Department of Veterans Affairs

Form Approved: OMB No. 2900-0759
Respondent Burden: 20 minutes

# GENERAL SKI INFORMATION
# 2013 NATIONAL DISABLED VETERANS WINTER SPORTS CLINIC

**PRIVACY ACT:** VA is asking you to provide the information on this form under USC, Chapter 5, Section 521 and Chapter 17, Section 1710. VA may disclose the information that you put on this form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 121VA19 "National Patient Databases - VA". Providing the requested information is voluntary. However, you will not be able to participate in the event without furnishing this information.

**RESPONDENT BURDEN:** The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this application will average 20 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the forms.

**Every participant accepted to this event must participate in their scheduled lesson even if you can independently ski. Failure to do so will eliminate you from future clinics.**

HAVE YOU SKIED SINCE YOUR INJURY?

- ☐ YES
- ☐ NO

WHAT TYPE OF SKIING WILL YOU DO? *(Check all that apply, please be accurate)*

- ☐ ALPINE *(Downhill)* ONLY
- ☐ ALPINE & NORDIC
- ☐ NORDIC *(Cross Country)* ONLY
- ☐ SNOWBOARD

YOU WILL BE ASSIGNED TWO SCHEDULED SKI DAYS PLUS RACE DAY, WHAT DO YOU PLAN TO DO ON YOUR ASSIGNED DAYS?

- ☐ ALPINE ONLY
- ☐ ALPINE & NORDIC
- ☐ NORDIC ONLY
- ☐ SNOWBOARD

**Please be accurate with what type of skiing you plan to do, you will be assigned prior to arriving and no changes will be permitted.**

WILL YOU SKI? *(If you are over 220 pounds, you must ski standing up.)*

- ☐ STANDING UP
- ☐ SITTING DOWN

THE VISUALLY IMPAIRED MUST CHECK ONE OF THE ADDITIONAL BOXES

- ☐ STANDING VISUALLY IMPAIRED
- ☐ SITTING VISUALLY IMPAIRED

WHAT TYPE OF EQUIPMENT WILL YOU USE?

- ☐ MONO SKI
- ☐ BI-SKI
- ☐ SIGHTED GUIDE
- ☐ SNOWBOARD
- ☐ 2-TRACK STAND-UP *(Two regular skis and poles)*
- ☐ 3-TRACK STAND-UP *(One regular ski and two outriggers)*
- ☐ 4-TRACK STAND-UP *(Two regular skis and two outriggers)*
- ☐ FIRST TIME PARTICIPANT, UNSURE OF WHAT I WILL NEED

WHAT LEVEL OF SKIER ARE YOU? *(Only check those that you plan to do at the clinic)*

| | | | | |
|---|---|---|---|---|
| ☐ ALPINE *(Downhill)* | ☐ BEGINNER | ☐ INTERMEDIATE | ☐ ADVANCED |
| ☐ NORDIC *(Cross-Country)* | ☐ BEGINNER | ☐ INTERMEDIATE | ☐ ADVANCED |
| ☐ SNOWBOARD | ☐ BEGINNER | ☐ INTERMEDIATE | ☐ ADVANCED |

IF YOU SKI STANDING, DO YOU WEAR LEG BRACES?

- ☐ YES
- ☐ NO

IF YOU SKI STANDING, AND ARE YOU PLANNING TO CROSS-COUNTRY SKI, WHAT IS YOUR SHOE SIZE?

_____ MENS

_____ WOMENS

CAN YOU SKI COMPLETELY INDEPENDENTLY?

- ☐ YES
- ☐ NO

IF YOU HAVE ATTENDED IN THE PAST AND WOULD LIKE TO REQUEST A SKI INSTRUCTOR, PLEASE LIST THE NAME

_____

ARE YOU PLANNING ON BRINGING YOUR OWN SKI EQUIPMENT? *(If yes, what type of ski equipment will you bring?)*

- ☐ YES
- ☐ NO

_____

**ALL VISUALLY IMPAIRED SKIERS WHO CAN WALK WILL BE REQUIRED TO SKI STANDING UP. HOWEVER, IF YOU ARE VISUALLY IMPAIRED AND MUST SKI SITTING DOWN DUE TO A MEDICAL CONDITION, YOU MUST BE 22O POUNDS OR LESS. ONLY THOSE INDIVIDUALS WHO ARE 220 POUNDS OR LESS WILL BE ALLOWED TO SKI SITTING DOWN.**