

Shared Ski Adventures

Instructor Registration Form www.sharedskiadventures.org



2025 Ski Season January 11th – March 1st

Off-Hill Training: **TBD** On-Hill Training: **Saturday January 4**th

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

Instructor Information								
Name:				DOB:				
	<u> </u>	$\Box Prefer not to specify$						
Current Address:	Street:		•					
	City:		State:		Zip:			
Home Phone:			Cell:					
Email (required):								
In case of emergency, the following person(s) are to be called:								
Contact 1:			Phone:					
Relationship:	Spouse/Partner	\Box Other:						
Contact 2:			Phone:					
Relationship:	□ Spouse/Partner	\Box Other:						

Primary Health Care Provider							
Policy Holder:			Policy I	Number:			
Primary Physician:							
A 11.	Street:						
Address:	City:		State:		Zip:		
Phone:			Fax:				
Hospital Affiliation:							

Medical Information							
Health History							
Please check any of the following conditions that you presently have or have had in the past:							
DiabetesArthritisSwelling of handsHead injury							
Cancer	Bursitis	Swelling of feet	Dizziness				
Chest Pain	Sciatica	Swelling of ankles	Fainting spells				
Heart Disease	Hernia	Pneumonia	Headaches				
Heart Attack	Asthma	Kidney Problems	UTIs				
High Blood Pressure	Extreme Fatigue	Latex allergy/sensitivity	Knee problems				
Low Blood Pressure	Tuberculosis	Stroke, Embolism	Back problems				
Do you have any of the following directives?							
Do Not Resuscitate	Do Not ResuscitateLiving willHealth 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 <u>not</u> 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.

Please confirm that you will attend the following scheduled training sessions:							
	Indoor Training Session			On-Hill Training Session @ Swain Resort			
	TBD			Saturday, January 4th 9:00am – 4:00pm (<i>lift ticket AND individually packaged lunch included</i>)			
AT	ATTENDING VOLUNTEER TRAININGS IS VITAL TO BE A SHARED SKI ADVENTURES INSTRUCTOR, PLEASE BE PREPARED TO ATTEND BOTH OFF-HILL AND ON-HILL TRAININGS						
Pleas	Please select what you are able to commit to for the 2025 season:						
	8 lessons \$310 donation		Season Pass upgrade \$370 donation			*4 lessons \$190 donation	
	Providing Own Lift Tickets	Off – Hill	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 11 th – February 1 st)							
At this time, I plan to attend on the <i>second</i> four weeks (February 8 th – March 1 nd)							

Signature: Date:





Please return <u>completed</u> form by email or mail:

If returning form via e-mail:

Email to:

If returning form via mail:

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:				