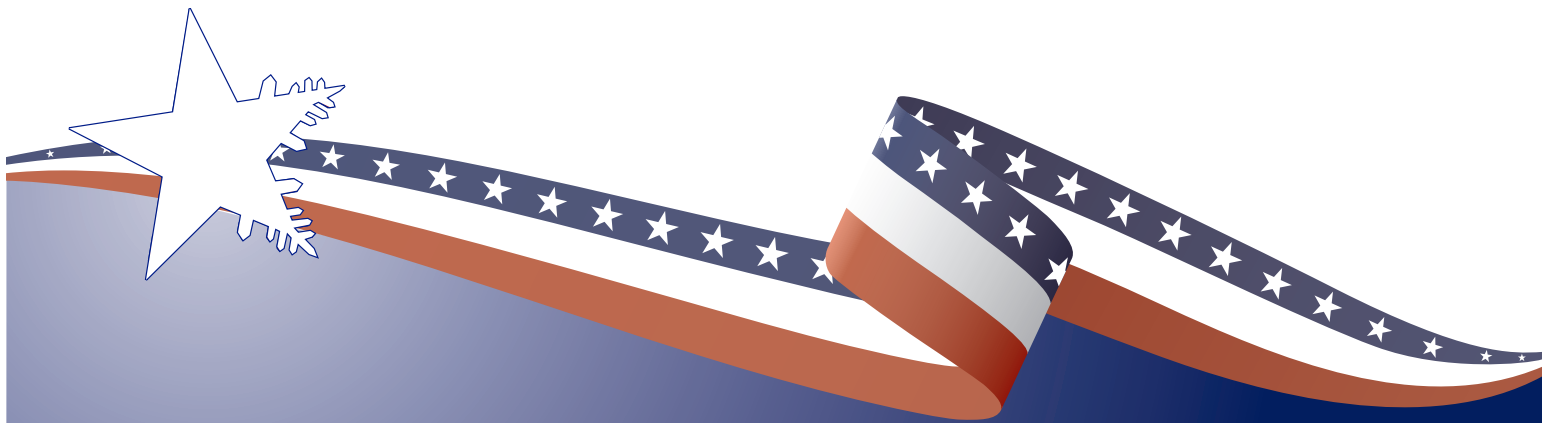


37th Annual National Disabled Veterans Winter Sports Clinic



Participant Application Packet

Dear Athletes:

The VA Western Colorado Healthcare System invites you to participate in the 2023 National Disabled Veterans Winter Sports Clinic (NDVWSC). This annual event promotes rehabilitation by instructing physically challenged veterans in adaptive Alpine and Nordic skiing and will provide an introduction to other adaptive activities and sports.

What:

Adaptive Snowboarding, Alpine and Nordic skiing. Alternate activities and clinics will offer a variety of exciting adaptive activities.

When:

March 25 - April 1, 2023. Registration will take place Sunday, March 26, 2023 at the Snowmass Village Conference Center. **Closing ceremonies will be held Friday evening, March 31, 2023.**

Where:

Snowmass Village at Aspen

Nestled in the majestic peaks of the Rocky Mountains, Snowmass Village is a friendly, cozy mountain town. It is located eight miles from the internationally cosmopolitan town of Aspen. The base elevation is 8,104 feet and the summit elevation is 12,510 feet. For more information, please visit the Snowmass Village website at www.snowmassvillage.com.

Who:

Participation is open to male and female military service veterans with qualifying disabilities such as spinal cord injuries, orthopedic amputation, visual impairments, certain neurological problems and other disabilities. Veterans who currently have inpatient or outpatient status at a VA medical facility will have first priority. All disabilities are subject to review by the Winter Sports Clinic Medical Director and Program Director. **Their decisions are final.**

Here are a few examples of common non qualifying diagnoses for this clinic:

Low back pain (even if you've had surgery), fibromyalgia, degenerative joint disease/osteoarthritis, post-traumatic stress disorder and chronic pain. Degree of service-connectedness, whether in general or specifically related to an injury, does not influence qualification for the clinic. If you have any specific questions about whether or not a disability may qualify a participant for the clinic please contact Teresa Parks directly.

Special note for visually impaired participants:

All visually impaired/blind participants are expected to possess good mobility and independent living skills. You will be expected to join in on all scheduled events. Many visually impaired/blind veterans have participated in past winter sports clinics—their testimony to its success and benefits are well known. We look forward to having you as a participant, experiencing the unique and exciting challenges of this special event.

