

**Membership Application & Medical Release
Greek Peak Adaptive Snowsports**

Fee for participant with a disability per week: \$35.00 Season Pass for participant with a disability: \$200.00

Part 1: Participant Information

Name _____ Age _____ Years as a member _____

Address _____ Phone _____

City _____ State _____ Zip _____

Email _____

Contact person for emergencies: _____ Phone: _____

There is a \$10.00 annual membership fee for each participant
Please make checks payable to: Greek Peak Adaptive Snowsports (GPAS)

Skiing/Riding Ability ___ New ___ Beginner ___ Novice ___ Intermediate

Goals for the season? _____

Disability(s): *(check all that apply)*

<input type="checkbox"/>	Amputation	<input type="checkbox"/>	Autism	<input type="checkbox"/>	Cerebral palsy
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Hearing impairment
<input type="checkbox"/>	Intellectual disability (MR)	<input type="checkbox"/>	Learning disability	<input type="checkbox"/>	Spinal cord injury
<input type="checkbox"/>	Traumatic brain injury	<input type="checkbox"/>	Vision impairment	<input type="checkbox"/>	Other:

Please provide any additional information about your disability(s) that would help the coaches and instructors be more helpful in teaching you (e.g., medications with side effects, specific functional impairment, etc.):

Part 2: Participant Certification

If the participant is an adult who is not subject to a guardianship, he or she may sign this application on his or her own behalf. If the participant is a minor under the age of 18, this application must be signed by one of the applicant's parents or a legal guardian. If the applicant is an adult subject to a guardianship, this applicant must be signed by the applicant's legal guardian. The person signing this form must certify to one of the following (check whichever box is applicable):

_____ I am an adult eighteen years of age or older and am not subject to any guardianship.

_____ The applicant is a minor under the age of 18 and I am the applicant's parent or legal guardian.

_____ The applicant is an adult over the age of 18 and I am the applicant's legal guardian.

Name of Parent or Legal Guardian: _____

Address of Parent or Legal Guardian: _____

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Part 3: Release

As a condition of my participation in the GREEK PEAK ADAPTIVE SNOWSPORT program and related events and activities, I agree, for myself or as parent or legal guardian on behalf of the participant, and on behalf of our heirs, executors, administrators, personal representatives, successors and assigns, as follows:

1. Prior to participation in the program, or related events or activities, I will observe and inspect the condition of the facilities and equipment to be used, including the snow conditions of the ski slopes and associates areas, and the skis, snowboards, monorails, or other ski apparatus. If I determine based upon my observations and inspections that any such facilities or equipment are unsafe, I will decline to participate in the program or related event or activity, or as parent or legal guardian will prohibit the applicant from participating, and I will so advise GREEK PEAK ADAPTIVE SNOWSPORTS.
2. I acknowledge and fully understand that I and/or the applicant of whom I am parent or legal guardian will be engaging in activities that involve risk of injury or loss, including personal injury ranging from mild to serious, temporary or permanent disability, or death, as well as severe social and economic losses, all of which may result from such activities. I further acknowledge and fully understand that such injury or loss may result from my own actions or inactions, whether negligent or non-negligent; the actions or inactions of others, whether negligent or non-negligent; the rules of play; or the condition of the premises or equipment used. I further acknowledge and fully understand that participation in the program and related event or activities may involve other risks not known to me or not reasonably foreseeable at this time. I further assume, for myself or for the participant for whom I am parent or legal guardian, all the foregoing risks of injury or loss.
3. On my behalf or on behalf of the participant for whom I am parent or legal guardian, I release, hold harmless, and discharge, to the fullest extent allowed by law (a) GREEK PEAK ADAPTIVE SNOWSPORTS and its affiliated clubs, (b) their officers, directors, employees, representatives, administrators, agents, coaches, and volunteers, (c) other participants, sponsoring agencies, sponsors, and advertisers, (d) the owner of any properties upon which program or related events or activities are conducted, (e) the owner of any equipment used in connection with the program or associated activities, and (f) the heirs, executors, administrators, personal representatives, successors and/or assigns of the foregoing entities and individuals (collectively the "releasees"), of and from any and all claims or demands for losses and damages, including personal injuries on account of or resulting from my participation, or the participation of the applicant for whom I am parent or legal guardian, in the program and/or its related events and activities. I further waive, and covenant not to sue the releasees for, any such claims or demands.

