



www.msqr.org
3802 Regent Street
Madison, WI 53705-5220
Phone: 608/204-3000
Fax: 608/204-0557

Dear Participant(s),

Thank you for your registration in the MSCR Downhill Ski and Snowboard Program. To better serve your individual needs, our instructor would like you to complete the following information and return to **MSCR – Downhill Ski Program (3802 Regent Street, Madison, WI 53705)**.

Sincerely,

Lori Helker
Program Assistant-Downhill Ski Program
608.204.3025

Participant's Name _____ **Home Phone** _____

Skiing Experience (*Check all items that apply*) I am a beginner skier/snowboarder
 I have participated in this program before I am an intermediate skier/snowboarder
 I have never skied/snowboarded before I am an advanced skier/snowboarder

Standard Equipment
 Ski rental Snowboard rental Own equipment

Adaptive Equipment/Lessons/Assistance
 Sit-ski (sled) Mono-ski Bi-ski
 3-4 Track Standard skis Snowboard
 Visual Guide Other (specify): _____

Helmet – All youth required to wear helmet. Adult usage optional – must sign below if electing not to wear a helmet.

Check: Youth size: Small Medium Large
Adult size: Small Medium Large Signature: _____

Disability (*if applicable*): _____

Communication Style: _____ **Wheelchair:** Power Manual None

Medical Concerns/Allergies: _____

Medications and Medication Schedule: _____

Special Needs/Accommodations: _____

Primary Emergency Contact: _____ **Day Phone:** _____ **Evening Phone:** _____

Alternate Emergency Contact: _____ **Day Phone:** _____ **Evening Phone:** _____