

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

County: _____ Parent or Guardian's name(if applicable) _____

Daytime Phone: () _____ Cell Phone: () _____

Local Phone: _____ Email: _____

Current Physician: _____ Physician Phone: _____

Need Rentals: _____ skis _____ snowboard Shoe size: _____ Height: _____ ft. _____ in

Weight: _____ lbs. Sex: Male or Female Date of Birth: _____ Age: _____

***NOTE: Due to manufacturer's limitations, maximum weight for adult mono and bi skis is 175 lbs and 80lbs on bi-unique skis.**

Disability: _____

Secondary conditions: _____

Endurance Level: GOOD FAIR POOR (circle one)

Please list all medications that the student is currently taking: _____

NOTE: If the individual has Down Syndrome, we strongly recommend that they be checked for AAI (Atlantoaxial Instability).

A. Mental Ability (circle one) Normal Function Mildly challenged Moderately challenged Severely Challenged

B. Hearing (circle one) Normal Mild/Moderate Loss Severe/Total

C. Speech (circle one) Normal Mild to moderately Affected. Non-verbal

D. Vision (circle one) Normal Mild to moderately Impaired Completely Blind

E. Mobility (circle all that apply) Ambulatory Non Ambulatory Walks with crutches Wheelchair Exclusively Partial Electric

F. Seizures (circle one) Yes No If yes, what was the date of your last seizure? _____
Type of seizure? _____

G. Behavior & General Attitudes: Enter numbers to items below: (1) Normal (2) Mild (3) Moderate (4) Severe
Frustration Tolerance ____ Hostility ____ Confusion ____ Anxiety ____ Distractibility ____ Temper ____
Impulsiveness ____ Following Directions ____ Memory Loss ____ Spatial disorientation ____

H. Bladder Management (circle one) Self No If no: Catheter or Leg Bag

-Over-

- I. Spinal Cord Injury _____ Level
 - J. Surgical Procedures (include dates)
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Sports experience:

Please check all activities that the applicant has previously participated in including date and levels achieved.

____ Skiing _____ Snowboarding _____ Skating _____ Swimming _____ Tennis
____ Waterskiing _____ Biking ____ Other: _____

Please list any other conditions or issues the BMAP should be aware of:

AUTISTIC STUDENTS

How does the student learn best: (circle one?)

Demonstrative Physical Assist Verbal Repetitive

Key Statements to Respond to:

Complex Directions Minimal Directions

Behavioral Distractions: (PLEASE LIST BELOW)

Physical Limitations: (PLEASE LIST BELOW)

INSURANCE WAIVER AND RELEASE OF LIABILITY

Please read: In Consideration of being allowed to participate in any way in the Belleayre Mountain Adaptive Program, related events and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representative and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian, I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe to the best of my ability that anything is unsafe, I and /or the minor participant will immediately advise the BMAP of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rule of play, or the condition of the premises or any equipment use. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages to me following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Belleayre Mountain, their representative administrators, directors, agents, coaches and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs and if applicable, owners and lessors of premises used to conduct the event all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY AND, SIGN IT VOLUNTARILY.

Participant's Name	Signature	Date
FOR PARTICIPANTS OF MINOR AGE		

This is to certify that I, as parents/guardian with legal responsibility for the participant, do consent to agree to his/her releasees provided above of the Releasees, and for myself, my heirs, assigns and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided, **EVEN IF ARISING FROM THEIR NEGLIGENCE.**

1ST Parents Signature	Name and Date
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2nd Parents Signature	Name and Date
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Recognizing that sports can be hazardous, I hereby release Belleayre Mountain and/or the host area and agents and employees from liability from any and all injuries of whatever nature rising during or in connection with the conduction of the lesson (program) for which this application is made. I agree that all disputes and/or lawsuits under this contract and/or from my use of the facilities at Belleayre Mountain shall be litigated exclusively in the Supreme Court of the State of New York, County of Ulster, or in the United States District Court for the Northern District of New York. **I HAVE or HAVE NOT** (circle one) contacted my physician or physical therapist regarding my participation in the sport of skiing and program. I accept any and all responsibility for anything that might occur to me while participating in the sports & activities being offered by Belleayre Mountain.

SIGNATURE: _____ **DATE:** _____

I hereby give my permission to have photographs taken and used for the purpose of providing visual publicity for BMAP.

SIGNATURE: _____ **DATE:** _____