



Eagle Mount 2019 Nordic Ski Program – Participant Registration

Return to: Eagle Mount Billings-1140 16th Street West, Suite 12, Billings, MT 59102
 406-969-2949 office 406-969-2952 fax programs@eaglemount.us

Participant Name: _____ Date of Birth: _____ Age _____

Address: _____

Street City State Zip

Phone: _____ (Preferred) _____ (Alternate)

E-mail: _____

Is the participant addressing a group home? YES NO Group Home Name: _____

Is the participant their own guardian? YES or NO **If "NO" please complete the guardian/parent section below.*

Guardian/Parent Section	
Guardian/Parent Name: _____	
Address: _____	
Primary Phone: _____	Alt. Phone: _____
Parent / Guardian Signature: _____	Date: _____

EMERGENCY Contact	
Emergency Contact Name (if different person than listed in the guardian/parent section): _____	
Relationship to Participant: _____	
Primary Phone: _____	Alt. Phone: _____

***Please Note: Eagle Mount Staff are not trained medical staff. In the case of an emergency, if a guardian or the identified additional emergency contact is not available, all staff are directed to call for professional medical assistance.**

PAYMENT

Will you be seeking financial assistance from Eagle Mount? Y / N
 (*If "Y" please contact the office before skiing to obtain paperwork 969-2949)

Will you be working with another agency for billing purposes? Y / N

STEP COR Other: _____
 RSS Spectrum Medical
 RSD AWARE

What is the name and contact number of your case manager/staff that you are working with to obtain additional funding?

Name: _____ Phone number: _____

MEDICAL / HEALTH

Primary Disability/Diagnosis: _____

Secondary Disability (ies)/Diagnosis: _____

Please check (☑) the description that best describes the participant: *(Completion of the section below provides information for our instructors to prepare a more individualized lesson and potential adapted equipment.)*

Mobility

- Walks without any difficulties /assistance
- Walks with minimal assistance especially over uneven surfaces
- Walks with a mobility device such as a walker/crutch
- Uses a Power WC / Manual WC / Stroller (circle)

Communication Style

- Can verbally communicate ALL needs/wants, likes/dislikes, yes/no, etc.
- Can verbally communicate SOME needs/wants, likes/dislikes, yes/no, etc.
- Uses an assistive technology device/PEC to communicate. Please identify: _____
- Can communicate some needs/wants, likes/dislikes, yes/no, etc. by using the following non-verbal cues.
Please describe: _____
- ASL

Toileting:

- Toilets independently without supervision available in/near bathroom
- Toilets independently with supervision available in/near bathroom
- Toilets independently but needs assistance with wiping
- Toilets independently but needs verbal cues to maintain focus to toileting
- Briefs/Diapers – *Contact Eagle Mount Billings for specific toileting needs*
- *Catheter and bag

**If the participant is on a cathing schedule and is unable to cath independently, an Assistant/PCA/Nurse will need to accompany the participant. If a catheter bag just needs to be emptied, Eagle Mount Staff can assist.*

Medical

- Seizures within last year
- Fainting / loss of conscience with limited to no notice
- Allergies – (food/animal/environmental/medication): _____

Does the participant have any surgery/complication that would be a barrier to participate? Y / N

If Yes, Please explain: _____

Temperature: Does the participant have temperature disregulation that would directly impact participation or that we need to be sensitive to and/or needs additional directive? Y / N

If Yes, Please explain: _____

Sun Sensitivities: Does the participant have sensitivity to the sun that would directly impact participation or that we need to be sensitive to and/or needs additional directive? Y / N

If Yes, Please explain: _____

Please identify any additional health concerns that would directly impact participation: _____

Medication / First Aid - Our staff and volunteers are only allowed to provide basic first aid. (Cleaning minor abrasions/cuts, Band-Aids, ice packs, heat packs, ointments, minor stings/bites) We cannot administer medication, tube feedings or cath.

PARENT / CAREGIVER QUESTIONNAIRE (Not applicable to adults who are their own guardian)

To help our ski staff and volunteers provide the best experience we ask you to provide information to help us get to know each student and pair them up with an appropriate staff/volunteer. We will try our best to maintain consistency in our pairings.

