



CADS - NS Member Application  
2007-2008

Alpine Ski Nova Scotia – CADS – NS  
5516 Spring Garden Road  
4<sup>th</sup> Floor  
Halifax, NS B3J 1G6 425-5450 EXT 349  
[alpinens@sportnovascotia.ca](mailto:alpinens@sportnovascotia.ca)  
[www.alpineskinovascotia.ca](http://www.alpineskinovascotia.ca)



**MEMBERSHIP FEE: \$30.00**

Date: \_\_\_\_\_ Name: \_\_\_\_\_  
First Last

New Member: \_\_\_ Returning Member: \_\_\_ General Member: \_\_\_  
Skier: \_\_\_ Snowboarder: \_\_\_ Racer: \_\_\_  
Instructor: \_\_\_ Current CADS Cert. Level \_\_\_\_\_ Cert. Date: \_\_\_\_\_  
Previous Cert. Dates: \_\_\_\_\_  
CSIA Level \_\_\_\_\_ CASI Level \_\_\_\_\_ CSCF Level \_\_\_\_\_

Address: \_\_\_\_\_

Apt. # / RR Province Postal Code  
Date of Birth: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_  
Phone: (home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_  
E-mail: \_\_\_\_\_

allow the provincial CADS representative access to my e-mail for CADS purposes only  
 I would like to receive the National quarterly newsletter (Perspective) by e- mail

Type of Disability: \_\_\_\_\_  
\_\_\_\_\_

Classification: \_\_\_\_\_ (Pick the code below you think most represents you)

Amputee – AMP AK = 01	Cerebral Palsy = 08	Leukemia = 15
Amputee – AMP BK = 02	Head Injury = 09	Learning Disability = 16
Amputee – Arm = 03	Schizophrenia = 10	Multiple Sclerosis = 17
V/P = 04	Heart Problems = 11	Multi = 18
Hearing Impaired = 05	Side Weakness = 12	Friedrick’s Ataxia = 19
Para = 06	Spinal Bifida = 13	Epileptic = 20
MH = 07	Quad = 14	Other ( ) = 21

Mode of Mobility: Not a concern: \_\_\_ Wheelchair: \_\_\_ Crutches: \_\_\_ Cane(s): \_\_\_ Walker: \_\_\_  
Braces: \_\_\_ Scooter: \_\_\_ other: \_\_\_\_\_

Concerns and/or Needs: ie What equipment or support (if any) do you require at the ski hill, etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please be advised that all personal information will be held in the strictest confidence and will not be made publicly available. It is solely for the purpose of program planning. Contact Alpine Ski Nova Scotia if you have any concerns.

**Contribute to CADS**

Are you interested in participating in the following activities and/or committees?

- Organizing Skiing Days       Steering Committee
- Public Relations             Socials
- Transportation                 Able-bodied skier willing to help a CADS member
- National Board of Directors    Other \_\_\_\_\_

**Release:**

Release This release may affect your rights. Please Read it Carefully or if Visually Impaired, have it read aloud.

In consideration of the CADS Nova Scotia accepting this, my application and membership, I hereby waive and release any and all claims for damage (whether for personal injury, illness death, property damage and/or property loss), including claims for negligence, both for myself and my heirs, executors, legal representatives, successors and assigns which may have consequence of my involvement in any activity organized by the CADS Nova Scotia or Canadian Association for Disabled Skiing. In particular, but without restricting the generality of the foregoing, I hereby release from all liability and indemnify and save harmless from all liability, the following: the CADS Nova Scotia, the Canadian Association for Disabled Skiing, the executives, directors and members of the committees, the instructors, the volunteers, sponsors, and their respective employees and agents; and any other participants in any activities organized by the CADS Nova Scotia or the Canadian Association for Disabled Skiing and their volunteers.

I acknowledge that skiing is a sport with inherent risks (both known and unknown), and in signing this Release it is my intention to accept those risks, and all the consequences thereof, myself alone. The terms of this release are severable from one another, and the invalidity of any one or more clauses in this Release shall not affect the validity of the other clauses.

I acknowledge that I have read, or have had read to me, this Release in its entirety, that I understand and agree to be bound by its terms and am signing it voluntarily and without any duress or undue influence from anyone.

Signature of Applicant or Legal Guardian [ ] Date: [ ]

I, the parent or legal guardian of the above named child, hereby give my approval to his/her participation in any and all activities of the CADS Nova Scotia and the Canadian Association for Disabled Skiing. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities with respect to his/her participation in these activities and further hereby release, absolve, indemnify and hold blameless the Directors and Sponsors, and the supervisors, instructors, volunteers of the CADS Nova Scotia and the Canadian Association for Disabled Skiing.

Signature of Parent [ ] Date: [ ]