

# ARISE & Ski Participant Form\*



**\*Please note that submission of an application does not guarantee space. A letter will be mailed to you in December as to whether a space is available for you in the program.**

I prefer to ski on (**please indicate a 1<sup>st</sup> choice and 2<sup>nd</sup> choice**):

Saturday 9:30-11:30\_\_\_\_\_ Saturday 1:00-3:00\_\_\_\_\_ Sunday 9:30-11:30\_\_\_\_\_ Sunday 1:00-3:00\_\_\_\_\_

**Program cost:** Participation during the 2020 ski season is \$200 per skier and covers all 6 lessons, plus rentals at no additional cost if they are needed. All payments are due by January 1<sup>st</sup> to ensure your spot in the program.

**\*Please note, there are no refunds for missed lessons and we are unable to reschedule missed lessons.**

Return Completed Application To:  
**ARISE & Ski Attn: Cathy F.**  
**635 James Street, Syracuse, NY 13203**

Ski Participant Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Disability(ies) information: \_\_\_\_\_

Other Sports (Past/Present): \_\_\_\_\_

I use a wheelchair:      YES                  NO                  If yes, I use:                  ELECTRIC                  MANUAL

I am able to ambulate \_\_\_\_\_% of the time.

I use braces or other assistive devices:      YES                  NO                  I CANNOT AMBULATE

Please explain any other limitations: \_\_\_\_\_

I wish to learn to:      SKI                  SNOWBOARD

Experience?:      NEVER                  BEGINNER                  INTERMEDIATE                  ADVANCED                  # Years? \_\_\_\_\_

Experience with adaptive ski equipment?      NONE                  SOME                  A LOT

Type of adaptive equipment needed? \_\_\_\_\_

Will rolling sideways onto your shoulders cause any pain or injury to your back, neck or shoulders?      YES      NO

**ARISE and Ski Mission Statement:**

**ARISE & Ski is dedicated to providing winter sports education and recreation to people of all abilities in a fun and safe environment. We believe that all people have the right and ability to participate in recreational opportunities. With the support of Toggenburg Mountain Winter Sports Center and volunteers from the CNY area we are dedicated to ensure that all individuals have the opportunity to participate in winter sports to their fullest potential while maintaining their dignity, personal responsibility and self-determination**

Employment (check one):  Student  F/T  P/T  Looking for a job  Unemployed (not looking)  
 Retired  Day Program  Other

Highest Education Level Completed: \_\_\_\_\_ Race or Ethnicity: \_\_\_\_\_

If over the age of 18, have you ever served in the military? Yes  or No

**Parent/Guardian Information:**

Parent/Legal Guardian: \_\_\_\_\_

Address if different from above: \_\_\_\_\_

Phone Number(s) if different from above: \_\_\_\_\_

**Emergency Contact: Who do we call if Parent/Guardian cannot be reached?**

Name: \_\_\_\_\_

Address if different than above: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

**Jonathan's Law Contact and Phone #: \_\_\_\_\_**

*(Jonathan's Law established procedures that facilities must follow to notify and inform parents and legal guardians of children and adults receiving services of incidents they are involved in.)*

**Care Coordinator Information (if applicable):**

Name of Care Coordinator: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Participant Health History/Medical Information**

Name: \_\_\_\_\_

**Allergy Information (please check all that apply)** \_\_\_ No Allergies \_\_\_ Hay Fever \_\_\_ Insect Stings/Bites  
\_\_\_ Foods (explain below) \_\_\_ Medications (explain below) \_\_\_ Use of EpiPen \_\_\_ Other (explain below)

**Health History** (please check all that apply) \_\_\_ Asthma/Wheezing/Shortness of Breath \_\_\_ Measles  
\_\_\_ German Measles \_\_\_ Chicken Pox \_\_\_ Mumps \_\_\_ Headaches \_\_\_ Hepatitis \_\_\_ Rheumatic Fever  
\_\_\_ Heart Murmur \_\_\_ Diabetes \_\_\_ Convulsions \_\_\_ Fainting/Dizziness \_\_\_ Seizure Disorder \_\_\_ ADD/ADHD

