

Eldora Special Recreation Program (ESRP)
P.O. Box 19016
Boulder, CO 80308-2016
veteransprogram@esrp.com

To: Disabled Veteran Organizations:

ESRP is a non-profit winter sports program specializing in outdoor activities for people with disabilities. ESRP has been providing a winter sports program for the past 26 years.

For the upcoming 2009-2010 ski season, ESRP has again been selected to receive a USOC Paralympic Military Fund Grant. Last year, our grant help provide 138 ski and snowboard lessons FREE OF CHARGE to injured, wounded, and disabled service men and women. ESRP is currently seeking applications from groups, as well as individuals to participate in this years FREE program. Our goal is to promote a healthy and active lifestyle, and a positive outlook on life for wounded or disabled service men and women.

Lessons and clinics will be staffed by instructors from our Professional Ski Instructors of America (PSIA) School. All of these instructors have been trained as Adaptive instructors, and many have passed their PSAI Adaptive Instructor Certification.

ESRP is located just 21 miles west of Boulder, Colorado at Eldora Mountain Resort. The facility is private, cozy, and wheelchair accessible from the parking lot. Eldora Mountain Resort generously supports this program by providing ski lift passes to all participants.

Lessons and clinics are provided Thursday through Sunday beginning January 1, 2010. Thursdays are reserved for "Veterans Only". There is the possibility that lessons could start earlier in December depending on availability of our instructors. All lessons are reserved, so please send applications in promptly to get on the schedule.

If there are individuals in your organization who might benefit from this type of activity, please pass this information along to them. If your group would like to participate, I would be happy to bring some adaptive equipment to your location for a demonstration, give a presentation, answer questions, and provide applications. Volunteer staff opportunities exist as well, if you are at all interested in participating in our program.

Application packets are available upon request and we will make every effort to accommodate any injury or disability. Please e-mail veteransprogram@ESRP.com for the application or any other questions you may have. Be sure to include your mailing address, and a phone number, as the applications are sent out by U.S. mail.

For more specific information, or no internet access, please call me directly at 303-588-2862.

We look forward to seeing you on the mountain.

Sincerely,



David Schadle
Veteran's Program Director

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USOC Paralympic Military Grant Participant,

We are glad that you have decided to apply to participate in our Veteran's Program for the 2010 Ski Season. As an interested student, we will need you to complete the forms enclosed, and return them to ESRP, as soon as possible. We will need to have all forms at least seven days prior to participation in order to schedule an instructor for your lesson.

DATES: Clinics that will be scheduled for **VETERANS ONLY** will be held on Thursdays beginning January 7th.

Our regular program operates Friday, Saturday, and Sunday, from January 1st - March 28th, 2010. These days are very busy, because they are also open to all disabled students in our area, not only veterans. Veterans are welcome to participate during these weekend days, but space is available on a limited basis. Remember that Thursdays are for veterans only.

***PLEASE TAKE NOTE**...there are student weight limits. These have been put in place for the safety of our students and instructors. The LIMITS are: 200 pounds for sit-down participants, and 250 pounds for stand-up participants.

Eldora Mountain Resort generously donates lift tickets to support our program. Each lesson includes a lift ticket or trail pass, equipment if needed, and a private or semi-private lesson from a trained instructor from our Professional Ski Instructor of America School, as well as assistants as required.

Please Note: With the full day lessons, students will need to bring their own lunch. We do have a microwave available, as well as drinks. You are welcome to stay in the ESRP facilities during that hour.

***If for any reason you need to cancel your scheduled lesson, PLEASE notify us as soon as possible so we can fill that spot with other veterans that are on our waiting list. Please call 303-588-2862. Leave a message if necessary.**

FORMS: The application and the liability release forms **MUST** be completed and signed by the student. **Due to liability issues, no student will be allowed on the snow if their forms are not properly filled out and signed.** You will receive an Email confirmation from the ESRP Veteran's Program Director to confirm that you have been accepted for your requested dates.

BE SURE TO CHECK THE BOX for USOC Grant and include Branch of Service

The forms needed to be sent back are:

1. 2010 Student/Participant application
2. DSUSA Waiver & Release of Liability
3. Equipment rental agreement.

