



# SportsNet Shared Ski Adventures Student Application Form



2023 Ski Season  
January 14<sup>th</sup> – March 4<sup>th</sup>

**Please complete all sections of this Application Form and do not leave any blanks.**

**\*This form includes a Medical Information section (pages 3 & 4) and it must be signed by your physician.\***

- **Return printed form to:** CP Rochester/ 3399 Winton Road South / Rochester, NY 14623 / Attn: SSA
- **or email form (scanned with physician's signature) to:** [jdana@cprochester.org](mailto:jdana@cprochester.org)

**\*Due to COVID-19 policy and procedures there are changes throughout the registration form, please read and fill out carefully\***

Participant Information					
<i>Name:</i>		<input type="checkbox"/> Male	<input type="checkbox"/> Female	<i>DOB:</i>	
		<input type="checkbox"/> Prefer not to specify			
<i>Current Address:</i>	<i>Street:</i>				
	<i>City:</i>		<i>State:</i>		<i>Zip:</i>
<i>Phone:</i>		<i>Email (required):</i>			
<i>Insurance #:</i>		<i>Ins. Provider:</i>			
<i>Other Insurance:</i>					
In case of emergency, the following person(s) are to be called:					
<i>Contact 1:</i>		<i>Cell Phone:</i>			
<i>Relationship:</i>	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other:				
<i>Contact 2:</i>		<i>Cell Phone:</i>			
<i>Relationship:</i>	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other:				

Primary Health Care Provider					
<i>Policy Holder:</i>		<i>Policy #:</i>			
<i>Primary Physician:</i>					
<i>Address:</i>	<i>Street:</i>				
	<i>City:</i>		<i>State:</i>		<i>Zip:</i>
<i>Phone:</i>		<i>Fax:</i>			
<i>Hospital Affiliation:</i>					

Medicaid Care Manager Information (if applicable, please complete)	
<i>MSC Name:</i>	
<i>Agency Affiliation:</i>	
<i>Phone Number:</i>	

Communication			
Primary Language		Secondary Language	
	English		English
	Spanish		Spanish
	American Sign Language		American Sign Language
	Symbolic / Type =		Symbolic / Type =
	Communication device / Type =		Communication device / Type =
	Non-verbal		Non-verbal
	Other:		Other:
Comprehension			
	Understands verbal directions		Understands Sign Language
	Understands 2-3 step verbal directions		Uses PECS to communicate best
	Understands 1-step verbal directions		Other: (please describe below)

Self-awareness / Safety <i>Parents/Guardians: Please check the situations that participant may need assistance with.</i>			
	Wandering away from instructors		Navigating the parking lot
	Being aware of self in relation to others skiers on the hill		Comprehending the ski hill in terms of staying on the trail
	Other (describe):		
Is the participant susceptible to the cold?		<input type="checkbox"/> No <input type="checkbox"/> Yes	
How can participant communicate to an instructor that they feel cold?			
How can participant communicate if something hurts/is painful?			

Recreation Interests - <i>Please take the time to complete this section – it is very helpful for our instructors!</i>	
Please list your recreation interests, hobbies or other helpful things for our instructors to know.	
LIKES (music, books, sports, favorite color, etc)	DISLIKES

Medical Information									
Health history <i>Please check any of the following conditions that you presently have or have had in the past:</i>									
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Swelling of hands	<input type="checkbox"/>	Skin breakdown	<input type="checkbox"/>	Dizziness
<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Incontinence	<input type="checkbox"/>	Swelling of feet	<input type="checkbox"/>	Latex allergy	<input type="checkbox"/>	Fainting spells
<input type="checkbox"/>	Chest Pain	<input type="checkbox"/>	UTIs	<input type="checkbox"/>	Swelling of ankles	<input type="checkbox"/>	Latex sensitivity	<input type="checkbox"/>	Headaches
<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	Stomach problems	<input type="checkbox"/>	Head injury
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Extreme Fatigue	<input type="checkbox"/>	Paralysis	<input type="checkbox"/>	Kidney problems	<input type="checkbox"/>	Swallowing problems
Do you have any of the following directives?									
<input type="checkbox"/>	Do-Not-Resuscitate	<input type="checkbox"/>	Living will	<input type="checkbox"/>	Health Care Proxy				

<b>Physical</b>			
<i>Primary Diagnosis:</i>		<i>Secondary Diagnosis:</i>	
<i>Height:</i>		<i>Weight:</i>	
Do you walk independently? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If no, please indicate what kind of mobility aid is used:</i>			
<input type="checkbox"/>	Crutches	<input type="checkbox"/>	Walker
<input type="checkbox"/>	Power wheelchair	<input type="checkbox"/>	Other:
<input type="checkbox"/>		<input type="checkbox"/>	Manual wheelchair

