you wear: Glasses? Yes _____; No _____ Contacts? Yes _____; No _____

Do you have sensitivity to the sun and/or cold? Yes _____; No _____; if yes, specify: _____

Have you had any surgeries in the past year? Yes _____; No _____; if yes, specify: _____

Are you currently under a doctor's care? Yes _____; No _____; if yes, specify: _____

Do you need to limit your activity for any reason? Yes _____; No _____; if yes, specify: _____

Please List ALL medications you are currently taking

1. Medication: _____ Dose: _____
Reason: _____ Side effects: _____
2. Medication: _____ Dose: _____
Reason: _____ Side effects: _____
3. Medication: _____ Dose: _____
Reason: _____ Side effects: _____
4. Medication: _____ Dose: _____
Reason: _____ Side effects: _____
5. Medication: _____ Dose: _____
Reason: _____ Side effects: _____

Emergency Contacts

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Physician: _____ Phone: _____

Skiing Information

Have you ever skied before? Yes _____; No _____; if yes, specify number of years skiing: _____
Skiing Ability? Beginner _____; Intermediate _____; Advanced _____

Method of skiing

_____ Two Track (two skis); _____ with poles; _____ without poles

Shoe/Boot size: _____; Length of ski used (if known) _____

_____ Four Track (two skies with hand held outriggers); specify other adaptive devices used (i.e. ski

Bra/ski tip stabilizer, spreader bar, tether, etc): _____

Shoe/Boot size: _____; Length of ski used (if known) _____

_____ Mono Ski; Specify model of Mono Ski use, if known; _____

Tethered? Yes _____ No _____

Do you need assistance getting on/off the lift? Yes _____ No _____; if yes, specify type of assistance required; _____

Do you need assistance to get up from the ground? Yes _____ No _____

_____ Bi Ski; Specify model of Bi Ski use, if known; _____

Hand held outriggers? Yes _____ No _____

Fixed outriggers? Yes _____ No _____

Tethered? Yes _____ No _____

Do you have your own equipment? Yes _____ No _____ (Note: ALL sit down skiers MUST have a lift retention strap and emergency evacuation system attached to their sit down ski unit)

Please provide any/all additional information you feel your ski instructor should know about in order to make you skiing experience as safe and successful as possible: _____

**NOTE: ALL SKIERS/SNOWBOARDERS PARTICIPATING IN THE
THREE RIVERS ADAPTIVE SPORTS SKI PROGRAM ARE
REQUIRED TO WEAR A HELMET**

By signing below, I verify that the above information is current and accurate. I understand that the information above is confidential and will only be used by the instructor and volunteers to provide the student with a safe and enjoyable skiing experience.

Print skier's name: _____

Signature of skier or guardian: _____

Date: _____

“If I can do this, I can do anything”

Three Rivers Adaptive Sports P.O. Box 38235 Pittsburgh, PA 15238 (412) 848-8896
www.traspa.org

Disabled Sports USA Waiver & Release of Liability, and Media Release Agreement

Disabled Sports USA, and its affiliated Chapters ("Released Parties") are non-commercial, not for profit activity providers. The purpose of this agreement is to exempt, waive and relieve Released Parties from any and all liability for wrongful death, personal injury, and property damage, including, but not limited to, liability arising from the negligence of Released Parties. "Released Parties" include Disabled Sports USA, Three Rivers Adaptive Sports, and their representatives, administrators, directors, agents, coaches, employees, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

In consideration of the undersigned Participant being allowed to participate in any way in Disabled Sports USA and/or Three Rivers Adaptive Sports related events and activities, the Undersigned ("Undersigned" means only the Participant when the Participant is age 18 or older or it means both the Participant and the Participant's parent or legal guardian when the Participant is under the age of 18) agrees and acknowledges as follows:

1. Risks of Activity. Participant will be taking part in activities that can be hazardous and involve the risk of physical injury and/or death. The activities are inherently dangerous and Undersigned fully realizes the dangers of participating in the activities. The dangers and risks of the activities include, but are not limited to the condition of the premises and equipment, and the acts, omissions, representations, carelessness, and negligence of the Released Parties. Recognizing the risks and dangers, the Undersigned voluntarily chooses for Participant to participate in the activities and expressly assumes all risks and dangers of the participation in the activity, whether or not described above, known or unknown, inherent, or otherwise.

2. Release and Indemnification. Undersigned (a) unconditionally releases, forever discharges, and agrees not to sue the Released Parties for any claims or causes of action for any liability or loss of any nature, including personal injury, death, and property damage, arising out of or relating to Participant's participation in the activities, including, but not limited to claims of negligence, breach of warranty, and/or breach of contract the Undersigned may or will have against the Released Parties; and (b) agrees to indemnify, defend, and hold harmless the Released Parties from and against any liability or damage of any kind and from any suits, claims or demands, including legal fees and

expenses whether or not in litigation, arising out of, or related to, Participant's participation in the activities.

3. Helmet Use. Undersigned agrees that Participant shall use a helmet when participating in the following activities: Alpine skiing, cycling, equestrian, ice hockey, outdoor rock climbing, snowboarding, white water kayaking, white water river rafting, and any other activity when directed by Released Parties. Undersigned understands that a helmet is in no way a guarantee of safety and that no helmet can protect the wearer against all foreseeable impacts to the head, and that the activities can expose the Participant to forces that exceed the limits of protection provided by a helmet. Undersigned agrees to assume full responsibility for complying with this paragraph and that Released Parties shall not be liable for any injury or damages resulting from Participant's failure to use a helmet.

4. Miscellaneous. Undersigned agrees (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations and ordinances; (b) this agreement shall be governed by the laws of the State of PA and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Allegheny County, PA; and (c) this agreement shall be binding upon the subrogors, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST.

Participant's Signature	Participant's Name (please print clearly)	Date

FOR PARTICIPANTS UNDER THE AGE OF 18

Date of Birth

Undersigned parent or legal guardian acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor and that the minor shall be bound by all the terms of this agreement. Additionally, by signing this agreement as the parent or legal guardian of a minor, the parent or legal guardian understands that he/she is also waiving rights on behalf of the minor that the minor otherwise may have. The Undersigned parent or legal guardian agrees that, but for the foregoing, the minor would not be permitted to participate in the activities. If signing as the parent or guardian of a minor Participant, signing adults represent that they are a legal parent or guardian of the minor Participant.

Parent/Legal Guardian Signature	Parent/Legal Guardian Name	Relationship	Emergency Phone
			Date

MEDIA RELEASE FORM

MEDIA/PHOTO WAIVER: Undersigned authorizes and gives full consent to Released Parties to copyright and/or publish for public view any and all photographs, digital recordings, videotapes and/or film in which Participant appears. Undersigned agrees that Released Parties may transfer, use, or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

Participant's Signature	Participant's Name (please print clearly)	Date

Parent/Legal Guardian Signature	Parent/Legal Guardian Name	Relationship
		Date