Dear Parent/Guardian,

Winter is just around the corner. We are excited to welcome our skiers and snowboarders for another amazing season. Our goal is to provide your child with exhilarating lessons that teach them a life long skill to enjoy during the winter months.

2020 Highlights

- The seasonal flu vaccine is required for all medically qualifying participants. We highly recommend parent's and siblings attending the winter program receives the seasonal flu vaccine to protect against influenza.

- In keeping with the current CDC and NYS guidelines, Meningococcal is now a requirement for all medically qualifying students.

- The winter application deadline is December 2nd.

- As a reminder, while your child is participating in the program, we require a parent/guardian to remain onsite in order to provide any necessary medical care, to administer medications and to provide needed support to our instructors.

Application Checklist

To be completed by parent/guardian:

☐ Page 1- Contact Information/Adaptive Sports Information

☐ Page 2—General/Behavior Information

☐ Page 4— Calendar of dates (“X” all dates your child is available)

☐ Page 9— Release of Liability and Photo Permission— parent signature required

To be completed by the doctor:

☐ Page 5— Immunization information

☐ Page 6-7— Physical Exam Form completed and signed by doctor
Adaptive Winter Sports Application 2020

Participant Name_________________________ Today’s Date: __________

Nickname_________________________ □ M □ F Age______ Birthday______ /______ /______

Diagnosis________________________________________

Address____________________________________ Apt #______ City____________

State_______ Zip Code____________ County__________

Contact Information

Who has legal custody of this child?________________________________________

Parent/Guardian Name(s)_________________________ Home phone________________

Address____________________________________ Cell phone________________

City_________________________ State_______ Zip__________ Work phone________________

E-mail address_________________________ Employer________________

Siblings (Names/DOB)_________________________

If applying for a family weekend or family Friday Night, provide total number of attendees (within household)________________

Adaptive Winter Sports Information 2020

Child’s interest: □ Downhill Skiing □ Snowboarding

Current weight:_______ lbs. Current height:_______ in. Child’s shoe size:_______

Due to manufacturer’s limitations, the maximum weight limit for a sit ski mono ski is 200 lbs.

Mobility: □ Manual wheelchair □ Power wheelchair □ Crutches □ Uses Walker □ AFO/Braces □ Other

Motor Status: Please detail any problems with muscle tone, range of motion or strength. Also, note any spasticity and areas affected:_________________________

______________________________________________

______________________________________________
Qualifying Camper General History 2020

This information must be updated EVERY season. If a question is answered with YES, please explain.

1. Does camper have drug allergies or environmental allergies?
   □ YES   □ NO  If yes, __________________________

2. Does camper have food allergies or restrictions?
   □ YES   □ NO  If yes, __________________________

3. Does camper have additional past/on going medical issues (asthma, developmental delay, hearing loss)?
   □ YES   □ NO  If yes, __________________________

4. Does camper have seizures?
   □ YES   □ NO  If yes, describe __________________________
   Frequency __________________________ Treatment __________________________ Last Seizure ___ / ___ / ___

5. Does camper use a CPAP, BiPAP, sleep apnea monitor, or other monitoring device?
   □ YES   □ NO  If yes, __________________________

   **Please Note: Campers with trache AND on BiPAP and/or on BiPAP can only attend the day program or Family Sleepover #1 only.**

6. What is camper’s means of communication?
   □ VERBAL   □ NON-VERBAL   □ SIGN LANGUAGE   □ ELECTRONIC DEVICE (please bring to camp)

7. Camp activities are designed for campers aged 6—16 years old. Circle camper’s developmental age:
   1-3 yrs  4-5 yrs  6-8 yrs  9-10 yrs  11-12 yrs  13-14 yrs  15-16 yrs  17-21 yrs

Qualifying Camper Behavior Information 2020

1. Describe camper’s personality—include how he/she relates to adults and children.______________________________________

2. What makes the camper upset? Describe how he/she handles frustration?______________________________________

3. What techniques do you use to handle behavior issues (rewards, timeout, etc)?______________________________________

4. What is the best approach to teach the camper?______________________________________

5. Has camper ever been diagnosed with any of the following:
   □ ADD / ADHD   □ Anxiety   □ Bipolar Disorder   □ Autism Spectrum Disorder (PDD, Asperger’s)
   □ Conduct Disorder   □ Depression   □ Eating Disorder   □ Other __________________________

2
Winter Program Information 2020

Adaptive Winter Sports Program criteria:

1. A medical diagnosis of malignancy, serious blood disorders such as leukemia, sickle cell anemia, hemophilia, HIV, CAH, autism spectrum disorders, collagen vascular disease, mitochondrial disease, inflammatory bowel disease, visual impairments and selected neuromuscular disorders. Our medical team reviews all winter applications to determine eligibility.

2. Ages 6-16 years old or Double H Alumni participants 17-21 years old.

3. A completed winter application including camp physical exam form, parent forms and required immunizations.

2020 Adaptive Winter Sports Program Activities Descriptions

Family Sleepover Weekends

These weekends are reserved for students and families who are travelling greater distances and are unable to participate in our day program. We offer two/three full days of skiing, snowboarding, camp activities for the entire family to enjoy. The program is free of charge, families must provide their own transportation. We ask families that have participated in the Sleepover Weekends for two years in a row to take a winter season break to allow new families the opportunity to experience an overnight weekend. A family application must be completed and submitted for review.