How:

Eligible veterans can apply by completing the enclosed application. If your application is not filled out completely and properly signed, your registration will not be accepted and will be sent back to you. Your application will then need to be resubmitted.

All applications and forms must be mailed or scanned to:

VA Western Colorado HCS
Teresa Parks/WSC
2121 North Avenue
Grand Junction, CO 81501

or Scan to: Teresa.Parks@va.gov

*Please contact with questions or concerns.

NOTE: Registration deadline is November 30, 2022.

Applications can be downloaded at

www.wintersportsclinic.org

Activities:

The five day clinic will consist of ski lessons, training, a challenge race, adaptive sports workshops, educational classes, plus sponsored and self-directed alternate activities. Qualified adaptive ski instructors will provide ski instruction. **All Participants are required to ski.**

Medical Care:

Each participant must have a physician complete and sign the enclosed General Medical/Physical Exam form. **If the General Medical/Physical Exam form is not filled out completely and properly signed, your registration will not be accepted and will be sent back to you. There will not be any exceptions to this policy. In addition to these forms there is additional medical information that is required.**

37th National Disabled Veterans Winter Sports Clinic

ATTENTION – READ THIS!

You must completely and correctly fill out the enclosed packet, or your application will not be processed! Registration deadline is November 30, 2022. **Applications postmarked after November 30, 2022 will not be accepted!**

Please do not fold or staple application .

Check Off List

You must include the following forms filled out completely. **Do not send an incomplete application please include all of the following:**

- 1. Registration Application: Please remember to fill out the Emergency Point of Contact Information on the 2nd page of the Registration Application and read and sign the bottom before you return the application.
- 2. General Medical/Physical Exam Form (must be filled out completely and **signed by examining clinician**). *Make sure problem list, EKG for age 40 and over (within the past year), and current medications list is included in addition to the two medical pages.*
- 3. General Ski Information (filled out by participant). **Please fill out as accurately as possible.**
- 4. General Rehabilitation Goals/Training Form.
- 5. Consent for Use of Photo forms for VA and DAV.

Please allow **four weeks** for your application to be processed. When accepted, you will receive information regarding hotel and flight reservations and ground transportation.

To avoid confusion and possible loss of funds, please **do not** make any travel or lodging reservations until you have received the letter notifying you that your application has been accepted.

All applications and forms must be mailed or scanned to:

Teresa Parks
Teresa.Parks@va.gov
National Disabled Veterans Winter Sports Clinic VAMC (WSC)
2121 North Avenue, Grand Junction, CO 81501



VETERAN REGISTRATION FORM

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 5 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the forms.

VETERAN INFORMATION

NAME (Last, First, MI)	SOCIAL SECURITY NO. (Last 4 digits only)	DATE OF BIRTH (MM/DD/YYYY)	GENDER MALE FEMALE
ADDRESS (Street, City, State, Zip Code)	DAYTIME TELEPHONE NO. (Include area code)	CELL TELEPHONE NO. (Include area code)	T-SHIRT SIZE S M L
	E-MAIL ADDRESS		XL 2X 3X

ARE YOU ATTENDING WITH A CAREGIVER?
 YES NO (If yes, Name of caregiver) _____

MILITARY INFORMATION

BRANCH OF SERVICE
 AIR FORCE ARMY COAST GUARD MARINE CORPS NAVY NATIONAL GUARD
 OTHER (Please specify) _____

DID YOU SERVE IN COMBAT IN ANY OF THE FOLLOWING CONFLICTS?
 WWII KOREA VIETNAM THE GULF WAR AFGHANISTAN IRAQ
 OTHER (Please specify) _____

ARE YOU CURRENTLY ON ACTIVE DUTY? WERE YOU EVER HELD AS A POW? (If yes, where)
 YES NO YES NO _____

ARE YOU RATED BY VA FOR A SERVICE CONNECTED DISABILITY?
 YES NO

VA HEALTH CARE INFORMATION

ARE YOU ENROLLED FOR VA HEALTHCARE?
 YES NO (If you checked, no, you must submit a completed 10-10EZ, Application for Health Benefits)

DO YOU RECEIVE YOUR CARE AT A VAMC CBOC PRIVATE PHYSICIAN	FACILITY NAME AND ADDRESS (Street, City, State, Zip Code)	WHAT IS YOUR VA STATUS? INPATIENT OUTPATIENT
---	---	---