Photo Release (Please select one)

_____ ***I consent***

_____ ***I do not consent***

On my behalf or on behalf of the applicant for whom I am parent or legal guardian, to the use of my name, portrait, photograph, video footage, or voice recording, by GREEK PEAK ADAPTIVE SNOWSPORTS, for advertising and promotional purposes, and waive any right I may have to prevent such use, including without limitation any rights granted by Article 5 of the New York Civil Rights Law.

I have read and understand the above provisions, have not changed it orally or otherwise, and have signed it freely and voluntarily without coercion. I further understand that by having signed this application, I have given up substantial rights to which I may otherwise have been entitled, either for myself or for the applicant for whom I am parent or legal guardian.

Date: _____

Applicant, Parent, or Legal Guardian
[Print name below]

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Part 3: Health History

To be completed by applicant, parent, or legal guardian

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease/Heart Defect/High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Allergy: _____
<input type="checkbox"/>	<input type="checkbox"/>	Chest Pain	<input type="checkbox"/>	<input type="checkbox"/>	Medicines: _____
<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Inset Stings/Bites: _____
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Special Diet
<input type="checkbox"/>	<input type="checkbox"/>	Concussion/Serious Head Injury	<input type="checkbox"/>	<input type="checkbox"/>	Asthma
<input type="checkbox"/>	<input type="checkbox"/>	Heat Stroke/Exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	Tobacco Use
<input type="checkbox"/>	<input type="checkbox"/>	Blindness/Visual Problem	<input type="checkbox"/>	<input type="checkbox"/>	Easy Bleeding
<input type="checkbox"/>	<input type="checkbox"/>	Contact Lenses/Glasses	<input type="checkbox"/>	<input type="checkbox"/>	Emotional/Psychiatric/Behavioral
<input type="checkbox"/>	<input type="checkbox"/>	Hearing Loss/Hearing Aid	<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell Trait or Disease
<input type="checkbox"/>	<input type="checkbox"/>	Bone or Joint Problem	<input type="checkbox"/>	<input type="checkbox"/>	Immunizations up to date
Other: _____					

Date of most recent tetanus immunization ____/____/____

Signature of Parent/Guardian/Caregiver or Adult Athlete: _____ Date: _____

If you have Down's syndrome, GPAS requires an x-ray for atlanto-axial instability.

X-ray taken ___ Yes ___ No Results: Positive ___ Negative ___

Part 4: Physical Exam

To be completed by Physician for participants that DO NOT have a current Medical release form on file with Special Olympics

Blood Pressure ____/____ Weight _____ Height _____

Normal	Abnormal		Normal	Abnormal	
<input type="checkbox"/>	<input type="checkbox"/>	Vision	<input type="checkbox"/>	<input type="checkbox"/>	Skin
<input type="checkbox"/>	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	<input type="checkbox"/>	Neck
<input type="checkbox"/>	<input type="checkbox"/>	Reflexes	<input type="checkbox"/>	<input type="checkbox"/>	Coordination
<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular System	<input type="checkbox"/>	<input type="checkbox"/>	Extremities
<input type="checkbox"/>	<input type="checkbox"/>	Respiratory System			

Other: _____ Primary MR Etiology/Category (if known): _____

I have reviewed the above health information and have performed an examination on this participant within the past six months and certify that he/she can participate in snowsports activities with Greek Peak Adaptive Snowsports.

Examiners Signature: _____ Date: _____
 Examiners Name: _____ MD License #: _____
 Address: _____ Phone: _____