



WINTER CAMPS REGISTRATION 2011-12

Circle one: **NEW** / RETURNING Date: _____ Staff Initials: _____

PARTICIPANT CONTACT INFORMATION

Participant's Name: _____ Parent/Guardian: _____
Mailing Address: _____ Home Phone: _____
Work Phone: _____
Cell Phone: _____
Emergency Contact: _____ Email: _____
(Name & number)

LOCAL ACCOMMODATIONS

Hotel/Condo Name: _____ Local Phone: _____
Travel Dates: _____

PHYSICAL INFORMATION

Disability: Para. Quad. Amp. Deaf VI Other: _____
Means of Mobility: Wheelchair: Power / Manual Ambulatory Other: _____
Details of disability: _____
Seizure in last 2 years? Y / N Details: _____
Date of Birth: _____ Age: _____ Weight: _____
Height: _____ Waist: _____ Hip: _____

CAMP INFORMATION

PROGRAM: Mono-Ski / Learn-to-Sit-Ski / VI Ski and Snowboard Festival
SKIER TYPE: Mono-Ski / Bi-Ski / 3-Track / 4-Track / Stand-Up / Snowboard / Unsure
SKIER LEVEL: Never-Ever / Beginner / Intermediate / Advanced / Racing Interest
EQUIP. NEEDED: Outriggers / Mono-Ski / Bi-Ski / Slider / VI or Deaf Bib / Stand Up Rental

MISC. INFORMATION

How did you hear about Challenge Aspen? _____
Additional Info: _____

PAYMENT INFORMATION (Call Sally Anne at Challenge Aspen for final costs)

Circle One: CASH CHECK CREDIT CARD
Check Number: _____
Credit Card Type: _____ VISA MASTERCARD AMERICAN EXPRESS
Card Number: _____
CSV Number: _____
Exp. Date: _____

Total: \$