NAME OF VA THERAPIST/STAFF CONTACT PERSON (Last, First, MI)	CELL TELEPHONE NO. (Include area code)	E-MAIL ADDRESS
---	--	----------------

ARE YOU ATTENDING WITH A TEAM/COACH? TEAM LEADER/COACH NAME (Last, First, MI) (If applicable)
 YES NO _____

CELL TELEPHONE NO. (Include area code)	E-MAIL ADDRESS	IS THIS YOUR FIRST TIME ATTENDING THIS EVENT? YES NO
--	----------------	---

CHECK OTHER VA NATIONAL EVENTS YOU HAVE ATTENDED (Check all that apply)
 WHEELCHAIR GAMES WINTER SPORTS CLINIC TEE TOURNAMENT
 GOLDEN AGE GAMES SUMMER SPORTS CLINIC CREATIVE ARTS FESTIVAL

WHAT MEDICAL EQUIPMENT WILL YOU BRING? OXYGEN NEBULIZER CPAP WALKER WHEELCHAIR OTHER MEDICAL EQUIPMENT _____	ARE YOU BRINGING A SERVICE DOG? (Pets are not allowed) YES NO
--	---



GENERAL MEDICAL/PHYSICAL EXAM FORM

NATIONAL DISABLED VETERANS WINTER SPORTS CLINIC

(To be completed by Examining Clinician)

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 15 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the forms.

Dear Clinician: Please fill out completely the two medical pages. In addition, please include (1) a copy of a recent EKG for anyone 40 years of age and older, (2) a recent H&P/Problem list and (3) a list of current medications and dosages. **PLEASE TYPE OR PRINT CLEARLY**

PATIENT'S NAME		SOCIAL SECURITY NUMBER (Last 4 digits only)	DATE	AGE
PATIENT'S DAYTIME PHONE NUMBER (Include area code)	CELL PHONE NUMBER (Include area code)	VAMC WHERE PATIENT RECEIVES CARE		

PRIMARY DISABILITY/DIAGNOSIS

SPINAL CORD INJURY (SCI) - LEVEL _____ COMPLETE INCOMPLETE

PARAPLEGIA QUADRIPLEGIA

MULTIPLE SCLEROSIS (MS)

HEAD INJURY TRAUMATIC BRAIN INJURY

CVA WITH RESIDUAL

AMPUTEE RIGHT LEG, A/K, B/K RIGHT ARM, A/E, B/E OTHER _____

LEFT LEG, A/K, B/K LEFT ARM, A/E, B/E

VISUAL IMPAIRMENT DIAGNOSIS (For Visually Impaired patient's ONLY)

IS THE PATIENT LEGALLY BLIND?

YES NO VISUAL ACUITY (<20/200 OU) VISUAL FIELD LOSS (<20 DEGREES OU) TOTALLY BLIND

DESCRIPTION OF REMAINING VISION?

PLEASE RATE YOUR PATIENTS LEVEL OF INDEPENDENCE

INDEPENDENT WITH SELF CARE NEEDS, INDEPENDENT ONCE ORIENTED

INDEPENDENT WITH SELF CARE NEEDS, NEED SIGHTED GUIDE OCCASIONALLY AFTER ORIENTATION

INDEPENDENT WITH SELF CARE NEEDS, NEED SIGHTED GUIDE CONTINUOUSLY

NEED SOME ASSISTANCE WITH SELF CARE, NEED SIGHTED GUIDE

PATIENT NEEDS

PATIENT REQUIRES ATTENDANT? YES NO IF YES, ATTENDANTS' NAME _____

USES WHEELCHAIR MAJORITY OF TIME? YES NO

WILL THIS PATIENT NEED TO SKI SITTING DOWN? YES NO

USES OTHER ADAPTIVE EQUIPMENT? YES NO IF YES, WHAT _____

SITTING BALANCE

NORMAL FAIR POOR

PATIENT'S NAME	SOCIAL SECURITY NUMBER <i>(Last 4 digits only)</i>
----------------	---

MEDICAL HISTORY - DO NOT SEND IN WITHOUT ALL OF THE FOLLOWING

1. Attach your H & P (history and physical) problem list with all medical and surgical history.
2. Attach recent EKG for any patient **40 years of age and older**.
3. Attach list of current medications.
4. Attach discharge summary for any patient hospitalized during the last three (3) years.