<b>Vision</b>
Do you wear glasses, corrective lenses or use other visual aids? <input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If yes, please describe the degree of visual disability:</i>

<b>Hearing</b>
Do you use any hearing or communication aids? <input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If yes, please describe degree of hearing disability:</i>

<b>Allergies</b> <i>Please list any known allergies, including medications, food...</i>
<b>If you have allergies</b> , please indicate the type of reaction/symptoms you typically experience:
<b>Do you carry an EpiPen?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes

<b>Medical restrictions to diet</b> (diabetic, gluten free, low calorie...)
<i>*there are usually cookies &amp; treats in the Cocoa Hut so this is particularly important for instructors to be aware of!</i>

<b>Respiratory Restrictions</b>
<i>*is individual unable to wear a mask due to any health related restrictions for the entirety of the ski lesson*</i>
<input type="checkbox"/> No <input type="checkbox"/> Yes

Seizure History	
Have you ever had a seizure?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please answer the following questions:</i>
Please describe as fully as possible, a typical seizure episode, including physical characteristics, and duration. Describe any warning signs that a seizure is about to occur: *SSA can provide chair lift belts for individuals for safety*	

Medications <i>Please list all current medications:</i>	
Medication	Purpose

Does the applicant demonstrate any of the following behaviors? <i>(If yes, please indicate frequency.)</i>					
Behavior	NO	YES	DAILY	WEEKLY	MONTHLY
Physical Aggression					
Wandering/Running Away					
Destroys Property					
Tantrums					
Self Injurious Behavior					
Verbal Outbursts					
Mouthing/Swallowing or eating non-food items					
Interactions with others that are not appropriate					
Other:					

**PERSONAL CARE**

A caregiver must be on-site, within visual range of base of the mountain, and available to provide personal care if needed.

**HELMET POLICY**

All SSA students and instructors **must** wear a helmet for the duration of the program. It must be strapped on and fit correctly. **SSA does not provide helmets;** Helmets must be provided by the individual or rented from SWAIN for a fee

**PERSONAL EQUIPMENT USE DECLARATION (\*IF APPLICABLE, PLEASE SIGN\*)**

I have chosen to utilize the following **personal equipment** while participating in CP Rochester’s Shared Ski Adventures program (circle all that apply): Skis/Snowboard/Sit Ski      Helmet      Outriggers

Other: \_\_\_\_\_

I do hereby agree that I wish to use the above personal equipment while participating in CP Rochester’s Shared Ski Program. I understand that the equipment must only be used for its intended purpose and any other use is strictly forbidden. SportsNet assumes no liability for negligence of the parties or any manufacturer defects. I do hereby agree to ensure that the equipment is in proper working condition while participating in CP Rochester’s Shared Ski Program.

Participant/Guardian signature      date

**\*\*If you will not be using any of your own equipment please move on to next section of application\*\***

Person Completing Form (print name ):			
Person Completing Form (Signature):		Date:	
Relationship to Applicant (If Applicable):			
Physician Signature (required):		Date:	

*\*Signature also indicates you have read and agree to follow all policies and procedures Shared Ski Adventures puts in place for COVID-19 and other safety precautions\**

**PARTICIPATION PREFERENCE FORM**

**The number of students we can enroll in the program is dependent upon instructor and equipment availability. With new policies & procedures for COVID-19 safety there will be a limited number of spots for students. Keeping this in mind, the earlier you send in your registration form, the more likely a lesson spot will be available.**

- Once the application is received we will send confirmation of enrollment along with any questions we may have and how many weeks are available depending on instructor and equipment availability.
  - Then, if payment is not submitted with the registration form a PayPal invoice will be sent via e-mail once registration form is received. You may pay online via PayPal or by sending cash/check to CP Rochester and is asked to be paid within 2 weeks of receiving invoice.
  - Lesson spot will be confirmed only after payment is received
- If you received OPWDD Services and plan on applying for Family Reimbursement please check here**

<b>Please select your preference for the 2023 season and we will do our best to accommodate it. If your preference is not available, we will contact you upon receiving your application</b>			
	<b>4 lessons – 1<sup>st</sup> 4 weeks - \$250.00</b>		<b>4 lesson – 2<sup>nd</sup> 4 weeks - \$250.00</b>
<b>9:30am – 12:30am Lesson Time</b>			

\*\*\*\*8 week lessons may be available, please indicate to Julie Dana if you are interested in an 8 week session and if there is open availability in either session after registration is closed you will be contacted. Please understand this is not guaranteed and spots will be filled based on order registrations are received and equipment availability (first come, first serve)\*\*\*\*

**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 not offer refunds for either cancelled or missed days.** Skiing is a weather-dependent sport! With new policies & procedures and less access to indoor facilities SSA will adapt weather regulations to keep everyone safe.

