

BARS Ski Mash Registration Packet

February 23-24, 2012

Dear Skiers, thanks for your interest in SKI MASH. We are excited to once again be working with Liberty Mountain Resort to offer this great event!

Below are a few important details to note - please read carefully:

General Information

SKI MASH 2012 has expanded to 1 ½ days. Lessons will be offered Thursday afternoon (1 – 3:30pm) and we will have two lesson sessions on Friday (9 – 11:30am and 1- 3:30pm). It is not necessary to ski both days. We do have a block of rooms on hold at the mountain if you would like to come out on Thursday.

You do not have to ski Thursday to get the group rate.

Registration

Disabled skiers: to complete your registration, you must complete and return the attached forms along with your payment by February 15. Please ***do not e-mail me when you want to ski, you will be put on the lesson assignment sheet once your complete registration and payment is received.*** Lesson preference time will be set on a first come, first served basis!

Note: AM lessons will begin at 9, you will need to register by 8:30 am

PM lessons will begin at 1, you must register by 12:30 pm

If you want to ski all day, you will need to pay for both sessions.

Registration Forms- Every person needs to complete the top portion of the registration form and have a signed waiver. Adapted Skiers will need to fill out the skier information sheets as well.

On site registration will open at 11:30am on Thursday and 8:00am on Friday.

Meals

Friday lunch will be served in the room where we are staging the event. Due to the inaccessibility of the cafeteria from the lodge, the mountain feels this will meet our needs best. Friday Lunch will be served at noon.

Adapted skiers – all adapted skiers receive lunch on Friday, so plan your arrival time accordingly

Non adapted skiers have different package options, so you can decide if you want lunch
A limited number of lunch tickets will be available on site...to secure your ticket, purchase in advance

Thursday dinner will be on your own, but we will have plans to meet for ski socialization. BARS board, family and friends will be enjoying the evening on Thursday in an as yet to be undisclosed location. All those spending the night at the hotel will be welcome to join in the rollicking good time and the location to be announced via email and website and in your confirmation packet.

Event T-Shirts

Ski Mash long sleeve T-shirts are available for sale. Please pre-order to guarantee a shirt, only very limited quantities will be available on site. T-shirts will be maroon and feature the Ski Mash Logo.

Directions

You can either look on Ski Liberty's web site at www.skiliberty.com or map quest their address:
78 Country Club Trail, Carroll Valley, PA 17320

Hotel

If you want to stay the night, Liberty is offering the following:

Thursday, Feb. 23, 2012 - \$95 + applicable taxes. The rate for Thursday evening is a group rate and will be in effect through January 23, 2011. To reserve a room call the hotel at 717-642-8282 ext.3300. Identify yourself as being with BARS/ Baltimore Adapted Recreation and Sports/ Ski Mash to get the group rate. A hot buffet breakfast for up to 2 hotel guests is included with your stay.

Skiing Cancellation/Refund Policy

There will be **NO** refunds given after February 13, 2011. Cancellations prior to that date will be charged a \$5 fee.

Questions:

For non-adapted lesson questions contact Sara Kate at sarakate@barsinfo.org or
(410) 771-4606 x2

For adapted lesson questions contact Pamela at pam4bars@aol.com or (410) 322-5629

Skier Registration Form

2012

REGISTRATION DEADLINE: February 7, 2012 however register early to secure your spot!

Name: _____ E-mail: _____

Address: _____

Phone: (H) _____ (W) _____ (Cell) _____

Age: _____ Date of Birth: _____ Height: _____ Weight: _____

Emergency Contact: Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

Skiers taking adapted lessons, complete the following as thoroughly and accurately as possible. All others skip to page 4

The more thorough and accurate information we have, the more positive skiing experience we can provide:

Primary Disability: _____ **Date of Onset:** _____

*spinal cord injuries - please list level
(Spinal cord injuries less than 1 year will require written physician clearance presented in advance)*

Secondary Disability and/or other significant functional limitations. This may include: visual, hearing or cognitive impairments, Autism, developmental disabilities (LD, ADD, ADHD), etc: _____

Do you have spinal stabilization and/or rods? _____ No _____ Yes Type/Length: _____

Do you wear leg braces, AFO's, body brace, etc? _____ No _____ Yes

If yes, type and location: _____

Any assistive device used for communication: _____ No _____ Yes Type: _____

What is your **PRIMARY** means of mobility? _____ Walk unassisted _____ Manual Wheelchair
_____ Cane _____ Power Wheelchair
_____ Crutches _____ Scooter
_____ Walker

Do you have movement or joint limitations? _____

Do you have problems with skin integrity? _____ No _____ Yes Location: _____

Do you have any skin breakdown at the present time? _____ No _____ Yes Location: _____

Do you have decreased sensation to: _____ Pain Location: _____
_____ Cold Location: _____
_____ Pressure Location: _____

Do you have a history of seizures? No Yes Date of last seizure: _____

If yes, type and frequency: _____

Do you know when you are going to have one? _____

Any of the following medical conditions: Asthma High blood pressure
 Hepatitis Diabetes
 HIV Heart Condition

