



Horseshoe Resort - CADS Huronia

Student Information Form

2011 – 2012

Personal Information: (PLEASE PRINT CLEARLY)

Last Name	First Name	Date of Birth - day/month/year	Age
Address		City	
Province	Postal Code	Home Phone	
Cell Phone	Work Phone & Extension	Health Card Number	
Height	Weight	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Disability: _____

Medication(s): _____ **Allergies (Environmental/Food/Medical):** _____

Environmental/Toileting Needs: _____

Significant Musculo-Skeletal Considerations: _____

Communication Abilities: None Verbal Written Sign Eye Movement. Touch

Psychomotor Skills: Wheelchair Walker Assisted Ambulation Self Ambulation

Significant Atlanto-Axial Dislocation: Yes No

X-Ray: Date: _____ Yes No
month/year

Does the participant have a Shunt: Yes No

Emergency Contact:

Last Name	First Name	Relationship to Student	Home Phone	Cell Phone	Work Phone & Extension
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The collection and recording of the above information is a requirement to take a disabled ski lesson or lessons. This information will be kept confidential on a need to know basis with person(s) directly related with and only to be used to properly prepare for your lesson(s).

SKIER INFORMATION: Skier Experience: ____ yes ____ no If yes, number of years _____

Equipment Needed: Boot Size: ____ Ski Length: ____ Poles: ____ Outriggers: ____ Sit-ski: _____
Circle any of the above if you own your own:

Does the participant exhibit any behaviour concerns that the Instructor needs to be aware of? ____ yes ____ no
 If yes, please give suggestions as to how these behaviours are best dealt with:

Behaviour	Suggested Intervention
_____	_____
_____	_____
_____	_____



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The CADS Huronia Ski Program offers ski instruction for people with disabilities. The program offers participants to acquire a degree of independence and a sense of personal achievement. It is understood that the philosophy of CADS Huronia is to challenge and encourage the independence and abilities of the participants as part of the ski instruction, notwithstanding the fact that such challenges contain an element of risk.

CADS Huronia requests your permission for the services and procedures listed below that are appropriate and in the participant's best interest. This permission is given to CADS Huronia and/or the Ski School Director to arrange for the following:

1. Emergency procedures including medical treatment and transport, dental care, hospitalization and administration of anesthetics.
2. The making of photographic, films, sound recordings and any other audio and/or visual reproductions of the participants for the use in public awareness, promotion and education relating to activities of CADS Huronia.
3. To the collection and recording of medical information as a requirement of a disabled ski lesson(s):

It is understood that CADS Huronia will exercise reasonable care, however, I/Guardian release CADS Huronia and its volunteers from all actions, claims, and demands for damages, loss of injury arising under circumstances beyond the control of CADS Huronia in connection with the above services, activities and events. I have read and understood the above and give my consent to arrange the following for: _____

Participant's Name

Emergency treatment: Yes No

Any restrictions: _____

Use of the participants Audio and/or Visual image: Yes No

Any restrictions: _____

The collection of Participants Medical Information: Yes No

Any restrictions: _____

Signature of Applicant /

Print Name

Date - day/month/year

Signature of 1st Parent / Legal Guardian

Print Name

Date - day/month/year

Signature of 2nd Parent / / Legal Guardian

Print Name

Date - day/month/year

Signature of Witness

Print Name

Date - day/month/year