Family Friday Night Program

Skiing and snowboarding under the lights for qualifying child, siblings and parents within the household. The program runs from 6-8pm (dinner will be provided at 5pm). A family application must be completed and submitted for review.

Alumni Days

There are three opportunities for alumni students (ages 17-21) who previously participated in the HH winter program to ski and snowboard with us. If this applies, please check off the Alumni days on the winter calendar.

Winter 500/Celebration

To celebrate the end of the winter season, Double H will host the Winter 500. The event will recognize each child's accomplishments and give student's the chance to ski/snowboard one last time. Every qualifying student will be able to be on the hill for one shift during the day. The families are invited to join for lunch and cheer on all the students.
Adaptive Winter Sports Program 2020 Season

Student Name:

**Directions**: Please find the dates (white and yellow) of operation for the Adaptive Winter Sports Program. As a reminder, Family Sleepover Weekends (yellow) are for those travelling from a distance. Day programs and the three Friday Night Programs (white) are available for local students. You may select as many dates as you wish however, we will only be able to accommodate a certain number of days per student. Please (x) the boxes of all the dates your child is interested in attending and return with completed application.

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Qualifying Camper Physical Exam

A current physical exam is REQUIRED of all qualifying campers (aged 5—21 yrs) before participating in camp programs. Please have your doctor complete and return the Double H Physical Exam Form for review (pages 5 & 6 of this application). If your camper has previously participated in a Double H program this year, we may already have their physical on file.

Date of camper’s MOST RECENT PHYSICAL EXAM: _____ / _____ / _____

Qualifying Camper Immunizations

The following vaccines are REQUIRED of all qualifying campers (aged 5—21 yrs) before participating in camp programs. In place of vaccines, you may also submit the date of a positive titer or documented history of the disease. If your child is medically exempt from immunizations, please have your doctor complete the Double H Contraindicated Form.

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<th>Titer/ Documented Disease</th>
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<td>Polio (3-4 doses)</td>
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<td>Meningococcal (due at 11 yrs old)</td>
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The remaining immunizations are RECOMMENDED, but not required.

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<th>Recommended Immunizations</th>
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Date PE based on _____ / _____ / _____

PRIMARY DIAGNOSIS: __________________________________________________ Date of Dx _____ / _____ / _____

Secondary Diagnoses/Problems

If cancer, is child still on chemotherapy? □ YES □ NO If no, when was chemo completed? _____ / _____ / _____

List SURGERIES (include year):

*If child has been hospitalized or had surgery in the past 12 months, please provide copy of the discharge summary.

ALLERGIES: Drug ___________________________ Food/Other ___________________________

Does child have any of the following: 

☐ Central Access— If yes, type ___________________________ location ___________________________ *please submit CVL Form

☐ Baclofen Pump □ On O2 □ CPAP/BiPAP □ Trache □ Shunt □ Vagal Nerve Stimulator

☐ Insulin Pump □ Mitrofanoff □ Malone ACE □ G tube/J tube

VITAL SIGNS: Ht ________ in/cm Wt ________ lb/kg BP ________ HR ________ RR ________

Has child had any infections with resistant organisms? □ YES □ NO If yes, explain

✓ MANDATORY CHECKLIST: Check if normal. Otherwise, give details of abnormalities.

☐ HEENTN:

☐ Respiratory:

☐ Cardiovascular:

☐ Gastrointestinal/Renal:

☐ Musculoskeletal:

☐ Neurological:

☐ Skin:

☐ Genitalia/Rectum:

SEIZURES: □ YES □ NO If yes, type ___________________________ Frequency

Treatment ___________________________

BEHAVIOR: □ ADD/ADHD □ Oppositional □ Eating Disorder □ Other ___________________________

Comments ___________________________
MEDICATIONS

Each family should send ALL medication and medical supplies necessary for their child’s time at camp. The Double H medical staff will store and administer medications as directed by the physician.

Is child on any clinical trial medications? □ YES □ NO *If yes, please submit Experimental Protocol Form.

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*Please Note: All medications used for pain management and to prevent nausea/vomiting should be included above. Standard medication times at camp are Breakfast, Lunch, Dinner, and Bedtime.

Additional COMMENTS/LIMITATIONS:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

PHYSICIAN’S STATEMENT: I have examined ______________________ who is physically able to engage in all camp activities; including our Adaptive Winter Sports Program and rides at the Great Escape Six Flags Theme Park, except for physical limitations and restrictions previously stated. I agree with continuing the above medical regimen while at camp. For detailed information about camp activities, please see our Physician Information Sheet available on our website (www.doublehranch.org) or through our Admissions Department.

Mandatory Physician Signature ___________________________________________ Date _____ / _____ / _____

Printed Name ______________________ Institution ______________________

Address __________________________ City __________________________

State ___________________________ Zip __________________________ Email __________________

Phone # __________________________ Fax # __________________

Return completed physical forms to DOUBLE H RANCH *FAX (518) 696—9927 *97 Hidden Valley Rd, Lake Luzerne, NY 12846
Double H Ranch Insurance Waiver and Release of Liability 2020

In consideration of being allowed to participate in any way in the Double H Ranch Adaptive Winter Sports Program, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives, and next of kin, the undersigned:

1. Acknowledge that all participants, including minors, in the adaptive winter sports program have the following duties:
   a. Not to ski/snowboard in any area not designated for skiing:
   b. Not to ski/snowboard beyond their limits or ability to overcome variations in slope, train configuration and surface or subsurface conditions which may be caused or altered by weather, slope or trail maintenance work by Double H Ranch, or skier/snowboarder use;
   c. To abide by the directions of Double H Ranch;
   d. To remain in constant control of speed and course at all times while skiing so as to avoid contact with plainly visible or clearly marked obstacles and with other skiers/snowboarders and passengers on surface operating tramways;
   e. To familiarize themselves with posted information before skiing/snowboarding any slope or trail, including all information posted pursuant to subdivision five of section 18-103 of this article.
   f. Not to cross the uphill track of any surface lift, except at points clearly designated by PSIA, National Ski Patrol, or Double H Ranch;
   g. Not to ski/snowboard on a slope or trail or portion thereof that has been designated as “closed” by the PSIA, National Ski Patrol, or Double H Ranch;
   h. Not to leave the scene of any accident resulting in personal injury to another party until such times as PSIA, National Ski Patrol, or Double H Ranch trained staff arrives, except for the purpose of summoning aid;
   i. Not to overtake another skier/snowboarder in such a manner as to cause contact with the skier/snowboarder being overtaken and to yield the right-of-way to the skier/snowboarder being overtaken;
   j. Not to willfully stop on any slope or trail where such stopping is likely to cause a collision with other skiers/snowboarders or vehicles;
   k. To yield to other skiers/snowboarders when entering a trail or starting downhill.
   l. To wear retention straps or other devices to prevent runaway skis/snowboards.
   m. To report any personal injury to National Ski Patrol before leaving the ski area.
   n. Not to willfully remove, deface, alter or otherwise damage ski/snowboard equipment, signage, warning devices or implements, or other safety devices placed and maintained by Double H Ranch pursuant to the requirements of General Obligation Law Section 18-103.

2. Agree that prior to participating, I will inspect, of if a participant is a minor, participant’s parent and/or legal guardian will inspect, the facilities and equipment to be used, and if I believe to the best of my ability that anything is unsafe, I and/or the Minor participant’s parent and/or legal guardian will immediately advise the Double H Ranch Adaptive Winter Sports Program, of such condition(s) and refuse to participate.
Double H Ranch Insurance Waiver and Release of Liability 2020

3. Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. acknowledge that downhill skiing/snowboarding, like many other sports, contains inherent risks including, but not limited to, the risks of personal injury or death or property damages, which may be cased by variations in terrain or weather conditions; surface or subsurface snow, ice, bare spots or areas of thin cover, moguls, ruts, bumps; other persons using the facilities; and rocks, forest maintenance of a ski facility in New York State. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.

4. Acknowledge that I or the minor participant may use our own personal ski or snowboard equipment, but will release, waive, discharge and covenant not to sue PSIA-E/EF, Double H Ranch for any and all liability from any and all incidents that occur as a result of the use of our own personal ski/snowboard equipment. Assume all the foregoing risks and accept personal responsibility for the damages to me following such injury, permanent disability or death.

5. Release, waive, discharge and covenant not to sue the Double H Ranch Adaptive Winter Sports Program, its affiliated clubs, their representative administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and lesers of premises used to conduct the event, all of which are hereinafter referred to as “releases,” from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the release or otherwise.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child’s involvement or participation in these programs as provided above, EVEN IF ARISING FROM NEGLIGENCE.

Recognizing that skiing/snowboarding can be a hazardous sport, I hereby release PSIA-E/EF, Double H Ranch, the host area and agents and employees from liability from any and all injuries of whatever nature rising during or in connection with the conduction of the lesson (program) for which this is application is made. I agree that all disputes and/or lawsuits under this contract and/or from my use of the facilities at the Double H Ranch shall be litigated exclusively in the Supreme Court of the State of New York, County of Warren, or in the United States District Court for the Northern District of New York.

Parent/Guardian Signature:_________________________________________ Date:__________________

Camper Photo Permission 2020

☐ I DO ☐ I DO NOT give the Double H Ranch permission to photograph and/or videotape my child, and to use my child’s name, likeness, image, and/or video in promotional materials, including fundraising, marketing, and educational materials. I understand that my child’s name, likeness, image, and/or video may be used to promote understanding and support of programs for children with critical illnesses, and that the materials containing my name, likeness, image, and/or video may be used in the current year and/or in future years. This consent may be revoked in writing at any time, except to the extent that the Double H Ranch has already relied upon it in making use of my name, likeness, image, and/or video. I understand that this consent is not a condition of participation in the program.