**Special dietary needs including food restrictions and/or modified diet:**

**Answer all questions in relation to participant** (Circle "yes" or "no". Explain all "yes" answers below)

Hospitalized within last 12 months?	No	Yes
Surgery within last 12 months? No Yes	No	Yes
Recent infectious disease within last 12 months?	No	Yes
Mononucleosis (mono) within last 12 months?	No	Yes
Been out of the country within last 12 months?	No	Yes
Take medication regularly?	No	Yes
Injuries within last 12 months?	No	Yes
Chronic/Recurring illness?	No	Yes
Passed out/had chest pain w/exercise?	No	Yes
Back/neck problems?	No	Yes
Use a wheelchair/other support?	No	Yes
Communication needs?	No	Yes
Bowel concerns/issues?	No	Yes
Wear glasses, contacts, or protective eyewear?	No	Yes
Wear hearing aids?	No	Yes
Do activities need to be limited for any reason?	No	Yes

Is participant under medical care for any reason? No Yes (explain "Yes" below)

Please note if assistance is needed with the following:

\_\_\_ Eating \_\_\_ Toileting \_\_\_ Dressing \_\_\_ Mobility \_\_\_ Communication

**Please provide any additional information about the participant and/or their diet, health and/or pre-existing medical, physical or psychological conditions and illnesses that will help us ensure that they have a successful experience.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Down Syndrome/Serious Illness or Surgery**

If the participant has Down Syndrome it is necessary to have a Cervical Spine x-ray completed. If the participant has had a serious illness or surgery within the last year he/she must have this signed by a physician to attend programing.

I consider this participant to be in good health at this time, and that he/she is physically able to participate in program activities.

Name of Licensed Physician (print) \_\_\_\_\_

Signature of Licensed Physician \_\_\_\_\_

Date: \_\_\_\_\_

**SIGNATURE SECTION**

This application and health history is true and correct to the best of my knowledge. In the case of an emergency, when the person listed as Emergency Contact or other person cannot be contacted, I hereby authorize the Director of Recreation to take action deemed necessary for the best interest of my child.

Participant or Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LIABILITY RELEASE**

I would like to participate in the ARISE & Ski program. I acknowledge the risks and potential risks that my son/daughter/myself is taking, but feel that the potential benefits outweigh the risks assumed. I hereby, intending to be legally committed for myself, my heirs and assignees, executors and administrators, waive and release forever all claims for damages against ARISE Inc., ARISE at the Farm, ARISE & Ski, its Board of Directors, volunteers, and employees for any and all injuries and/or losses that I/my son/my daughter/or client may sustain while a participant in the ARISE & Ski program. Additionally, I understand that all personal clothing and gear that my son/daughter/or myself bring to use at the program is my responsibility. While ARISE & Ski maintains an area within the public lodge, ARISE & Ski cannot be held responsible for lost or stolen items.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Participant

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/ Legal Guardian

## Participant Information

Name: \_\_\_\_\_

At ARISE & Ski we strive to provide the best instruction to the students we are teaching. Please provide our staff and volunteers with some background information about the student they will work with. In some cases the student may be too shy or anxious to provide this information or in other cases the student may not be able to communicate effectively. If this is the case with your child or family member, please take the time to answer the attached questions. Feel free to provide any additional information that may be helpful to increase their success in the ARISE and Ski program.

The members of my family are:

Two things I want people to know about me are:

1.

2.

When I am happy, I will:

When I am unhappy, I will:

Some things I like to do are:

Some of my favorite things are:

Some things that I do well are:

Some things that others can do to help me are:

Some things that people try to do but that are not helpful are:

Some things that bother me are:

Some things that I have accomplished are:

Goals I'd like to work on are (Recreation, Socialization, leisure, skill building, exercise, etc):

Some things that you can do that will help you get to know me are:

# ARISE

## Photo Release Form

I, \_\_\_\_\_, (*Full Name of Ski Participant or Parent/Legal Guardian*) grant permission to ARISE Child and Family Service, and ARISE and Ski, their successors, licensees, and assigns, the right to use to the photographs or films taken of me, or members of my family, without compensation, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium.