ALLERGIES

DOES THE PATIENT HAVE A HISTORY OF ALTITUDE SICKNESS?	YES	NO	IF YES, EXPLAIN	_____
DOES THE PATIENT HAVE DYSREFLEXIA?	YES	NO	IF YES, EXPLAIN	_____
DOES THE PATIENT HAVE ANTICOAGULATION OR OXYGEN REQUIREMENTS?	YES	NO	IF YES, EXPLAIN	_____
DOES THE PATIENT SMOKE?	YES	NO		
ALCOHOL OR SUBSTANCE ABUSE?	YES	NO	IF YES, DESCRIBE	_____
HAS THIS PATIENT BEEN FULLY VACCINATED FOR COVID 19?	YES	NO	DETAILS	

PHYSICAL EXAM *(To be filled out completely by physician)*

HEIGHT _____ (inches) WEIGHT _____ (pounds)

Weight limit for anyone who needs to ski sitting down is 220 pounds; weight limit for stand up skiers is 300 pounds. Please DO NOT clear anyone over the weight limits.

PULSE _____	BLOOD PRESSURE _____
HEENT _____	CARDIAC _____
PULMONARY _____	ABDOMEN _____
EXTREMITIES _____	NEURO _____

CARDIOPULMONARY REVIEW OF SYSTEMS WAS DONE AND IS UNREMARKABLE YES

Dear Clinician: Your patient is planning on participating in a **vigorous** outdoor winter sporting event that takes place at **high altitude**. Examples of high-risk patients are: a quadriplegic smoker who is overweight; brittle diabetics; patients with significant COPD or CHF; and patients that require close medical supervision. Patients are admitted to this clinic based on your judgements about their current health status.

PLEASE DO NOT APPROVE ANY PATIENT THAT HAS RISK OF DEVELOPING MEDICAL COMPLICATIONS BY PERFORMING STRENUOUS EXERCISE AT ALTITUDES >10,000 FEET OR HAS THE POTENTIAL TO REQUIRE HOSPITALIZATION DUE TO A PRE-EXISTING CONDITION. IF THEY REQUIRE HOSPITALIZATION FOR A PRE-EXISTING CONDITION, YOUR MEDICAL CENTER WILL BE LIABLE FOR ANY CHARGES INCURRED OUTSIDE OF VA CARE. DO NOT SEND ANY PATIENT THAT IS CURRENTLY UNSTABLE OR UNDERGOING CARDIOPULMONARY EVALUATION FOR CLINICAL INSTABILITY.

If the patient's condition changes before the event, please contact Pete Psenda at the Grand Junction Veterans Health Care System, (970) 263-6277-page through operator or contact Department of Medicine, ext. 4247, e-mail Peter.Psenda@va.gov.

PATIENT **IS** MEDICALLY/BEHAVIORALLY FIT TO PARTICIPATE PATIENT **IS NOT** MEDICALLY/BEHAVIORALLY FIT TO PARTICIPATE

SIGNATURE AND TITLE OF EXAMING CLINICIAN	NAME OF EXAMING CLINICIAN <i>(Please print)</i>
--	---

HOSPITAL AND ADDRESS OF EXAMINING CLINICIAN	TELEPHONE NUMBER
---	------------------



GENERAL SKI INFORMATION 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.

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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? <i>(Check all that apply, please be accurate)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">ALPINE <i>(Downhill)</i> ONLY</td> <td style="width: 50%;">ALPINE & NORDIC</td> </tr> <tr> <td>NORDIC <i>(Cross Country)</i> ONLY</td> <td>SNOWBOARD</td> </tr> </table>	ALPINE <i>(Downhill)</i> ONLY	ALPINE & NORDIC	NORDIC <i>(Cross Country)</i> ONLY	SNOWBOARD	YOU WILL BE ASSIGNED TWO SCHEDULED SKI DAYS PLUS RACE DAY, WHAT DO YOU PLAN TO DO ON YOUR ASSIGNED DAYS? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">ALPINE ONLY</td> <td style="width: 50%;">ALPINE & NORDIC</td> </tr> <tr> <td>NORDIC ONLY</td> <td>SNOWBOARD</td> </tr> </table>	ALPINE ONLY	ALPINE & NORDIC	NORDIC ONLY	SNOWBOARD
ALPINE <i>(Downhill)</i> ONLY	ALPINE & NORDIC									
NORDIC <i>(Cross Country)</i> ONLY	SNOWBOARD									
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? <i>(If you are over 220 pounds, you must ski standing up.)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">STANDING UP</td> <td style="width: 50%;">SITTING DOWN</td> </tr> </table>	STANDING UP	SITTING DOWN	THE VISUALLY IMPAIRED MUST CHECK ONE OF THE ADDITIONAL BOXES <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">STANDING VISUALLY IMPAIRED</td> <td style="width: 50%;">SITTING VISUALLY IMPAIRED</td> </tr> </table>	STANDING VISUALLY IMPAIRED	SITTING VISUALLY IMPAIRED
STANDING UP	SITTING DOWN				
STANDING VISUALLY IMPAIRED	SITTING VISUALLY IMPAIRED				

