



Canadian Association of Disabled Skiing – Alberta (CADS – Alberta)

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This form must be completed by all participants of the Canadian Association of Disabled Skiing - Alberta programs. Please fill in the blank lines and check off the appropriate boxes. Return this form along with the appropriate fees to address above.

Surname:		First Name:	
Address:			
City:		Postal Code:	
Phone: (HOME)		(WORK)	
E-mail:		Fax:	
Membership Details:			
Date of Birth (m/d/y): / /		<input type="checkbox"/> Male <input type="checkbox"/> Female:	
		Disabled: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Disability: (SEE CODES)		Involvement: (SEE CODES)	
		Program: (SEE CODES)	
Membership Fees: (Single \$50.00) <input type="checkbox"/> New Member <input type="checkbox"/> Renewal <input type="checkbox"/> Renewal with information change			
Signature:		Date:	

CODES	DISABILITY	INVOLVEMENT	PROGRAM
	01 Amputee - AMP AK	08 Cerebral Palsy	15 Leukemia
02 Amputee - AMP BK	09 Head Injury	16 Learning Disabled	02 Instructor
03 Amputee Arm	10 Schizophrenia	17 Multiple Sclerosis	03 Racer
04 VIP	11 Heart Problems	18 Multi	04 General Member
05 Deaf	12 Side Weakness	19 Friedre Ataxia	05 Provincial Board
06 Para	13 Spina Bifida	20 Epileptic	06 Calgary Committee
07 MH	14 Quad	21 Other	07 Edmonton Committee
			08 Coach
			09 Supervisor
			A Alpine
			SS Sit Ski
			4T 4-track
			3T 3-track
			S Snowboarding

CADS – Alberta Photo Release Form

PARTICIPANT'S NAME: (Please print) _____ the undersigned, being the participants identified above, and if said participant is under the age of 19 years, the parent or legal guardian, does in consideration of the permission extended to said participants to participate in the CADS – Alberta Learn to Ski Program give full permission to use any photographs or movies of said participant taken during the program season of the Canadian Association for Disabled Skiing – Alberta.

SIGNATURE OF PARTICIPANT OR LEGAL GUARDIAN: **X** _____

DATE: _____

