



Adaptive Ski/Snowboard Program



**For Children and Adults
6 Years and Older with Physical
Disabilities**

Therapeutic Recreation Services
808 W. Spokane Falls Blvd, 5th Floor
Spokane, Washington 99201-3317
509-625-6245

*In cooperation with Mt. Spokane
Ski & Snowboard Area*

2010



The Program

All ski lessons employ a one-to-one or one-to-two instructor/ student ratio. The Instructors are volunteers from the community and local universities/colleges. Our instruction methods follow closely with the P.S.I.A. American Teaching System. Program fees do not accurately reflect actual costs. Persons/organizations interested in making donations to help buy specialized equipment should contact the Spokane Park and Recreation Department. A Therapeutic Recreation Foundation has been established for this purpose. We are wanting to buy child-size mono and upgrade our bi-skis. Call 625-6245 for more information.

Sit Skiing

Sit-skiing allows the non-ambulatory (Para., quad., M.S., C.P., etc), the chance of achieving dramatic levels of control and maneuverability (proportional to the disability) on slopes of varying degrees of difficulty. To accomplish this, we teach how to use bi-skis, and mono-skis. The bi-ski is our newest addition of adaptive equipment. It will benefit a wide range of disabilities. People with higher level injuries will experience a new freedom as it requires very little head and neck movement to get the ski on edge and skiers with lower level injuries will find it a great help to ease the transition to a mono-ski. Our inventory is limited - **REGISTER EARLY!**

In order to insure control, all participants are attended by a trained tetherer who skis behind holding a nylon strap attached to the sit ski. Friends and spouses of the participants, who are strong skiers are encouraged to learn. They will be required to purchase a regular lift ticket.

***Please note we will not be able to accommodate skiers over 200 lbs.**

Snowboarding

We currently offer stand up snowboarding using a variety of adaptive equipment as necessary.

Blind Skiing

With the help of a sighted instructor, the student learns to respond to verbal signals as well as to 'see with their feet'. Our instructors primarily follow the P.S.I.A. American Teaching System, with brief vocal cues to facilitate orientation to the terrain.

Outrigger Skiing

An outrigger ski is similar to a forearm crutch with a short ski that pivots. Leg amputees ski with or without their prosthetic leg(s) in what is called a three or four-track method. Students with balance deficits also use this method.

Scholarships

A limited amount of scholarship money is available for individuals needing assistance. We request that individuals pay as much as they can afford so that we may assist more skiers. Call 625-6245 to request an application.

Volunteers Need

If you like skiing/snowboarding and people, this is the perfect volunteer opportunity for you. Training Clinics are: January 2, 2010 8:30am-3:30pm PSIA with John Stevenson of Outdoors for All. Saturday January 9, 2010 9am-4pm. Location: Mt Spokane Adaptive Chalet. Call Alice at 625-6245 for more information.

Ski Chalet Update

Saturday January 2, 2010, 2:00pm will be the Adaptive Ski Chalet dedication at Mt. Spokane. Bryceson Tenold, the Eagle Scout behind this project will be joining the celebration. Be sure to join us for this long overdue thank you to all those involved in this fabulous project.

A new door for the basement was graciously donated by Walt Anderson of Alliance Doors after seeing the Q6 story. Local dentist, Brent Anyan donated the supplies needed to secure the door. Volunteers Adam Manson and Steve Busch installed the door. Mt. Spokane staff Jason and George helped secure the building till the new door was installed.



New Equipment

Many thanks to Spokane Parks Foundation and Capital Funds we were able to purchase a new Pro-Revolution Monoski, Mogal Master Monoski and Snow Slider. We are excited to offer this equipment to our students.

Accident Waiver/Release of Liability and Acknowledgement of Risk

I know that skiing is a hazardous activity. I will not participate unless I am medically able and properly trained. I have read and understood the information provided by the City that explained the program, including the training of participants, the eligibility and safety rules, any equipment to be used, and the emergency medical plan. I have had all of my questions adequately answered by City staff. I assume all risks associated with skiing, including but not limited to those caused by terrain, facilities, temperature, weather, condition of my or the City's equipment, vehicular traffic, actions of other people including participants, volunteers, spectators, coaches, and City staff, all such risks being known and appreciated by me.

PHOTO RELEASE: I give my permission to have my photo taken during activities and understand that such photos may be used for publicity purposes.

I will accept the alpine/adaptive equipment for use, as is. I agree to be fully responsible for the equipment while it is in my possession and to return it by the agreed time/date. I agree that I may incur additional charges if the equipment is returned late, dirty, or damaged beyond normal wear and tear. I accept my responsibility to replace, at full retail value, any alpine/adaptive equipment which I fail to return.

I accept the risks involved in the use of alpine/adaptive equipment, including but not limited to, skis, snowboards, boots, poles, sit-skis, mono-skis, bi-skis, outriggers, slant boards, ski stabilizers, edgie-wedgies, walkers, harnesses, helmets, and any other equipment that I may use.

