



Adaptive Cross-Country Clinic At the Weston Ski Track

Come learn to ski or practice your skills and learn new tricks! No experience is necessary. Instruction, equipment and trail passes are provided free of charge.

Who: Veterans, service people and others with physical disabilities. We will accommodate sit-skiers, stand-up skiers and visually impaired.

First timers and experienced skiers welcome!

What: Cross-Country ski clinic

When: Mondays January 23-March 5, 2012 ~ 6:30pm-8pm

Where: Weston Ski Track at the Leo Martin Memorial Golf Course in Weston (198 Park Rd, Weston, MA)

Cost: Equipment, instruction and trail passes are provided **free of charge**

What to wear: Non-cotton layers. Dress like you are going for a walk or jog. You will be too hot in downhill ski gear!

Contact Eileen (info below) to sign up. Space is limited to sign up today!

Clinic hosted by the New England Nordic Ski Association in partnership with VA Boston and the Weston Ski Track. FMI about the Weston Ski Track, visit www.skiboston.com.

RSVP by Sunday each week to Eileen Carey

eileen@nensa.net

| (207)514-3230



NENSA Adaptive Program 2012

Weston Ski Track, Weston MA

SKIER INFORMATION (Please Print) Date: _____

PERSONAL INFORMATION:

Name: _____

Phone: (home) _____ (work/cell) _____

Email Address: _____

Date of Birth: ____/____/____ Age: ____ Height: _____ Weight: _____

Shoe size: _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Address:(if different from above) _____

Phone: home- _____ work- _____

Current Physician: _____ Phone: _____

SKI EXPERIENCE: (Please circle when appropriate)

Have you ever skied before? Yes or No

If yes, for how many years? _____

Have you skied since becoming injured/disabled? Yes or No

What level skier would you consider yourself presently?

Beginner Intermediate Advanced

Do you have your own ski equipment that can be used presently for your condition?

Yes or No

If yes, please list:

MEDICAL INFORMATION:

(Please circle any of the conditions that apply to you. Please use the comment space provided to describe the injury/disability in more detail or list others not provided.)

- Seizures (see below) Headaches Dizziness Memory loss
- Difficulty concentrating Communication deficits Hearing impaired
- Visually impaired Sensation Spasms
- Upper/lower extremity weakness (left/right) PTSD

Other/Comments: _____

Are you currently on any medications? Yes or No

(If yes, please list)

Describe side effects of current medications:

Is there any medication schedule that we should be aware of:

If you have seizures, please note date of last seizure _____

Describe the type of seizure _____

Please list any allergies: _____

PLEASE GIVE ANY ADDITIONAL INFORMATION THAT MAY HELP US TO PREPARE FOR A SUCCESSFUL SKIING EXPERIENCE:

