

Shared Ski Adventures Instructor Registration Form

www.sharedskiadventures.org

2024 Ski Season January 13th – March 2nd



Off-Hill Training: **TBD**On-Hill Training: **Saturday January 6**th

Please complete all sections of this Registration Form then print or email; instructions on last page.

Instructor Information									
Name:				☐ Male ☐ Prefer	☐ Female not to specify	DOB:			
G	Street:								
Current Address:	City:			State:		Zip:			
Home Phone:				Cell:					
Email (required):									
In case of emergency, the following person(s) are to be called:									
Contact 1:				Phone:					
Relationship:	□ Spous	□ Spouse/Partner □ Other:							
Contact 2:				Phone:					
Relationship:	onship: Spouse/Partner Other:								
- , -									
Primary Health Care Provider									
Policy Holder:	Policy Number:								
Primary Physician:	v:								
Address:	Street:								
Address.	City:		State:		Zip:				
Phone:	Phone:		Fax:						
Hospital Affiliation:									
Medical Information	n								
Health History									
Please check any of the following conditions that you presently have or have had in the past:									
	Diabetes		Arthritis Swelli Bursitis Swelli		ls	Head injury			
	Cancer			Swelling of feet		Dizziness			
	Chest Pain			Swelling of ankl	es	Fainting spells			
Heart Disease		Hernia		Pneumonia Vida av Problem	_	Headaches			
Heart Attack		Asthma		Kidney Problems		UTIs			
High Blood Pressure		_		Latex allergy/ser	-	Knee problems			
Low Blood Pressure		Tuberculosis		Stroke, Embolism		Back problems			
Do you have any of the following directives?									
Do Not Resuscitate		Living will		Health Care Proxy					

CANCELLATION POLICY

Shared Ski Adventures reserves the right to cancel a ski lesson in the event of conditions that would impact the safety of our participants (for example: not enough snow, high wind advisories, more ice than snow, etc.).

We do not offer refunds for either cancelled or missed days. Skiing is a weather-dependent sport!

HELMET POLICY

All SSA students and instructors <u>must</u> wear a helmet for the duration of the program. It must be strapped on and fit correctly. <u>SSA does not provide helmets</u>; Helmets must be provided by the individual or rented from SWAIN for a fee

DONATION REQUEST

In order to participate as an on-slope instructor or volunteer and to be able to use the chairlifts and ski at Swain, you must have a valid lift ticket for that day. You have several options to obtain a lift ticket. You can purchase a season pass, a "pack" of lift tickets or daily tickets directly from Swain. However, as in the past you can make a donation to SSA and SSA will provide you with a full day lift ticket. The cost of the donation to SSA is: \$280 for lift tickets for the full season of 8 weeks of lessons or \$160 for lift tickets for the first half or second half season for 4 weeks of lessons. Volunteers who make a \$280 donation to SSA for the 8 weeks of lessons can upgrade to a full Season Pass for an additional donation of \$60 (\$340 total donation). Unfortunately, SSA does not have the funds to provide lift tickets to instructors or volunteers who do not make a donation to the program.

Plea	Please confirm that you will attend the following scheduled training sessions:								
	Indoor Training Session TBD				Hill Training Session @ Swain Resort				
				Saturday, January 6th 9:00am – 4:00pm (lift ticket AND individually packaged lunch incli					
A	ATTENDING VOLUNTEER TRAININGS IS VITAL TO BE A SHARED SKI ADVENTURES INSTRUCTOR, PLEASE BE PREPARED TO ATTEND BOTH OFF-HILL AND ON-HILL TRAININGS								
Please select what you are able to commit to for the 2024 season:									
	8 lessons	Season Pas		rade		*4 lessons			

Please select what you are able to commit to for the 2024 season:							
8 lessons \$310 donation	Season Pass upgrade \$370 donation	*4 lessons \$190 donation					
Providing Own Lift Tickets	Off – Hill Volunteer	Student Instructor					
9:30am – 12:30pm Lesson Time							
*If you selected the <u>4 lessons</u> option, please select one of the options below:							
At this time, I plan to attend on the <i>first</i> four weeks (January 13 th – February 3 rd)							
At this time, I plan to attend on the <i>second</i> four weeks (February 10 th – March 2 nd)							

Signature:

Date:





Please return **completed** form by email or mail:

If returning form via e-mail: If returning form via mail:

Email to: egreenfield@cprochester.org Mail to: CP Rochester

3399 Winton Rd. S. Rochester, NY 14623 Attn: Erin Greenfield

Donation payment: You will receive a donation request via PayPal to donate online.

Donation payment: Please include donation check or cash with form.

OFFICE USE ONLY									
New instructor / Returning instructor	Amt:	Check/inv #:		Date Rec'd:					