Name: _____ Age: _____ M / F

Primary Disability: _____ Walk Crutch WC/Stroller

Year/s in the Eagle Mount Nordic Ski Program: _____

Identify any other adaptive ski programs that the student has participated in: _____

Top 3 favorite recreation activities to do outside of skiing:

1. _____
2. _____
3. _____

Favorite music, games, songs: _____

If this student is upset what are some tips / tricks / phrases that help calm down and redirect?

Are there any specific triggers that may cause a negative reaction?

Eagle Mount Billings regards safety as our first concern. Participants in any of the programs may be removed or excluded from a program for behavior that is deemed by the organization to be a danger to self or others. Parents/caregivers will be contacted by the ski director if immediate action needs to take place that day. The executive director will contact parents / caregivers if there is a persistent concern that is deemed to be a danger to self or others.



Individual Single Lesson Days: Saturdays

(\$75.00 ½ Day (2 hours))

Individual Session Days: Saturdays

2/2, 2/16, 2/23, 3/9, 3/16

(A session consists of 5 lessons, one lesson per week on designated day)

****There will not be lessons on February 9 or March 2nd****

**All lessons include equipment rental and/or adaptive equipment and an instructor for 2 hours*

TYPE	SESSION/DAY	TIME/s
<input checked="" type="checkbox"/> Check One	<input checked="" type="checkbox"/> Check the session attending	<input checked="" type="checkbox"/> Check One
<input type="checkbox"/> Skier	<input type="checkbox"/> Session 1: Saturdays-2/2, 2/16, 2/23, 3/9, 3/16	10:00am – 12:00pm

Refunds are not available for missed lessons.

TRANSPORTATION DURING SKI SEASON

Eagle Mount offers a paid option for transportation to and from Red Lodge Nordic Center for participants choosing a session. The capacity of wheelchair availability is two. If a participant needs additional care that Eagle Mount cannot provide, a PCA/Nurse must be present and available to the student at all time. **Cost is \$100.00 for a session.**

√**Check the Session requesting transportation for:**

Session 1: Saturdays- 2/2, 2/16, 2/23, 3/9, 3/16

**Please note that transportation fees are NOT covered by Eagle Mount financial assistance.*

Please select a pick up / drop off location

_____ **EAGLE MOUNT**

Pick up time 8:00 AM

Drop off time 3:30 PM

Eagle Mount Office 1140 16th Street West #12

Weekend Transportation Schedule:

8:00 Leave Eagle Mount Office, 1140 16th Street West, #12

9:30 Arrive Red Lodge Nordic Center

10:00-12:00 Morning Lessons

12:00-1:30 Lunch, Bathroom and pack up

Participants should pack lunch or money to eat at the lodge.

3:30 Arrive Back at Eagle Mount Office, 1140 16th Street West #12

Times may slightly vary depending upon weather/road conditions.

To ensure the safety of participants, Eagle Mount will not leave a minor and/or a participant who is not their own guardian at a location without a designated person present. Therefore, if no one is present at time and location of drop-off, they will be brought back to the Eagle Mount office at the end of the run for a parent/guardian to pick up.

Primary person at pick up: _____ Contact Number: _____

Primary person at drop off: _____ Contact Number: _____

Emergency/Secondary contact: _____ Contact Number: _____

Disabled Sports USA Waiver & Release of Liability Agreement

Disabled Sports USA, and its affiliated Chapters (“Released Parties”) are non-commercial, not for profit activity providers. The purpose of this Disabled Sports USA Waiver & Release of Liability Agreement is to exempt, waive, and relieve Released Parties from any and all liability for any harm, wrongful death, personal injury, property damage, claim or cause of action, including, but not limited to liability arising from the negligence of Released Parties. “Released Parties” include Disabled Sports USA, Eagle Mount Billings, and their affiliates, successors, predecessors, parents, subsidiaries, owners, representatives, administrators, directors, officers, agents, coaches, employees, contractors, assigns, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

In consideration of the undersigned Participant being allowed to participate in any way in Disabled Sports USA and/or Eagle Mount Billings related events and activities, the Undersigned (“Undersigned” means the Participant or the Participant’s parent, legal guardian, or legal representative when the Participant is under the age of 18 or legally incapacitated) agrees and acknowledges as follows:

1. **Risks of Activity.** Participant will be taking part in activities that can be hazardous and involve the risk of physical injury and/or death. The activities are inherently dangerous and Undersigned fully realizes the dangers of participating in the activities. The dangers and risks of the activities include, but are not limited to the condition of the premises and equipment, and the acts, omissions, representations, carelessness, and negligence of the Released Parties. Recognizing the risks and dangers, the Undersigned voluntarily chooses for Participant to participate in the activities and expressly assumes all risks and dangers of the participation in the activity, whether or not described above, known or unknown, inherent, or otherwise.