WHAT TYPE OF EQUIPMENT WILL YOU USE? <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">MONO SKI</td> <td style="width: 25%;">SKI BIKE <i>(Must have your own bike)</i></td> <td colspan="2" rowspan="4" style="vertical-align: top;"> FIRST TIME PARTICIPANT, UNSURE OF WHAT I WILL NEED </td> </tr> <tr> <td>BI-SKI</td> <td>2-TRACK STAND-UP <i>(Two regular skis and poles)</i></td> </tr> <tr> <td>SIGHTED GUIDE</td> <td>3-TRACK STAND-UP <i>(One regular ski and two outriggers)</i></td> </tr> <tr> <td>SNOWBOARD</td> <td>4-TRACK STAND-UP <i>(Two regular skis and two outriggers)</i></td> </tr> </table>				MONO SKI	SKI BIKE <i>(Must have your own bike)</i>	FIRST TIME PARTICIPANT, UNSURE OF WHAT I WILL NEED		BI-SKI	2-TRACK STAND-UP <i>(Two regular skis and poles)</i>	SIGHTED GUIDE	3-TRACK STAND-UP <i>(One regular ski and two outriggers)</i>	SNOWBOARD	4-TRACK STAND-UP <i>(Two regular skis and two outriggers)</i>
MONO SKI	SKI BIKE <i>(Must have your own bike)</i>	FIRST TIME PARTICIPANT, UNSURE OF WHAT I WILL NEED											
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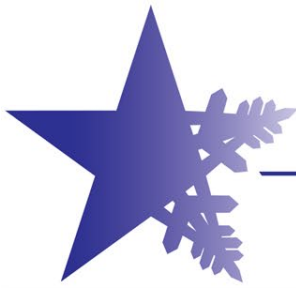
WHAT LEVEL OF SKIER ARE YOU? <i>(Only check those that you plan to do at the clinic)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">ALPINE <i>(Downhill)</i></td> <td style="width: 15%;">BEGINNER</td> <td style="width: 15%;">INTERMEDIATE</td> <td style="width: 10%;">ADVANCED</td> </tr> <tr> <td>NORDIC <i>(Cross-Country)</i></td> <td>BEGINNER</td> <td>INTERMEDIATE</td> <td>ADVANCED</td> </tr> <tr> <td>SNOWBOARD</td> <td>BEGINNER</td> <td>INTERMEDIATE</td> <td>ADVANCED</td> </tr> <tr> <td>SKI BIKE</td> <td>BEGINNER</td> <td>INTERMEDIATE</td> <td>ADVANCED</td> </tr> </table>	ALPINE <i>(Downhill)</i>	BEGINNER	INTERMEDIATE	ADVANCED	NORDIC <i>(Cross-Country)</i>	BEGINNER	INTERMEDIATE	ADVANCED	SNOWBOARD	BEGINNER	INTERMEDIATE	ADVANCED	SKI BIKE	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? <table style="width: 100%; border: none;"> <tr> <td style="width: 80%; text-align: center;">_____</td> <td style="width: 20%;">MENS</td> </tr> <tr> <td style="text-align: center;">_____</td> <td>WOMENS</td> </tr> </table>	_____	MENS	_____	WOMENS
ALPINE <i>(Downhill)</i>	BEGINNER	INTERMEDIATE	ADVANCED																			
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SNOWBOARD	BEGINNER	INTERMEDIATE	ADVANCED																			
SKI BIKE	BEGINNER	INTERMEDIATE	ADVANCED																			
_____	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? <i>(If yes, what type of ski equipment will you bring?)</i> YES NO	WILL YOU BRING YOUR OWN HELMET? <i>(If NO, what size helmet do you wear?)</i> <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">YES</td> <td style="width: 15%;">SIZE:</td> <td style="width: 15%;">S</td> <td style="width: 15%;">M</td> <td style="width: 15%;">L</td> </tr> <tr> <td>NO</td> <td></td> <td>XL</td> <td>XXL</td> <td>XXXL</td> </tr> </table>	YES	SIZE:	S	M	L	NO		XL	XXL	XXXL
YES	SIZE:	S	M	L							
NO		XL	XXL	XXXL							

DO YOU OWN YOUR OWN SKI BIKE? YES NO	IF YES, DO YOU PLAN TO BRING YOUR OWN SKI BIKE? YES NO
--	--

The National Disabled Veterans Winter Sports Clinic does not provide Ski Bikes. If you own your own Ski bike you may use it during lessons, you may not allow others to use your equipment.



