



Shared Ski Adventures Instructor Registration Form

2020 Ski Season
January 11 – February 29th



**Please complete all sections of this Registration Form.
Please print or email; instructions on next page.**

Instructor Information						
Name:			<input type="checkbox"/> Male	<input type="checkbox"/> Female	DOB:	
Current Address:	Street:					
	City:		State:		Zip:	
Home Phone:			Cell:			
Email (required):						
In case of emergency, the following person(s) are to be called:						
Contact 1:			Phone:			
Relationship:	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Other:					
Contact 2:			Phone:			
Relationship:	<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Other:					

Primary Health Care Provider					
Policy Holder:			Policy Number:		
Primary Physician:					
Address:	Street:				
	City:		State:		Zip:
Phone:			Fax:		
Hospital Affiliation:					

Medical Information							
Health History							
<i>Please check any of the following conditions that you presently have or have had in the past:</i>							
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Swelling of hands	<input type="checkbox"/>	Head injury
<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Bursitis	<input type="checkbox"/>	Swelling of feet	<input type="checkbox"/>	Dizziness
<input type="checkbox"/>	Chest Pain	<input type="checkbox"/>	Sciatica	<input type="checkbox"/>	Swelling of ankles	<input type="checkbox"/>	Fainting spells
<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	Headaches
<input type="checkbox"/>	Heart Attack	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Kidney Problems	<input type="checkbox"/>	UTIs
<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Extreme Fatigue	<input type="checkbox"/>	Latex allergy/sensitivity	<input type="checkbox"/>	Knee problems
<input type="checkbox"/>	Low Blood Pressure	<input type="checkbox"/>	Tuberculosis	<input type="checkbox"/>	Stroke, Embolism	<input type="checkbox"/>	Back problems
Do you have any of the following directives?							
<input type="checkbox"/>	Do Not Resuscitate	<input type="checkbox"/>	Living will	<input type="checkbox"/>	Health Care Proxy		

The tasks below have a physical nature, and since each instructor's circumstances are different, this information will be very helpful when matching up students to instructors.

As an instructor, I would be able to:

	Tether a student		Boost a student onto the chair lift		Use the "pole" with a student
	Lift student in sit-ski onto chair lift		Assist student up from the ground		Use the ski-pal with student

*If you aren't sure what some of these tasks involve, you can leave blank & touch base with the SSA Coordinators on Training Day.

CANCELLATION POLICY

Shared Ski Adventures reserves the right to cancel a ski lesson in the event of conditions that would impact the safety of our participants (for example: not enough snow, high wind advisories, more ice than snow, etc.).

We do not offer refunds for either cancelled or missed days. Skiing is a weather-dependent sport!

HELMET POLICY

All SSA students and instructors **must** wear a helmet for the duration of the program. It must be strapped on and fit correctly. SSA has a limited number of helmets in various sizes available on a first-come first-served basis.

Please confirm that you will attend the following scheduled training sessions:

	Indoor Training Session @ CP Rochester Thursday, December 5 6:00-8:00pm		On-Hill Training Session @ Swain Resort Saturday, January 4th 8:00am-4:00pm
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Please select what you are able to commit to for the 2020 season:

	8 lessons & Instructor Training		Season Pass upgrade		*4 lessons & Instructor Training
	\$280 donation		\$40 donation		\$150 donation

***If you selected the 4 lesson & Instructor Training option, please select one of the options below:**

	At this time, I plan to attend on the first four weeks.
	At this time, I plan to attend on the second four weeks.

Signature:		Date:	
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Please return completed form by email or mail.

If returning form via e-mail:

Email to: info@sportsnetny.org

Donation payment: You will receive a donation request via PayPal to donate online.

If returning form via mail:

Mail to: CP Rochester
3399 Winton Rd. S.
Rochester, NY 14623
Attn: Tina Bennett

Donation payment: Please include donation check or cash payment with form.

OFFICE USE ONLY					
New instructor / Returning instructor	Amt:		Check/inv #:		Date Rec'd: