



The Vancouver Island Society for Adaptive Snow Sports (VISAS)  
Presents

**THE 2013 WINTER SNOWSPORTS FESTIVAL  
MOUNT WASHINGTON  
6th – 10th JANUARY 2013**

**Anyone** in the Province of BC that has a physical or mental disability and wants to learn how to ski or board (Alpine or Nordic/Cross Country) is invited to attend our **Learn to Ski Week Winter Snowsports Festival 6 – 10 January 2013**. If you are already an experienced boarder or skier, then join our Festival Ski Improvement program (SKIMP).

We offer at no cost to you:

- Four days of skiing/boarding instruction by our Nationally Certified Volunteer Instructors
- Four day lift pass
- All skiing/boarding equipment (skis, boards, boots, poles, helmets) including specialized adaptive equipment to suit your disability
- Daily Bus transportation to and from Courtenay to Mt Washington
- Two Gala banquets
- Final Day "Fun Race", and
- **A GOOD TIME!**

You are responsible for:

- Membership in the Disabled Skiers Association of BC (DSABC) \$45. [www.disabledskiingbc.com](http://www.disabledskiingbc.com)
- Accommodation in Courtenay if from out of town. (If your application is accepted we will provide you with a list of reasonable priced accommodations)
- Suitable clothing for Snowsport activities.
- If financial hardship would prevent you from attending the festival some assistance is available, please contact Rose for further info.



We can only handle 35 students so, if you want in on this wonderful offer, please apply early. Deadline 13 December 2012

Questions? Call Rose (250) 339-7035 or E-mail: [rosekerr@telus.net](mailto:rosekerr@telus.net)

Fill out the following application form and send to:

Vancouver Island Society for Adaptive Snowsports  
Florence Filberg Centre – Attn: VISAS  
411 Anderton Ave., Courtenay, BC V9N 6C6

or  
Email: [rosekerr@telus.net](mailto:rosekerr@telus.net)

### Winter Snowsports Festival Application Form

JANUARY 6<sup>TH</sup> - 10<sup>TH</sup>, 2013

<u>FOR OFFICE USE ONLY</u>	
Date Applic. Rec'd	_____
Waiver rec'd	_____
M'ship Applic.	_____
M'ship Paid	_____
M'ship Number	_____
Fees paid	_____
Accepted	_____

**DEADLINE FOR RETURN IS 11th DECEMBER 2012**

**PRINT LEGIBLY. FILL IN ALL SPACES OF APPLICATION FORM.  
WE CANNOT ACCEPT AN INCOMPLETE FORM**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

NICKNAME \_\_\_\_\_ E-Mail \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
DAY / MONTH / YEAR

POSTAL CODE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

BACKGROUND: (Please Check). Additional information may be included on back of form if required.

NEVER SKIED BEFORE:	<input type="checkbox"/>		<b>MAXIMUM 200 LBS. (90Kg) FOR SIT-SKI AND BI-SKI</b>
SKIED PRIOR TO DISABILITY:	<input type="checkbox"/>	If 'yes' give details below	

**MEDICAL HISTORY / CLASSIFICATION:**

Please state your disability in as much detail as possible. Please include comments on mobility, balance and communication skills. Additional information may be included on back of form if required.


CARE CARD# \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_

PHONE# \_\_\_\_\_

NAME TO CONTACT IN EMERGENCY \_\_\_\_\_

PHONE # OF CONTACT PERSON \_\_\_\_\_

MEDICATION & POSSIBLE SIDE EFFECTS \_\_\_\_\_

ATTENDANT'S NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

**"PLEASE FILL IN COMPLETELY" (PLEASE TURN PAGE OVER)**



