

Buffalo Ski Center

Hills Angels Adaptive Snow Sports Program

Lessons scheduled to begin January 11, 2020

PROGRAM DETAILS

1 to 2 hour sessions designed for children and adults with physical disabilities and developmental delays. Staff will work with participants and their companions to tailor sessions to the specific needs of the skier or snow boarder.

Members: \$100 per 7 week session / \$20 per single session

Non-Members: \$200 per 7 week session / \$35 per single session

Questions call (716) 941-5654 or email office@buffaloskiclub.com

AVAILABLE DAYS/TIMES (Please circle)

Saturday 10:30 – 12:30

Saturday 1:30 – 3:30

Sunday 10:30 – 12:30

Sunday 1:30 – 3:30

Check in 10 mins before you session time at the Guest Services sales window.

Parent/Guardian Name: _____ Cell Phone: _____

Confirmation Email: _____

PAYMENT MUST BE RECEIVED TO RESERVE LESSON DAY AND TIME

Amount Due: \$ _____

Name on Card: _____

Credit Card Number: _____ Sec Code: _____ Exp. Date: _____

Billing Address: _____

Signed: _____ Date: _____

Remit to: Buffalo Ski Club, PO Box 608, Orchard Park, NY 14127

BSC Snow Sports School Program Policies

You are registering for a program that runs seven consecutive weeks. Your day and time will remain the same during the 7-week period. Lesson lengths may be adjusted per the participant's ability. There will be no prorating or refunds for any program.

PHYSICAL EVALUATION

Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel. # _____ Age: _____ Sex: _____ Weight: _____

Disability: _____

Medications (dosage, frequency, reason for medication, and side effects if any):

Primary Physician (Name and Phone): _____

ACTIVITIES & SPORTS INVOLVEMENT

Previous Ski Experience: _____

Other Sports: _____

Physical Aids: _____ Walker _____ Wheelchair _____ Crutches _____ Braces

Others (specify): _____

BEHAVIOR & GENERAL ATTITUDES

1. NORMAL – NO PROBLEMS
2. MILD PROBLEMS – INTERFERES OCCASIONALLY
3. MODERATE PROBLEMS – INTERFERES FREQUENTLY
4. SEVERE PROBLEMS – INTERFERES CONSTANTLY

(Enter above number to item listed below)

Frustration Tolerance: _____ Hostility: _____ Confusion: _____ Anxiety: _____

Distractibility: _____ Impulsivity: _____ Following Directions: _____ Temper: _____

Spatial Disorientation: _____ Problem Solving: _____ Slowness of Cognitive: _____

Slowness of Speech: _____ Ability to Self-Correct: _____

SECONDARY PROBLEMS

Circulatory in Limbs: _____

Diabetes: _____

Cardiovascular: _____ Visual Loss: _____

Seizures (Circle one): YES NO If yes, controlled by medication? (Circle one): YES NO

Hearing Loss: _____

Sensory Loss: _____

Other: _____

MOTOR STATUS

Please list any problems with MUSCLE TONE, RANGE OF MOTION OR STRENGTH in the below space.
Also note any spasticity or paralysis and area affected.
