



**PARTICIPANT**  
Membership Application  
Greek Peak Adaptive Snowsports



Fee for participant with a disability: \$25.00      Season Pass for participant with a disability: \$150.00

Name \_\_\_\_\_ Age \_\_\_\_ Years as a member \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Contact person for emergencies: \_\_\_\_\_

Contact person phone: \_\_\_\_\_

**Ski or snowboard equipment rental information:**

Shoe size \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

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.):

\_\_\_\_\_

\_\_\_\_\_

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

X-ray taken    \_\_\_ Yes \_\_\_ No    Results: Positive \_\_\_ Negative \_\_\_

Is release signed?    \_\_\_ yes    \_\_\_ no

Make checks out to:      GPAS  
Mail checks to:          Jeannie Mack, Treasurer,  
   PO Box 8538, Endwell, NY 13762

*We are a charter member of DS /USA and a tax exempt 501(c)(3) organization.*