OFFICE USE ONLY							
	New Student	<b>Payment Information</b>	PayPal		Trans. ID:		Date Rec'd:
	Returning student		Check		Check #:		
			Cash				

## Participation in SportsNet Recreation Services Acknowledgment

SportsNet Participant or Volunteer: \_\_\_\_\_ DOB: \_\_\_\_\_

**Understanding the Potential Risks Associated with COVID-19 illness:** COVID-19 can affect anyone, and the disease can cause symptoms ranging from mild to very severe. While the Center for Disease Control (CDC) frequently updates symptoms of COVID-19, common symptoms include fever, difficulty breathing, and shortness of breath. **Severe illness, for both adults and children, can result in hospitalizations, intensive care unit (ICU) admissions, and in some cases can be fatal.** The CDC has indicated that some characteristics or medical conditions, including being 65 years of age or older or having serious underlying medical conditions (commonly called “risk factors”), increase the risk of a severe reaction to COVID-19. As COVID-19 is widespread throughout NY State, there is risk of exposure/transmission of COVID-19 in group settings, such as Shared Ski Adventures, despite mitigation efforts. **Please consult your healthcare provider for guidance, should you have any concerns with the risk of participating in SportsNet Recreation PRIOR to return to service.**

Based on New York State Department of Health guidance documented “Interim Guidance for Sports and Recreation During the COVID-19 Public Health Emergency” dated 8/15/20 and “Interim Guidance for Pools and Recreation Aquatic Spray Grounds During the COVID-19 Public Health Emergency” dated 6/11/2020 our agencies and partners have developed a reopening plan for SportsNet Recreation services that includes the following conditions:

1. All participants and essential visitors must be screened prior to entry into the SportsNet program site and will be monitored for signs and symptoms of COVID-19 thereafter. Anyone who does not pass the health screen will not be permitted to enter the program and will be required to return home until they are fever free for 72-hours without the use of fever-reducing medications (e.g. Aspirin, Ibuprofen). Participants/Caregivers will be instructed to contact participant’s health care provider for assessment and testing.
2. If a participant displays COVID-like symptoms while at program, the participant will be sent home as soon as possible with whom they arrived at program with.
3. All participants must participate in hand hygiene advised by the CDC immediately upon entering program and throughout the day.
4. All participants must follow updated mask policy for the entirety of the program and whenever social distancing cannot be maintained if advised by NYS DOH.  
**(\*\*For Aquatics Programs Only: Any persons directly in the water is not to wear anything covering their nose, mouth or face due to water specific health and safety concerns, those NOT directly in the water must wear an acceptable face covering that covers both the nose and mouth \*\*)**
5. Only 1 support person in program area per participant unless otherwise necessary. No one outside of program will be allowed in program area for the duration of the program.
6. Essential visitors must agree to provide their contact information in the event that contact tracing for potential exposure is necessary.
7. In the event a participant or anyone they reside with are placed on a quarantine or isolation by NYS DOH and cannot attend program, the responsible party (i.e. self, guardian, etc.) must suspend from attending program until they are medically cleared by the Department of Health to return to program.

8. Shared food and beverages are prohibited. Food brought in for lunch must require limited preparation at the program site (i.e. heating in microwave) and be packed appropriately.  
(\*For Aquatics programs: No food and drink other than water is allowed in the pool area\*\*)
9. Equipment, locker rooms, highly touched surfaces, equipment and other necessary areas will be disinfected following CDC guidelines and using CDC approved materials suggested in "Guidance for Cleaning and Disinfecting of Public and Private Facilities for COVID-19"
10. In the event that a person who has been in the program tests positive for COVID-19, the entire program or impacted area will be closed for a period of time (typically 48 hours) to allow for proper cleaning and any and all guidance from NYS DOH will be followed.
11. SportsNet programming will adhere to all CDC compliant group numbers or remain 1:1 during all programs possible. All participants involved in the program will remain socially distant at all times from others. Available barriers will be used when necessary (i.e. lane line, plexy glass, etc).
12. When SportsNet program is hosted by a community partner, SportsNet will follow all COVID-19 Regulations set by the community partner in accordance NYS Department of Health as well as continue to follow all CP Rochester's additional COVID-19 policies at program as necessary and possible.

