

2019-20 STUDENT REGISTRATION FORM

Please complete the following information and present this form on Student Registration Day. This information may be shared with CADS National and/or CADS Alberta in accordance with the CADS Alberta privacy policy (www.cadsalberta.ca/privacy).

Student Name: _____

New student Returning CADS student Skier Snowboarder

Parent/Guardian Name (if applicable): _____

Address (for mail-outs): _____

City: _____ Postal code: _____

Phone: (hm) _____ (wk) _____ (cell) _____

Would you like to receive email updates about our program and/or Sunday Night News? We will never sell or rent your personal information or emails with outside parties. Yes No

Email: _____

*You must list someone **who will be available and can be contacted** on lesson nights in the event of an emergency:*

Emergency contact name: _____ Relationship to student: _____

Is emergency contact at COP during lessons? Yes No Emergency contact phone numbers: _____

Has the student: Signed liability release? Yes No Agreed to photography release? Yes No

CADS Disability Group (if known): Blind Deaf 3 & 4 Track Mono Ski
Quad Ski Snowboard Learning Disabled (LD) Developmental Delayed (DD)
Mountain Top (Advanced) Mountain Ski Club

Does the student have any previous skiing/snowboarding experience?

No Yes If "yes", previous program or CADS group: _____ # of years: _____

The following information is required to help ensure accurate matching between students and instructors.

Gender: Male Female **DOB (y/m/d):** _____ / _____ / _____

Student's height _____ ft. _____ in. **Student's weight** _____ lbs.

Disability information (Please check all that apply)

Deaf: → Degree of Hearing loss: _____ → Mode of Communication: _____

Blind: → Degree of Sight loss: _____ Paraplegic: → Level of Lesion: _____

Quadriplegic: Amputee: → Arm: Leg: Below Knee Leg: Above Knee

Developmentally Delayed: Learning Disabled: Cerebral Palsy:

Spina Bifida: Brain Injury: Steel Rod: Shunt:

Braces: Non-Verbal: Other Disability: _____

Other special equipment student uses or requires: _____

Please list medications, medical conditions and/or behavioural characteristics that could affect the student's participation: _____

Special notes/comments/requests: _____

Volunteer Opportunities

Volunteers are needed throughout the year in a number of areas to ensure CADS Calgary is successful in offering and running its programs...we need you! Please consider volunteering in one or more of the following areas. *Please mark all areas of interest:*

Calgary SnowFest helper: Casino: Registration: Marketing:
 Volunteer Recruitment: Special Events/AGM: Board Member: Fundraising:
 Golf Tournament: Other: → Please specify: _____

Name of volunteer: _____ Student/Parent/Caregiver (please circle)

2019-20 Fees

Please check all that apply. Membership fee is mandatory and non-refundable. Please make cheques payable to CADS Calgary.

Membership - \$50 Lessons Fee - \$350 Rental Fee - \$104 (6-16 yrs) \$128 (17+)
 Helmet Fee - \$48 Mountain Ski Club - \$450

FOR SUPERVISOR USE ONLY

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|------------------|---|
| Notes | |
| Student approved | Yes <input type="checkbox"/> |
| | No <input type="checkbox"/> → Waiting list position: _____ Group: _____ |

FOR OFFICE USE ONLY

| | | | | |
|--------------------|---|-------------------------------|-------------------------------------|--------------------------------|
| Method of payment: | TOTAL Amount: \$ | CPA Voucher #: | Amount: \$ | |
| Cheque # | Amount | Cheque written by: | | |
| CASH Amount \$ | | Visa <input type="checkbox"/> | MasterCard <input type="checkbox"/> | Debit <input type="checkbox"/> |
| Received by | Membership card issued : Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |