Greek Peak Adaptive Snowsports

2025 Membership Application and Medical Release Form

Cost for 2½ hour lesson including equipment for participant with a disability: $50
Cost for Annual Season Pass Membership for participant with a disability: **$445**

Cash or Checks only (make checks payable to: GPAS)

Bring your completed application and medical release form, signed by a doctor, to your first session

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Part 1: Participant Information

Name _____ DOB _____ Years at GPAS ____

Address _____ City _____ State ___ Zip _____

County of Residence _____ Phone number _____

Email address _____

Emergency Contact _____ Phone number _____

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

- ☐ Amputation
- ☐ Autism
- ☐ Cerebral Palsy
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Hearing Impairment
- ☐ Developmental Disability
- ☐ Learning Disability
- ☐ Spinal Cord Injury
- ☐ Traumatic Brain Injury
- ☐ Visual Impairment
- ☐ Other (specify) _____

Skiing/Riding Ability: __New __Beginner __Novice __Intermediate

Please list any medications or additional medical conditions:

_____

_____

Please list any additional information that will help our coaches be more effective:
(i.e. favorites, dislikes, triggers, etc.)

_____

_____

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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 applicant is an adult subject to a guardianship, this application must be signed by the applicant's legal guardian. 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. The person signing this form must certify one of the following (check one box below):

- ☐ I am an adult eighteen years of age or older and am not subject to any guardianship.
- ☐ The applicant is an adult over the age of 18 and I am the applicant's legal guardian.
- ☐ The applicant is a minor under the age of 18 and I am the applicant's parent or legal guardian.

Name of Parent or Legal Guardian: _____

Address of Parent or Legal Guardian: _____

Part 3: Health History *(to be completed by applicant, parent or legal guardian)*

Check all that apply:

- ☐ Heart Disease/Heart Defect/High Blood Pressure
- ☐ Chest Pain
- ☐ Seizures
- ☐ Diabetes
- ☐ Concussion/Serious Head Injury
- ☐ Heat Stroke/Exhaustion
- ☐ Blindness/Visual Problem
- ☐ Contact Lenses/Glasses
- ☐ Hearing Loss/Hearing Aid
- ☐ Bone or Joint Problem
- ☐ Allergy _____
- ☐ Medicines _____
- ☐ Insect Stings/Bites _____
- ☐ Special Diet
- ☐ Asthma
- ☐ Tobacco Use
- ☐ Easy Bleeding
- ☐ Emotional/Psychiatric/Behavioral
- ☐ Sickle Cell Trait or Disease
- ☐ Immunizations Up to Date
- ☐ Other (specify) _____

Date of most recent tetanus immunization ____/____/_____

If the athlete has Down's Syndrome, GPAS requires an x-ray for atlanto-axial instability.

X-ray taken: ___Yes ___ No

Results: ___ Positive ___ Negative

Signature of Parent/Guardian/Caregiver or Adult Athlete:

_____ **Date:** _____

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Part 4: Medical Release *(to be completed **by medical provider** for participants who DO NOT have a current Medical Release form on file with Special Olympics)*

Blood Pressure _____/_____ Weight _____ Height _____

Normal	Abnormal		Normal	Abnormal	
O	O	Vision	O	O	Skin
O	O	Hearing	O	O	Neck
O	O	Reflexes	O	O	Coordination
O	O	Cardiovascular	O	O	Extremities
O	O	Respiratory System	O	O	_____

Primary MR Etiology/Category (if known): _____

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

Examiner's Signature _____ Date _____

Examiner's Name _____ MD License # _____

Address _____ Phone _____