2. **Release and Indemnification.** Undersigned (a) unconditionally releases, forever discharges, and agrees not to sue the Released Parties for any claims or causes of action for any liability or loss of any nature, including personal injury, death, and property damage, arising out of or relating to Participant’s participation in any Disabled Sports USA/ Eagle Mount Billings events or activities or the Participant’s presence on or travel to the premises where such events or activities take place, including, but not limited to claims of negligence, breach of warranty, and/or breach of contract the Undersigned may or will have against the Released Parties; and (b) agrees to indemnify, defend, and hold harmless the Released Parties from and against any liability or damage of any kind and from any suits, claims, or demands, including legal fees and expenses whether or not in litigation, arising out of, or related to, Participant’s participation in such events or activities or the Participant’s presence on or travel to the premises where such events or activities take place. **WARNING:** It is the law of the State of Montana that a person is not liable for damages sustained by another solely as a result of risks inherent in equine activities if those risks are or should be reasonably obvious, expected or necessary to persons engaged in equine activities. **(27-1-725 to 27-1-727, MCA)**

3. **Helmet Use.** Undersigned agrees that Participant shall use a helmet when participating in the following activities: Alpine skiing, cycling, equestrian, ice hockey, outdoor rock climbing, snowboarding,

white water kayaking, white water river rafting, and any other activity when directed by Released Parties. Undersigned understands that a helmet is in no way a guarantee of safety and that no helmet can protect the wearer against all foreseeable impacts to the head, and that the activities can expose the Participant to forces that exceed the limits of protection provided by a helmet. Undersigned agrees to assume full responsibility for complying with this paragraph and that Released Parties shall not be liable for any injury or damages resulting from Participant’s failure to use a helmet.

4. **Medical Treatment.** Undersigned understands that the Released Parties do not have medical personnel available at the location of the activities. Undersigned hereby grants the Released Parties permission to administer first aid or to authorize emergency medical treatment, if necessary. Undersigned understands and agrees that any such action by the Released Parties shall be subject to the terms of this agreement and release, including any liability arising from the negligence of the Released Parties when administering first aid or authorizing others to do so. Undersigned understands and agrees that the Released Parties do not assume responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

5. **Miscellaneous.** Undersigned agrees (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations, and ordinances; (b) this Agreement shall be governed by the laws of the State of Montana and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Yellowstone County, MT; (c) this Agreement shall be binding upon the subrogors, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned; (d) this Agreement shall be construed as broadly as permitted by applicable law; and (e) that in the event that any clause or provision of this Agreement shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST. BY SIGNING BELOW, I HEREBY REPRESENT THAT I AM AT LEAST 18 YEARS OF AGE AND FULLY COMPETENT TO SIGN THIS AGREEMENT ON MY OWN BEHALF.

Participant’s Signature	Participant’s Name (please print clearly)	Date

FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED

Undersigned parent, or legal guardian, or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this Agreement. Additionally, by signing this Agreement as the parent, or legal guardian, or legal representative of a minor or legally incapacitated adult, the parent, legal guardian, or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. The Undersigned parent, or legal guardian, or legal representative agrees that, but for the foregoing, the minor or legally incapacitated adult would not be permitted to participate in the activities. By signing below, I hereby represent that I am the parent, legal guardian, or legal representative of a minor, or legally incapacitated adult Participant and that I have the authority to sign on the Participant’s behalf.

Minor’s DOB	Parent/Legal Guardian or Representative Signature	Parent/Legal Guardian or Representative Name	Relationship	Date

Disabled Sports USA – Revised 11/2018

Disabled Sports USA Media Release Agreement

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MEDIA RELEASE FORM

MEDIA/PHOTO WAIVER: Undersigned authorizes and gives full consent to Released Parties to copyright and/or publish for public view any and all photographs, digital recordings, videotapes, and/or film in which Participant appears. Undersigned agrees that Released Parties 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.

Participant's Signature	Participant's Name (please print clearly)	Date

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Minor's DOB	Parent/Legal Guardian or Representative Signature	Parent/Legal Guardian or Representative Name	Relationship	Date