Are you currently under a doctor's care? No Yes

If yes, reason: _____

Any surgeries within the past year? No Yes Specify: _____

Sensitivity to sun or cold? No Yes Explain: _____

Does chronological age differ from mental age? No Yes If yes, approximate mental age _____

Decreased attention span? No Yes If yes, approximate attention span: _____

Any behavioral issues we should be aware of? No Yes If yes, please specify: _____

Specific strategies used to redirect? _____

Is there a need to limit activities for any reason? No Yes Explain: _____

Allergies: _____

List Medications being taken:

Medication: _____ Reason: _____

Side effects: _____ Dose: _____

Medication: _____ Reason: _____

Side effects: _____ Dose: _____

Medication: _____ Reason: _____

Side effects: _____ Dose: _____

Medication: _____ Reason: _____

Side effects: _____ Dose: _____

In signing below, I verify that the above information is completed thoroughly and accurately. I understand that the information above is confidential and will only be used by the instructors and volunteers to provide the student with a fun and safe experience.

Signature of person filling out form

Date

Adapted Snow Skiing Information

Name: _____

Number of years skiing: _____ Never skied before: _____

Rate skiing ability: _____ Beginner _____ Intermediate _____ Advanced

Method of skiing (check all that apply, star preference) : _____ Mono ski _____ Bi ski _____ Dual ski
_____ Four track _____ Three track _____ Two track (two skis, w/w/o poles)
_____ Snow Board _____ Slider

Name of Equipment used: _____ Yeti Mono ski
_____ Revolution
_____ Grove
_____ Twin Ski
_____ Bi Unique
_____ Mountain Man Bi Ski
_____ Milty Bi Ski
_____ Slider
_____ Other _____

List your preference of equipment (if you have one): _____

_____ If available, I would like to be evaluated for snow boarding

Do you have your equipment? _____ No _____ Yes Type: _____
Note, all sit down equipment must have a retention strap

If you have your own equipment, are you independent with loading and off loading?
_____ Yes _____ No (if no, then you need to pay for a lesson)

Stand Up Skiers: Shoe Size: _____ If known, ski length used: _____

Other information you feel we should know: _____

Return form(s) to:

BARS
PO Box 878
Sparks, MD 21152

SKI MASH Payment Sheet

Adapted Lessons Include a 2.5 hour adapted lesson and use of necessary adapted equipment. Friday adapted lessons include lunch. Lessons will be assigned on a first received basis once registration and payment are received.

Times: Thursday PM 1-3:30
 Friday AM 9-11:30
 Friday PM 1-3:30

Item	Cost	Totals
Adapted Skier Thursday Lesson	\$55 Member \$70 Non Member	\$
Adapted Skier Friday		
One Lesson		
Circle Preference AM PM	\$65 Member \$80 Non Member	
Two Lessons (Both)	\$100 Member \$115 Nonmember	\$
Friend/Family Lift Only	_____ People x \$45=	\$
Friend/Family Lift and Rental (with optional lesson)	_____ People x \$75	\$
Family/Friend Lunch	_____ people x \$12=	\$
Event T-shirt (Long Sleeve)	_____ Shirts (S-XL) x \$15	\$
(size S-XL) (2X and 3X add \$3)	_____ Shirts (2X-3X) x \$18	\$
<i>*To a guarantee a shirt, they must be pre-ordered</i>	Specify Sizes:	
Total Due:		\$

Make checks payable to BARS
 Return to: BARS PO Box 878 Sparks, MD 21152

REGISTRATION DEADLINE: February 7, 2012

For all activities October 1, 2011 – September 30, 2012

DISABLED SPORTS USA INSURANCE WAIVER & RELEASE OF LIABILITY and MEDIA RELEASE FORM

Disabled Sports USA - Revised 8/2011

DISABLED SPORTS USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM

In consideration of being allowed to participate in any way in Disabled Sports USA and Baltimore Adapted Recreation and Sports, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives 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 Disabled Sports USA and

Baltimore Adapted Recreation and Sports 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 rules of play, or the condition of the premises or any equipment used. 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 following such injury, permanent disability or death.

4. Release, waive, discharge and covenant not to sue Disabled Sports USA, Baltimore Adapted Recreation and Sports, its affiliated clubs, their representative administrators, directors, agents, coaches, other employees, and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers 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.

X

Signature Participant's Name (PLEASE PRINT CLEARLY) (MM/DD/YY)

FOR PARTICIPANTS UNDER THE AGE OF 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as 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 above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X

Signature Parent/Legal Guardian Name Relationship Emergency Phone (MM/DD/YY)

MEDIA RELEASE FORM

Name _____ DOB _____ Male _____

Female _____

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to Disabled Sports USA and Baltimore Adapted Recreation and Sports to copyright and/or publish any and all photographs, digital recordings, videotapes and/or film in which I appear may be used for public view. I further agree that Disabled Sports USA and Baltimore Adapted Recreation and Sports may transfer, use or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

X

Participant Signature (MM/DD/YY)

FOR PARTICIPANTS UNDER THE AGE OF 18

X

Signature Parent/Legal Guardian Name Relationship Emergency Phone (MM/DD/YY)