Canadian Association for Disabled Skiing

National Capital Division (Edelweiss Program)



L'Association Canadienne pour les Skieurs Handicapés

Division de la capitale nationale (Programme Edelweiss)

Phone Number	First Name	Last Name		Lá	Language (circle) E / F / both	
Email Address Legible printing please Has your email address changed since last year? Y / N Have you been receiving our emails? Y / N Emergency Contact mandatory for both Participants and Volunteers First Name	Phone Number	Alternate Phone Number		mber	Gender (circle) M / F	
Has your email address changed since last year? Y / N Have you been receiving our emails? Y / N Emergency Contact mandatory for both Participants and Volunteers First Name						
Emergency Contact mandatory for both Participants and Volunteers First Name						
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Phone Number	Emergency Contact mandatory	/ for both Participants	and Voluntee	ers		
Phone NumberAlternate Phone Number	First Name	Last Na	ame	Rela		
Sport	Phone Number	(e.g. spouse, parent, sister etc.) Alternate Phone Number				
Participants Birthdate// Health Card # Height Weight Equipment Used (wheelchair, crutches, cane etc.) Please describe disability Allergies Medications CADS volunteers are not able to administer any medication but list needed in case of emergency Comments or Other Information CADS is completely volunteer-run. If you or someone in your family might consider helping in some small way that suits their interests and time, we would appreciate them speaking with us. Thank you!! Volunteers Certifications & Level & whether each is Active or Expired (i.e. paid up?) (e.g. CSIA, CADS, CASI, Coaching, etc.) Number of Years in CADS? Student? (i.e. you need CADS to provide proof of hours worked?) Y / N Membership & Payment CADS-National Membership Number (Not the payment confirmation #) Waiver Signed? Y / N Edelweiss Program Paid Amount Cheque / Cash (circle) Cheque # Date	Preferred Day (circle one) SA	T / SUN				
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