



# SILVERSTAR ADAPTIVE SNOW SPORTS

## Student Application

| STUDENT PERSONAL INFORMATION |  |  |                            |
|------------------------------|--|--|----------------------------|
| Last Name                    | First Name                             | Initial                                    | Date of Birth (mm/dd/yyyy) |
| Home Address Street          | City / Prov                            | Postal Code                                | Gender                     |
| Students Home or Cell Phone  | Primary Caregiver's Home or Cell Phone | Best way to reach you (Phone, Text, Email) |                            |
| Students Email Address       |  | Alternate Email Address                    |                            |

| CAREGIVER / EMERGENCY CONTACT INFORMATION |               |                     |
|---|---------------|---------------------|
| Name                                      | Email Address |                     |
| Phone                                     | Phone         | Best way to contact |

| WHICH PROGRAM (Select one)                         |  |   |
|--|--|---|
| <input type="checkbox"/>                           | WEEKLY LESSONS   | I live locally and would like to come for a series of 8 weekly lessons .  |
| <input type="checkbox"/>                           | RACE TEAM  | I live locally and am interested in improving my skills in a competitive team based program .                     |
| <input type="checkbox"/>                           | SCHOOLS  | I attend a school in the area and would like to accompany my class to the mountain and take lessons at that time. |
| <input type="checkbox"/>                           | VISITOR  | I am visiting Silver Star and would like to take a lesson(s).   |
| <input type="checkbox"/>                           | DISCOVERY  | I would like to sign up for 3 free Friday evening lessons to see if I like the sport.                             |
| Do you have a preference for morning or afternoon? | Which day of the week do you prefer? We operate 7 days a week. | Specific Dates or other remarks   |

| PHYSICAL STATUS  |
|--|
| Describe your condition and the degree to which this could affect your participation in snow sports. (Consider for example: seizures, medical equipment, fear, nausea ...) |
| Please describe any behavioral traits and related triggers of which instructors should be aware.   |
| If behavioral escalation occurs, what is the best technique(s) to achieve de-escalation?   |

| Goals  |
|--|
| Briefly describe any previous snow sport experience and goals or expectations from your lesson.. |

| Waivers & Authorization  |                     |
|--|---------------------|
| <input type="checkbox"/> I have read and understood the privacy policy (below) and provide the information in this application on that basis.<br><input type="checkbox"/> I accept that Silver Star Adaptive Snow Sports is under no obligation to accept this application or provide services to the applicant.<br><input type="checkbox"/> I give my consent to SSASS to take and make use of digital imagery of the student for teaching and/or promotional purposes. |                     |
| Signature of Applicant (Student or Legal Guardian)   | Date of Application |

NOTE: We may have to refuse service if a student's weight exceeds safety limits for our equipment or for instructors who lift the student.