



**THREE TRACKERS OF OHIO  
2009 MEMBERSHIP APPLICATION**



*Single Student Membership — \$15.00  
Volunteer Membership — FREE*

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I am unable to participate and would like to make a tax deductible donation of:  \$25  \$50  \$100  Other \$ \_\_\_\_\_

May we publish your address and phone number in our membership directory:  Yes  No

**Please complete the sections below in their entirety:** Students – Sections I, III, IV  
Volunteers — Section II, III, IV

**Section I (Students)**

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Mode of Ambulation:  Walk  Wheelchair

Disability: \_\_\_\_\_ Date of Onset: \_\_\_\_/\_\_\_\_/\_\_\_\_

Restrictions: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

Other Significant Information and/or Equipment: \_\_\_\_\_

**Current Medications**

<u>Medication</u>	<u>Dosage</u>	<u>Schedule</u>	<u>Reason for Medication</u>

**Medical History**

If you have any of the following, please check the condition and explain below.

- |   |  |
|---|--|
| <input type="checkbox"/> Any problem with vision or hearing                                 | <input type="checkbox"/> Problems with teeth, use of dentures, bridges or braces     |
| <input type="checkbox"/> Dizzy spells, fainting, convulsions, persistent headaches          | <input type="checkbox"/> History of epilepsy or other seizure disorder               |
| <input type="checkbox"/> Infection of throat, tonsils, sinuses or ears                      | <input type="checkbox"/> Chronic cough, bronchitis                                   |
| <input type="checkbox"/> Asthma or respiratory problems                                     | <input type="checkbox"/> Palpation of the heart, irregular heart beat, heart murmurs |
| <input type="checkbox"/> Jaundice or Hepatitis  | <input type="checkbox"/> Abdominal cramping or pain                                  |
| <input type="checkbox"/> Frequent urination or diarrhea                                     | <input type="checkbox"/> Kidney infection or stones                                  |
| <input type="checkbox"/> Broken bones, joint dislocations, serious sprains                  | <input type="checkbox"/> Any severe injury to head, chest or internal organs         |
| <input type="checkbox"/> Chronic skin problems (rash-infection-etc..)                       | <input type="checkbox"/> Reaction to extremes of temperature                         |
| <input type="checkbox"/> Any significant issue with internal organs (heart, thyroid, etc..) |  |

Please explain any item(s) circled above: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section II (Volunteers)**

I will attend the December 13<sup>th</sup> volunteer pre-season training, with or without snow, at 10:00 a.m.:  Yes  No

PSIA Certification:  Yes  No Level \_\_\_\_\_ Discipline: \_\_\_\_\_

Duty you are interested in:  Ski Instructor  Ski Buddy  Boot Loader / Helper

If skiing, what disciplines have you worked with: \_\_\_\_\_

If we have a Thursday night program at KSU, would you be interested in volunteering?  Yes  No

**Section III (Students & Volunteers)**

Number of years with adaptive skiing: \_\_\_\_\_ Skiing Level (Check one):  Beginner  Intermediate  Advanced

Which skiing discipline(s) are you interested in? Please check all that apply.

- Mono-Ski       Bi-Ski       Two-Track       Three-Track       Four-Track
- Snowboarding       Visually Impaired       Not Sure

**Section IV (Students & Volunteers)**

Please circle the dates you would like to sign up for (Students – All dates picked may not be available.):

**Sunday Morning**  
**(9:30 a.m. – 12:00 p.m.)**

December 28  
January 4 11 18 25  
February 1 8 15 22

**Sunday Afternoon**  
**12:30 p.m. — 3:00 p.m.**

January 4 11 18 25  
February 1 8 15 22

**Tuesday Evening**  
**(7:00 p.m. – 9:30 p.m.)**

December 30  
January 6 13 20 27  
February 3 10 24

**Optional Days, Weather Permitting**

March 1 8      March 1 8

**STUDENTS**

**PLEASE NOTE:**

You will be notified by mail on the final ski dates that are reserved for you. Dates are on a first come first serve basis. **Remember**, you will need to bring **\$10 (cash or check)** to each session **along with your lift ticket money.**

**Emergency Contact:**

Contact Person / Relation: \_\_\_\_\_

Contact Address (City/State/ZIP): \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

**Return Completed Forms By December 13, 2008 To:**

**Three Trackers of Ohio**  
**c/o Mark A. Dietz**  
**6909 Engle Road, #19**  
**Middleburg Heights, OH 44130**

# **THREE TRACKERS OF OHIO / DISABLED SPORTS/USA INSURANCE WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in **Three Trackers of Ohio** programs, 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 **Three Trackers of Ohio** of 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 and 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 risk and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge, and covenant not to sue **Three Trackers of Ohio, Disabled Sports/USA**, it's affiliated clubs, their representative administrators, directors, agents, sponsors, advertisers, their heirs, and if applicable, owners or lessors of premises used to conduct the vent, all of which are hereinafter referred to as "releasees" from demands, losses or damages on account of the injury, including death or damage to property caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise.

### **CONSENT FOR PUBLICITY AND PHOTOS**

I hereby authorize and give full consent to **Three Trackers of Ohio and Disabled Sports USA (DS/USA)** to copyright or publish all photographs, videotapes, and films in which I, the undersigned, appear while enrolled in any of their programs. I further agree that **Three Trackers of Ohio and DS/USA** may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, publications, public displays, publications commercials, art and advertising purposes, and television programs without limitations or reservations. I also permit **Three Trackers of Ohio and DS/USA** to release my name and phone numbers to the media.

**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.**

\_\_\_\_\_

Participant's Printed Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

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### **FOR PARTICIPANTS OF MINORITY AGE**

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.**

\_\_\_\_\_

Parent/Guardian Name

\_\_\_\_\_

Emergency Phone #

\_\_\_\_\_

Signature & Date