



CADS EDMONTON
P.O. Box #35073
10818 - Jasper Ave.
Edmonton, Alberta T5J 0B7
Ph: (780) 669-3856

STUDENT INFORMATION

REGISTRATION

This year we are making the registration process a single night registration evening at the Snow Valley Ski Club Lodge on Wednesday, November 16, 2011 from 7:00 - 9:00 pm. This is a one-day only registration for all students. All new students must have an equipment needs assessment done by a senior instructor at the time of registration, so they must attend. Space is limited and registration is on a first come first serve basis.

Please do not send the registration form to CADS Edmonton, just bring the completed forms with you to the registration evening on Wednesday, November 16, 2011 from 7:00 - 9:00 pm.

Students: Please complete the Student Registration Form, CADS Photo release form, and CADS- Alberta Form.

Classes will begin January 11, 2012 at 7:00 pm

FEES

Registration Evening (for registrations received on Wednesday, November 16, 2011)

- Alpine Lessons cost **\$150.00**, plus the **\$40.00**, CADS- Alberta membership. Total = \$190.00
- Snowboard Lessons cost **\$150.00**, plus the **\$40.00**, CADS- Alberta membership. Total = \$190.00

Payment is due at time of registration

Cheques are to be made payable to CADS Edmonton

Lesson fees include lift passes, rental equipment, adaptive equipment and instruction.

Note: CADS Alberta membership provides you with certain benefits such as reduced lift ticket prices at various ski hills throughout Canada and discounts at some sports stores.

Cancellation Policy:

The \$40 CADS membership fee is non-refundable. Session refunds will be determined by the CADS Edmonton executive board on a case by case basis should you withdraw from the program. Sessions may be cancelled by CADS Edmonton due to inclement weather or unforeseen circumstances. Should this occur, one make-up session may be offered on an alternate night. Subsequent cancelled lessons will not be made up or refunded.

WEATHER

If the temperature **IN EDMONTON** is -20C or lower (or extreme conditions exist) at 4:30 p.m. on a lesson night, the lesson will be cancelled.

Please call our Info Line (780-577-1442) if you are uncertain if the lesson is cancelled. **DO NOT call Rabbit Hill.**

ALPINE PROGRAM

LEARN TO SKI/SNOWBOARD or SKI/SNOWBOARD IMPROVEMENT

The program is held at Rabbit Hill Snow Resort; season runs for eight Wednesday nights, 7:00 - 9:00pm from January 11th – March 7th (No lesson on Feb 22nd). Volunteers provide one-on-one ski/snowboard instruction for students at all levels, from beginner to advanced.

ADVANCED SKI IMPROVEMENT

This program provides the more advanced student with an opportunity to further their skiing abilities. The program is held at Rabbit Hill, on the same evenings and times as the regular Alpine program; with an opportunity to attend mountain camps throughout the season. This program has been designed to provide advanced students with a chance to develop higher-level techniques, on varied terrain and snow conditions to help progress them to independent skiing.

Training objectives include:

- refining basic skiing skills & ski safety/awareness
- technical free skiing
- introduction to new varied terrain/conditions in the mountains
- introduction to safely loading/unloading new lifts

Participants at entry level should:

- have developed basic skiing skills
- be able to ski top to bottom easily on moderate terrain
- be capable of loading and unloading from all ski lifts without assistance, as appropriate
- be capable of putting on and taking off ski equipment without assistance.

WHAT TO DO ON THE FIRST NIGHT (ALPINE, SNOWBOARDING & ADVANCED SKI IMPROVEMENT)

Arrive at the Rabbit Hill Lodge ½ hour before lessons (West End near ticket booth). CADS Supervisors will be available to introduce students to their instructors. The instructors will then discuss the student's skiing/snowboarding experience, if any, and special requirements etc. They will provide the student with a lift ticket, and assist the student to obtain rental equipment, and arrange for other equipment as necessary.