In signing this acknowledgement, I/We understand and agree to abide by all of the requirements that are contained within it. For the safety of all parties involved, I understand that any refusal or inability to follow these requirements will lead to the temporary suspension of onsite participation in the event of a health or safety concern. I understand that the agency has the authority to implement additional precautions and/or increased restrictions necessary to meet program specific and individual specific needs as outlined in OPWDD guidance and local, State and Federal guidelines & by CP Rochester guidelines.

Acknowledgement of this Agreement by Legal Representative (self/legal guardian):

Print Name:	Signature:	Date:

**Please return completed form by email or mail:**

*If returning form via e-mail:*

**Email to:** [tbennett@cprochester.org](mailto:tbennett@cprochester.org)

**Donation payment:** You will receive a donation request via PayPal to donate online.

*If returning form via mail:*

**Mail to:** CP Rochester  
3399 Winton Rd. S.  
Rochester, NY 14623  
Attn: Tina Bennett

**Donation payment:** Please include donation check or cash with form.

OFFICE USE ONLY					
New instructor / Returning instructor	Amt:		Check/inv #:		Date Rec'd:

# Shared Ski Adventures 2023 - COVID Action Plan

This action plan directly reflects all advised guidelines related to the program communicated by the New York State Department of Health “*Interim Guidance for Ski Facilities During the COVID Public Health Emergency*” and other CDC resources as well as Swain Ski Resort & CP Rochester policies and procedures. These guidelines are subject to change with Executive Order and/or new guidelines provided by CDC, NYS Department of Health & CP Rochester/Swain Resort.

**Please Note: CP Rochester & Shared Ski Adventures do not require disclosure of vaccination status but all individuals at program are expected to follow all updated CDC guidelines and the Shared Ski Adventures COVID Action Plan accordingly.**

## I. PEOPLE

### ALL SHARED SKI ADVENTURERS:

- At all times, everyone involved in the Shared Ski Adventures program:
  - MUST adhere to Swain Resort masking policies at all times; provided that they are over the age of two and able to medically tolerate such covering.
  - All instructors are to be mask ready for the duration of their lesson, meaning if the student or family request they are masked when social distance cannot be maintained instructors are prepared to put a mask on at any time.
  - Participate in a Health Screen at time of arrival: Have temperature checked & answer questionnaire, all will be recorded by SSA Coordinator. Do not come to program if you are sick or answer yes to any of the questions below:
    - 1.) COVID-19 symptoms in the past 10 days;
    - 2.) Positive COVID-19 test in the past 10 days;
    - 3.) Close contact with a confirmed or suspected COVID-19 case in the past 10 days (and are unvaccinated), and/or
    - 4.) Travel inconsistent with the CDC travel guidance and relevant restrictions?
  - Will not share food or drinks during program
- SSA will operate within most current group numbers given by the CDC, NYS Department of Health, Swain Resort and/or CP Rochester. Group size will be limited and must be able to maintain all health & safety guidelines (**AS OF 11/16/2020: Responsible Parties must limit the number of participants in ski lessons or group activities to 10 or fewer people for adult lessons and 6 or fewer people for child lessons**)
  - Number will also be based on instructor to skier participation interest ratio (how many instructors we have to students) AND evaluation of individual needs of each registered skier
  - INSTRUCTORS/VOLUNTEERS ARE NOT PAID EMPLOYEES AND THEREFORE *WILL BE COUNTED IN OVERALL GROUP NUMBERS*
  - SSA will do everything to provide a ski lesson to as many skiers/boarders as possible, while maintaining new policies & procedures and keeping everyone’s health and safety a first priority

### Volunteers/Instructors:

- Suit Up away from other lesson groups, leave personal items in your vehicle (**not** in cocoa hut)
- Stay within their lesson group and not wander to any other lesson groups during the program. Each group must socially distant themselves *from other lesson groups*, outside the event of an emergency or immediate safety need
- Instructors and participants must maintain appropriate social distance to the maximum extent possible, allowing for occasional, brief contact that may be closer than six feet to address a health, safety risk or for instructional purposes (e.g., demonstrate exercise, correct form or posture, chairlift assistance, fall assistance, emergencies...etc). In any case, this close contact must be conducted within the *least* amount of time possible (i.e., no lingering or socializing).
- If you are going to miss a lesson within the session, it must be communicated **AS SOON AS POSSIBLE**, program will aim to keep volunteers with same skier for each lesson in the session (minimal switching of instructors)
  - If you are signing up to be an instructor you are signing up for **ALL** 4 weeks of a session



- In the event of a last minute absence (i.e. illness, car breaking down, etc..) the lesson will move forward only if a change is available and if ALL parties involved agree to a new instructor
- There will be “on-call” or “floating” instructors scheduled in the event of an absence, they will not enter program area unless they are called
- Encouraged to bring own lawn chairs, blankets, snacks and drinks
- Off-Hill Volunteers: Aid in set up and take down, remain socially distant from lesson groups, help coordinator communicate and help gather equipment, help sanitize equipment, help regulate cocoa hut and restrooms and other tasks as needed.