I acknowledge that I am  over the age of 18  
 the parent/legal guardian of the following:

Name of Skier: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

- I understand that use of the photographs/films taken of me may reveal or imply information about myself/my family member.
- I understand I may withdraw my permission at any time by writing to the address listed below. I understand that the withdrawal will not apply to photographs/videos that have already been released in response to this authorization.
- I understand that my/my family member's eligibility and participation in ARISE programs will not be affected if I do not sign this form.
- This form will expire when the Participant's involvement with ARISE ends or when permission is withdrawn in writing as noted above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_



**RENTAL AGREEMENT  
and  
RELEASE FROM LIABILITY**



First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Shoe Size \_\_\_\_\_

Weight \_\_\_\_\_ lbs. Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Age \_\_\_\_\_

ID # \_\_\_\_\_

Check your level of ability \_\_\_I \_\_\_II \_\_\_III

**PLEASE READ CAREFULLY BEFORE SIGNING**

- I accept for use, as is, the equipment listed on this form and accept full responsibility for its care while it is in my possession.
- I agree to reimburse Toggenburg for any loss or damage other than reasonable wear resulting from use.
- I accept and clearly understand that there are inherent risks involved in the sport of skiing and boarding, that injuries are a common and ordinary occurrence and I freely accept these risks.
- I understand that the ski/boot/binding system which I have rented will not release at all times nor under all circumstances and does not guarantee my safety.
- I have received instruction on the use of any equipment and fully understand its use and function.
- I agree to hold harmless and indemnify and release Toggenburg and its owners, agents, and/or employees, including ski instructors, manufacturers and distributors thereof, from any and all liability for damage, injury to myself or any person, including while taking a lesson, death and/or property damage, resulting from negligence, conditions of the premises, operation of the ski and boarding area, rental or operation of equipment, installation, maintenance, selection, adjustment, and use of the equipment and/or actions and/or omissions of Toggenburg and its owners, agents, and/or employees, accepting myself the full responsibility for any and all such damage, injury, or death which may result.
- I have made no misrepresentations to Toggenburg in regard to my height, weight, age or skier type and agree to return all equipment by the agreed date and time to avoid additional charges.
- This agreement is governed by the applicable law of New York State. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect.
- I have read, reviewed and understand the "WARNING TO SKIERS" posted at this ski area. I signify that I am aware and understand the risks inherent in the sport of skiing snowboarding as set forth on the "WARNING TO SKIERS."
- I agree that all disputes and/or lawsuits under this contract and/or from my use of the facilities at Toggenburg shall be litigated exclusively in the Supreme Court of the State of New York, County of Onondaga, or in the United States District Court for the Central District of New York.

**PLEASE DO NOT WRITE BELOW THIS LINE**

<b>BOOTS #</b>	<b>SKIS</b>		<b>BINDINGS SETTINGS</b>
<b>SNWBRD BOOTS #</b>	<b>SNOW DOGS #</b>	<b>SNBRD #</b>	

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE ABOVE RENTAL AND RELEASE FROM LIABILITY AGREEMENT.  
I VERIFY THAT THE VISUAL INDICATORS ON MY BINDINGS CORRESPOND TO THE SETTINGS  
AS SHOWN ON THIS RENTAL AGREEMENT FORM

SKIER APPROVAL: \_\_\_\_\_

If minor signature of parent or guardian required

PARENT/GUARDIAN/EMPLOYEE: \_\_\_\_\_



Dear ARISE & Ski Volunteers and Participants:

This letter is to inform you of the ARISE & Ski cancellation policy. Due to the wide variety of needs and temperature tolerances of our skiers and possible safety issues with some of the equipment in extreme cold weather we felt the need to establish such a policy.

- If a weather advisory has been issued we ask that no one travel to Toggenburg. We would rather everyone be safe than risk the possibility of an accident.
- If the actual reported forecast is to be zero degrees or below we reserve the right to cancel.
- If an instructor arrives at Toggenburg and finds that conditions are such that it is not safe to use equipment on the hill or any trails, the instructor reserves the right to cancel the lesson. All attempts will be made to contact skiers as early as possible to make sure no unnecessary travel takes place.
- In the event of cancellation due to weather or temperature, a message will be posted on Facebook on the ARISE and Ski group page.
- No refunds will be issued in the event of a cancellation, illness, or program dissatisfaction.
- Logistically, we are unable to reschedule missed lessons due to the amount of skiers in the program and our contractual agreement with Toggenburg Mountain.

Thank you for your understanding in this matter.

If you wish to participate in a text blast in the event of cancellation or for other information, please leave your cell phone number here so we can add you to the list.

Cell Phone Number: \_\_\_\_\_

Sincerely,

The ARISE & Ski Team