ALPINE CLOTHING

We suggest the skier/snowboarder wear layered synthetic clothing. The following items are essential:

- Long underwear
- Thermal or wool socks (one or more pairs)
- Ski pants, or warm, windproof trousers (jeans are cold)
- Warm sweater and/or turtleneck
- Windproof jacket
- Neck warmer or scarf (all loose ends must be tucked in)
- Toque or earmuffs
- Warm mittens or gloves - these should be moisture and wind resistant and of a smooth outer material (knitted are dangerous on the rope tows)
- Goggles - strongly recommended to protect against eye injury, including the blind and visually impaired
- **Helmets are mandatory for all students- A limited supply is available if you don't have your own**



Canadian Association for Disabled Skiing
CADS - Edmonton
P.O. Box #35073
10818 - Jasper Ave.
Edmonton, Alberta T5J 0B7
Phone:(780) 669-3856
Info Line: (780) 577-1442
Email : info@cadsedmonton.ca

STUDENT REGISTRATION FORM 2011-12 SEASON

New Student **Returning Student**

Alpine Program **Advanced Ski Improvement** **Sitski** **Snowboarding**

NAME _____ AGE _____

ADDRESS _____ CITY _____

POSTAL CODE _____ HOME PHONE _____ WORK / CELL PH _____

EMAIL _____

EMERGENCY CONTACT _____ HOME PHONE _____

RELATIONSHIP TO STUDENT _____ WORK / CELL PH _____

GROUP HOME PARTICIPANTS:

Student's caregiver must be available at the hill, during the lesson.

Will support staff be: Assisting on the hill? Yes No

Group Home Contact: (Re: Registration, etc) _____ Phone: _____

On Hill Contact: (Lesson Nights) _____ Phone: _____

SKIING/SNOWBOARDING EXPERIENCE:

Years in our Program: _____ years

Other Experience: _____ years

Please specify program: _____

Other sports programs (Please specify): _____

DISABILITY CATEGORIES (Please check those that apply):

- Cerebral Palsy Quadriplegia Paraplegia Hemiplegia Athetosis
Intellectual Disability Spina Bifida Brain Injury Learning Disability
Spinal Cord Injury Level of lesion: _____
Amputee Type: Arm(s): ____ Leg(s): ____ Location: _____
Visually Impaired Degree of sight loss: _____
Hearing Impaired Degree of hearing loss: _____
Other (Please Specify): _____
-

ADDITIONAL INFORMATION (Please check those that apply):

Does the student use a mobility aid?:

- Crutches Braces Wheelchair Prostheses Walk Unaided

Please describe capabilities: _____

Does the student have/use: Hearing Aid Glasses Contact lenses Shunt

Other (please describe) _____

Does the student use an alternative method of communication and if so, what method does he/she use?
(For example; sign language, lip reading, uses a communication display board, etc.)

Is the student prone to seizures? Yes No

Is the student taking medication, or have a medical condition, that could affect their participation? Yes No

Will the student's capability vary from week to week? Yes No

If yes, please indicate medication and/or condition, and any side effects that might occur and how frequently, e.g.: drowsiness, impaired balance, seizures, behavior, etc.

Does the student have allergies (specify): _____

Does the student understand simple instructions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the student need visual examples (demonstrations)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is eye contact needed to effectively relay instructions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If the student has behavioral difficulties, what is the most effective method to correct his/her behavior? (i.e. quiet time, stern voice, etc.) _____

Please use the following space to provide information regarding the student's character and personality traits, capabilities, special needs, restrictions, etc., to assist with student / instructor assignments:

****Please note:** Lift passes/rental equipment are not provided for family members or caregivers.

DONATION TO CADS EDMONTON

If you wish to make a donation to our local program, please add in the amount below to your registration fee. CADS Alberta has a Charitable Business Number and we can provide a Tax Receipt

Donation Amount \$ _____



CADS – Alberta Photo Release Form

Participant's Name: (Please print) _____ the undersigned, being the participants identified above, and if said participant is under the age of 18 years, the parent or legal guardian, does in consideration of the permission extended to said participants to participate in the CADS – Alberta Learn to Ski Program give full permission to use any photographs or movies of said participant taken during the program season of the Canadian Association for Disabled Skiing – Alberta.

(Signature of Participant or legal guardian)

(Date)



Canadian Association of Disabled Skiing – Alberta (CADS – Alberta)

CADS
ALBERTA

11759 GROAT ROAD • EDMONTON, ALBERTA • T5M 3K6

PHONE (780) 427.8104 • FAX (780) 427.0524 • INFO@CADSALBERTA.CA • WWW.CADSALBERTA.CA

This form must be completed by all participants of the Canadian Association of Disabled Skiing - Alberta programs. Please fill in the blank lines and check off the appropriate boxes. Return this form along with the appropriate fees to address above.