#### Participants/Guardians/Support Persons:

- Participants and/or support persons are responsible for gathering and putting on all equipment (rental and personal) BEFORE the start of the program. Instructors will help with any adaptive equipment assistance needed.
- Stay within their lesson group and not wander to any other lesson groups during the program. Each group must stay socially distant *from other lesson groups*, outside the event of an emergency or immediate safety need
- Ask that each skier only have **ONE** parent, guardian, support with them if possible
- Emphasize the importance of proper clothing (less indoor opportunities)
- Encouraged to bring own lawn chairs, blankets, snacks and drinks

#### Employees:

- Facilitate and participate in COVID-19 Policies and Procedures
- Pick-Up lift tickets prior to start of program
- Conduct Health Screening

## II. PLACE

- Swain will provide a COVID Compliant restroom
- Swain will set protocols for Rental Shop, chair lift, lodge & ski patrol and SSA will follow them
  - Chairlift - It is likely you will share a ski lift with your student or instructor but no other parties will be allowed on the chairlift with you and can be requested
  - It is advised to have the least amount of people spread as far apart that is *safely* possible on chairlift
  - Chairlift Recommendations for each student can be found in each Student Folder
- SSA will provide multiple, social distant friendly, weather resistant seating area for lesson groups to rest & warm up (Cocoa Hut & Tent)
  - Only 1 lesson group at a time will be allowed to use each seating area
  - Masks will be asked to be worn at all times while in the seating area unless drinking or eating
  - After each use, each resting area will be sanitized before next use

## III. PROCESSES

- Program will base in front of Cocoa Hut & Equipment Shed
- Check-in time
  - After passing the Health Screen; All skiers and caretakers will report to their designated meeting space, which will be communicated before, where they will meet their instructor(s), equipment will be set out before lesson
  - The SSA Coordinator will provide each group with the appropriate amount of tickets per lesson group
- SSA will operate between 9:30am - 12:30pm. This will continue for two, 4 week sessions
- All sanitization will be done with CDC approved materials & methods
- Disinfecting of all equipment will occur after each use
- Swain will set protocols for Rental Shop, chair lift, lodge & ski patrol and SSA will follow them
- In the event of an emergency SSA will adhere to all Ski Patrol guidelines and policies
- Students and volunteers will fill out rental form before coming to lesson (if applicable)
- With new policies & procedures and less access to indoor facilities SSA will adapt and reevaluate weather regulations to keep everyone safe
- Indoor and On-Mountain trainings for volunteers will reflect, practice and follow all policies and procedures stated above

### **In the event of someone does not pass Health Screen (According to NYS Department of Health)**

- An individual who screens at risk for COVID-19 must not be allowed to enter the facility and employees who screen at risk must be sent home with instructions to contact their healthcare provider for assessment and testing.
- Responsible Parties should remotely provide the employee/participant/volunteer with information on healthcare and testing resources.
- Responsible Parties must immediately notify the state and local health department about the case if test results are positive for COVID-19,
- If someone at program is suspected or confirmed to have COVID-19 are as follows:
  - Close off areas used by the person suspected or confirmed to have COVID-19
  - Responsible Parties do not necessarily need to close operations, if they can close off the affected areas.
  - Open outside doors and windows to increase air circulation in the area.
  - Wait 24 hours before you clean and disinfect. If 24 hours is not feasible, wait as long as possible.
  - Clean and disinfect all areas used by the person suspected or confirmed to have COVID-19, such as bathrooms, common areas, and shared equipment
  - Once the area has been appropriately cleaned and disinfected, it can be re-opened for use.

### **In the event of someone participating in program tests positive for COVID-19**

If an individual that participates in Shared Ski Adventures tests positive for COVID-19, the NYS Department of Health must be notified by said individual. Then NYS Department of Health will contact trace, communicate possible exposures and provide necessary program actions for Shared Ski Adventures.

**To Review Swains Response to COVID-19 please visit: [WEBSITE](#)**

### **Other COVID-19 Updated Guideline Resources**

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated.html>