**Mail all 3 forms to: ESRP Veteran's Program
c/o D Schadle
7742 Cornwall Circle**

Boulder, CO 80301

Sincerely,



David Schadle
ESRP Veterans Director



ELDORA SPECIAL RECREATION PROGRAM

2010 Season MILITARY VETERAN PARTICIPANT APPLICATION



Mail completed Application to:
Veteran's Director – c/o D Schadle – 7742 Cornwall Circle – Boulder, CO 80301

NAME: _____ ADDRESS: _____

CITY/STATE/ZIP: _____ HOME #: (____) _____

WORK #:(____) _____ CELL #: (____) _____ EMAIL: _____

I am a military veteran applying for USOC Grant Funding. Branch of Service _____ Rank at Discharge _____

Height: _____ Weight: _____ Sex: M/F Birthdate: __/__/__ Age: _____ Developmental Age: _____

Weight limits: 200pounds for sit participants and 250 pounds for stand up participants. (if applicable)

Parent/Guardian: _____ Home Phone:(____) _____

Parent's/ Guardian's Employer: _____ Cell/Work Phone: (____) _____

If with group, Group Name: _____ Group Leader: _____

Name of Emergency Contact: _____ Phone:(____) _____ Relationship: _____

Physician/Doctor's Name: _____ Phone: (____) _____

Date of most recent physical exam: __/__/__ Current level of fitness/activity: _____

Are you covered by medicare, medicaid or health/medical insurance? Yes No

Insurance Company _____ Policy #: _____

Address _____ Agent Name/ Phone _____

Which, if any, activity have you done before: ___ Downhill/Sit Ski ___ Cross Country ___ Snowboard ___ Snowshoe

If you have done an activity, when (date), with whom (what program), where (ski area) and for how long?

Will you bring your own equipment? Yes No Do you need equipment? Yes No Snowsport preference (circle):

Alpine: Downhill, 3 track, 4 track, Bi-Ski, Mono-ski, Snowboard ___Visually Impaired ___Hearing Impaired

Nordic/cross country: Track, Skate, Telemark, Snowshoe ___Visually Impaired ___Hearing Impaired

What other activities/sports are you involved in? _____

Are you interested in ParaOlympic Racing? Yes No

Please describe how participant's disability manifests itself in terms of type(s) of behavior which may be seen, or how the physical condition affects the participant: _____

For the best possible "snow sports day," please provide us with information on how to best motivate the participant, and/or things we should not do: _____

NAME: _____

NATURE OF DISABILITY/Level/Type: _____

Date of onset/source: _____

MEDICATIONS - Please describe any medications used:

Name/Type Dosage/Times/Day Reason

Specific physical or mental limitations: _____

Is participant verbal? _____ Type of communication _____

Identify the following conditions by circling # and describing / commenting below:

- | | |
|--|---|
| 1. Head Injury | 19. Pregnant - How many months? |
| 2. Hearing problems | 20. Down Syndrome |
| 3. Vision problems | 21. Epilepsy or seizure activity |
| 4. Altitude problems | 22. Diabetes Type / How controlled |
| 5. Frequent bowel problems | 23. Dizzy spells / Fainting spells |
| 6. Hernia | 24. Dietary restrictions / special needs |
| 7. Emotional problems | 25. Teeth - problems, dentures, bridge |
| 8. Developmental delays | 26. Heart problems, palpitations, angina, |
| 9. Learning disabilities | 27. High / Low Blood pressure |
| 10. Contagious/infectious conditions | 28. Urinary tract infections, problems |
| 11. Asthma or respiratory problems | 29. Catheter |
| 12. Hearing aid | 30. Broken bones, joint dislocations |
| 13. Contact lenses/glasses | 31. Serious sprains |
| 14. Fear of heights | 32. Skin problems (rash, infections) |
| 15. Frequent abdominal cramps or ulcer | 33. Pressure sores / skin abrasions |
| 16. Kidney problems | 34. Allergies to foods / medications |
| 17. Bleeding problems | 35. Braces (leg, knee), supports, orthotics |
| 18. Neurological problems | |

Please describe other significant disorders or medical conditions below:

List any food or beverage allergies: _____

I have read all of the above and completed it to the best of my knowledge.

Applicant, Parent, or Guardian

Date

Parent, or Guardian when applicant is a minor

Date