Surname:		First Name:	
Address:			
City:		Postal Code:	
Phone: (hm)	(wk)	Fax:	
E-mail:			
Membership Details:			
Date of Birth (m/d/y):	<input type="checkbox"/> Male <input type="checkbox"/> Female:	Disabled: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Disability (see codes):	Involvement (see codes):	Program (see codes):	
Membership Fees: (Single \$40.00) <input type="checkbox"/> New Member <input type="checkbox"/> Renewal <input type="checkbox"/> Renewal with information change			
Signature:		Date:	

CODES	DISABILITY			INVOLVEMENT			PROGRAM		
	01 Amputee - AMP AK	08 Cerebral Palsy	15 Leukemia	01 Student	07 Edmonton Committee	A Alpine			
	02 Amputee - AMP BK	09 Head Injury	16 Learning Disabled	02 Instructor	08 Coach	XC Cross Country			
	03 Amputee Arm	10 Schizophrenia	17 Multiple Sclerosis	03 Racer	09 Supervisor	WS Water Ski			
	04 VIP	11 Heart Problems	18 Multi	04 General Member		M Mono Ski			
	05 Deaf	12 Side Weakness	19 Friedre Ataxia	05 Provincial Board		S Snowboarding			
	06 Para	13 Spina Bifida	20 Epileptic	06 Calgary Committee					
07 MH	14 Quad	21 Other							

RELEASE Canadian Association for Disabled Skiing – Alberta (CADS – Alberta)

THIS RELEASE MAY AFFECT YOUR RIGHTS, PLEASE READ IT CAREFULLY, OR IN THE CASE OF THE VISUALLY IMPAIRED, HAVE IT READ TO YOU. No application for membership will be accepted unless executed by the applicant or their parent/legal guardian.

In consideration of the CADS - Alberta accepting this, my application and membership, I hereby waive and release any and all claims for damage (whether for personal injury, death, illness, property damage or personal loss), including claims for negligence, both for myself and my heirs, executors, legal representatives, successors and assigns which I may have as a consequence of my involvement in any activity organized by CADS - Alberta or the Canadian Association for Disabled Skiing. In particular, but without restricting the generality of the foregoing, I hereby release from all liability and agree to indemnify and save harmless from all liability, the following: the CADS - Alberta, the Canadian Association for Disabled Skiing, the executives, directors and members of the committees, the instructors, the volunteers, sponsors and their respective employees, agents; and any other participants in any activity organized by CADS - Alberta or the Canadian Association for Disabled Skiing, and their volunteers.

I acknowledge that skiing is a sport with inherent risks (both known and unknown), and in signing this release form it is my intention to accept those risks, and all the consequences thereof, for myself alone. The terms of this release are severable from one another, and the invalidity of any one or more clauses in this release shall not affect the validity of the other clauses.

I ACKNOWLEDGE THAT I HAVE READ, OR HAVE HAD READ TO ME, THIS RELEASE IN ITS ENTIRETY, THAT I UNDERSTAND AND AGREE TO BE BOUND BY ITS TERMS AND I AM SIGNING IT VOLUNTARILY AND WITHOUT DURESS OR UNDUE INFLUENCE FROM ANYONE.

(Signature Applicant or Legal Guardian)

Date

(Please print name)

MUST BE COMPLETED BY PARENT OF LEGAL GUARDIAN

I, the parent or legal guardian of the above named child, hereby give my approval to his/her participation in any and all activities of CADS - Alberta and the Canadian Association of Disabled Skiing. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities with respect to his/her participation in these activities. I do further hereby release, absolve, indemnify and hold blameless the Directors and sponsors, and the supervisors, instructors, volunteers of CADS - Alberta and the Canadian Association for Disabled Skiing.

(Signature Parent or Legal Guardian)

Date

CADS – Alberta is committed to protecting your privacy. As such, CADS – Alberta has developed and implemented a Privacy Policy to protect your personal information. For details please contact www.cadsalberta.ca, privacy@cadsalberta.ca or 780-427-8104.

FOR OFFICE USE ONLY:		
Method of Payment:	<input type="checkbox"/> CASH » Amount	<input type="checkbox"/> CHEQUE » Amount
Received by:	Date:	Cheque Written by:
Membership Card Issued: <input type="checkbox"/> YES <input type="checkbox"/> NO		