

**SKI APACHE ADAPTIVE SPORTS  
P.O. BOX 2138  
RUIDOSO, NM 88355**

STUDENT ENROLLMENT APPLICATION

DATE \_\_\_\_\_

**PLEASE PRINT CLEARLY**

STUDENT'S NAME \_\_\_\_\_

Phone # \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_

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

\*Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Shoe size \_\_\_\_\_

CHECK ONE:  Ski today  Snowboard today

Parent/contact person \_\_\_\_\_ Phone# \_\_\_\_\_

**MEDICAL INFORMATION**

Description of Disability) \_\_\_\_\_

Seizures: Yes \_\_\_\_\_ No \_\_\_\_\_ \*Date of Last Seizure \_\_\_\_\_ Type \_\_\_\_\_

Medications: Yes \_\_\_\_\_ No \_\_\_\_\_ Type \_\_\_\_\_ Affects \_\_\_\_\_

**Note:** High altitude (Ski Apache base is 9600') may alter the effects of medications  
Permanent conditions or medical apparatus we should be aware of (eg. Harrington Rods,  
shunts, catheters, etc.) \_\_\_\_\_

If paralysis, where on spine: \_\_\_\_\_

If head injury, explain \_\_\_\_\_

Doctor/Therapist \_\_\_\_\_ Phone# \_\_\_\_\_

**SKIER/SNOWBOARDER INFORMATION**

(Never-ever) \_\_\_\_\_ (Skied before) \_\_\_\_\_ Number of times? \_\_\_\_\_ Where? \_\_\_\_\_

Activities, sports, hobbies: \_\_\_\_\_

Boots \_\_\_\_\_ Skis/SB \_\_\_\_\_ Helmet \_\_\_\_\_

**INSTRUCTOR FEEDBACK**

Instructor name \_\_\_\_\_

Adaptive equipment \_\_\_\_\_

Reinforcers/triggers \_\_\_\_\_

Chairs? \_\_\_\_\_ Reminders? \_\_\_\_\_

Additional comments on back: \_\_\_\_\_

**SAFETY FIRST!**

\*Everyone 17 years of age and younger MUST wear a helmet

\*If you have had a seizure within the past two years, you MUST wear a safety harness