I, for myself, and for anyone entitled to act on my behalf, (A) **WAIVE, RELEASE, AND DISCHARGE** the City of Spokane, Mount Spokane, Inc., and their officers, employees, volunteers, representatives, and agents from any and all liability for my death, disability, personal injury, property damage or damage or loss to me during participation in alpine/adaptive skiing and traveling to and from this event;(B) **INDEMNIFY AND HOLD HARMLESS** the City and Mount Spokane, Inc., and all persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions while participating, except for those claims arising from the sole negligence or sole willful conduct of the City, its officers, employees, or other representatives.

I HEREBY CONSENT to receive medical treatment which may be deemed advisable if I am injured or become ill while participating in alpine/adaptive skiing.

I HEREBY CERTIFY that I have read this document and I understand its content.

NAME _____ AGE: _____

SIGNATURE: _____ DATE: _____

Parent/Guardian Waiver for Minors

I, _____, am the parent or legal guardian of the participant _____ and acknowledge that I have read this AWRL and understand its content. I HEREBY AGREE TO **WAIVE, RELEASE, AND DISCHARGE FROM LIABILITY** and promise to **INDEMNIFY AND HOLD HARMLESS** the same entities and by law, I am waiving my child's rights.

PARENT/GUARDIAN: _____

SIGNATURE: _____ DATE: _____

Registration Form

This is confidential information used only to assist the staff in meeting the participant's needs. This form must be filled out, signed, and returned with the fee to the above address before the program begins.

Participant's Name: _____ Email: _____

Home Phone: _____ Night Phone: _____

Address: _____ City: _____ Zip _____

Contact person (to obtain more information about student) Self ___ Other ___

Relationship _____ Phone _____

Contact in case of emergency: _____ Emergency #: _____

Physician Name: _____ Phone: _____

****You will need a physician's note approving participation if you have been discharged less than one year since injury.**

Sex: M ___ F ___ Birthdate: _____ Age: ___ Height: ___ feet ___ inches Weight: _____ Shoe size: _____

***There is a 200 lb. weight limit for all sit skiers.**

LIST SKI EXPERIENCE: _____

What is your disability, please be specific: _____

Is your disability due to:

Injury ___ (Date) _____ Born with Disability ___ Illness ___ (Date) _____

Are you currently receiving therapy? (Y/N) ___ Describe _____

Describe any physical limitations that you are aware of: _____

Medications (dosage, frequency, side effects, reason) _____

Any seizures within the last year? (Y/N) ___ Date of most recent seizure: ___ Grand mal ___ Petite mal ___ Other ___

Allergies: _____

Any additional comments, instructions, learning style, etc., (include special issues that may apply to outdoor sports, i.e. Sensitivity to sun, poor circulation, etc...) which will assist us in providing you a quality experience:

IMPORTANT - Please complete this section

Please check appropriate boxes:

- Two-track Four-track Mono-Ski Visually impaired
 Three-track Bi-Ski Adaptive Snowboard Hearing impaired

Program and Fees —

Includes lift ticket and lesson

- | | | | | | |
|--------------------------|-------|-----|--------------------|------------------|-------|
| <input type="checkbox"/> | 11540 | Sat | 1/16,1/23,1/30,2/6 | 11:00AM - 1:00PM | \$121 |
| <input type="checkbox"/> | 11541 | Sat | 1/16,1/23,1/30,2/6 | 1:30PM - 3:30PM | \$121 |
| <input type="checkbox"/> | 11542 | Sat | 1/16,1/23,1/30,2/6 | 11:00AM - 3:30PM | \$204 |
| <input type="checkbox"/> | 11543 | Sat | 2/13,2/20,2/27,3/6 | 11:00AM - 1:00PM | \$121 |
| <input type="checkbox"/> | 11544 | Sat | 2/13,2/20,2/27,3/6 | 1:30 PM - 3:30PM | \$121 |
| <input type="checkbox"/> | 11545 | Sat | 2/13,2/20,2/27,3/6 | 11:00AM - 3:30PM | \$204 |

Rental Equipment —

Per Four-Week Session

- | | | |
|--------------------------|---|------|
| <input type="checkbox"/> | I have my own equipment, none needed | \$0 |
| <input type="checkbox"/> | Bi, or mono-ski, and outriggers, adaptive snowboard | \$40 |
| <input type="checkbox"/> | Outriggers only | \$24 |
| <input type="checkbox"/> | Skis, boots, & poles or snowboard from mountain | \$48 |

TOTAL FEES: \$ _____

Method of payment:

- Check Cash Money Order Charge Card

Card Number: _____

Exp. Date: _____

Name on Card: _____

Total Program Fee: \$ _____

Donation (if any): \$ _____

TOTAL AMOUNT ENCLOSED: \$ _____

Requested Scholarship Amount: \$ _____

One day individual lessons are available, please call for fee.

***There is a 200 lb. weight limit for all sit skiers.**