National Disabled Veterans **WINTER SPORTS CLINIC**

Miracles on a Mountainside

Goals and Training Forms

The National Disabled Veterans Winter Sports Clinic is a clinical rehabilitation event. It is our expectation that you are setting goals and training in preparation for your participation in this program. We hope you are working with your local rehabilitation staff in setting your goals and developing a training regimen. While this is not required, they do have the ability to assist with goal setting and the ability to work with you for training purposes and local adaptive program opportunities.

The Goals and Training forms are required in order for you to be accepted to the National Disabled Veterans Winter Sports Clinic.

Please ensure your name is at the top of both pages, if you are attending with a team and have a coach you are working with, please have them sign the form as well.

We look forward to working with you!!



KEEPING OUR PROMISE TO
AMERICA'S VETERANS

VA



U.S. Department
of Veterans Affairs

Veteran Participant: _____ Coach (if attending with a team): _____

2023 National Disabled Veterans Winter Sports Clinic - Training History & Event Preparation Form

1. What leisure or sports activities are you currently involved in with the VA?

1. _____ 2. _____
3. _____ 4. _____

How often do you participate in above? Daily Weekly Monthly Yearly Other _____

2. What leisure or sports activities are you currently involved in independently?

1. _____ 2. _____
3. _____ 4. _____

How often do you participate in above? Daily Weekly Monthly Yearly Other _____

3. What type of training are you involved in to prepare for the rigorous activity of adaptive skiing?

- Exercising - walking, jogging, riding bike, swimming, yoga
 Weight or strength training
 Skiing at local resort
 Other: _____

4. What leisure or sport education are you involved in to prepare for the Winter Sports Clinic?

- Education regarding altitude sickness
 Losing weight, improving diet, increasing overall fitness
 Smoking cessation
 Minimizing alcohol and drug usage

Returning Veterans Only

1. Did you reach your goals during the 2022 Winter Sports Clinic? YES NO

If no, please explain why not _____

2. What goals did you meet?

- | | |
|---|--|
| <input type="checkbox"/> Enhance knowledge of adaptive sports programs available in local communities | <input type="checkbox"/> Improve mental health |
| <input type="checkbox"/> Improve fitness or physical performance level | <input type="checkbox"/> Increase socialization skills |
| <input type="checkbox"/> Learn or re-learn leisure or sports skills | <input type="checkbox"/> Improve quality of life |
| <input type="checkbox"/> Maintain current level of function | <input type="checkbox"/> Other _____ |

3. Did you reach your goals specifically pertaining to skiing? YES NO

If no, please explain why not _____

4. What goals did you meet pertaining to skiing?

- Learn to ski
 Gain knowledge of adaptive equipment (what is available, how to secure my own equipment)
 Learn or re-learn leisure or sports skills
 Improved my skills (Circle) Beginner>Intermediate, Intermediate>Advanced, Advanced>Independent
 Independent skier, improved my skills (Circle) Green>Blue, Blue>Black, Expert & Moguls
 Other _____

Veteran Participant: _____ Coach (if attending with a team): _____

2023 National Disabled Veterans Winter Sports Clinic - Training History & Event Preparation Form

Veteran Participant Rehabilitation Goals

1. What goals are you setting for attending the NDVWSC?

- Improve fitness/physical performance level
- Improve mental health
- Enhance knowledge of adaptive sports programs available in local communities
- Learn/re-learn leisure skills (skiing-hockey-curling-kayaking)
- Improve quality of life
- Increase socialization skills
- Maintain current level of functioning
- Other _____

2. What goals are you setting specific to skiing?

- Learn to ski
- Gain knowledge of adaptive equipment
- Advance my existing skills (choose one)
 - ___ Beginner to Intermediate
 - ___ Intermediate to Advanced
 - ___ Advanced to Expert
- Ski with total independence
- Already independent, improve my level of skill to (choose one)
 - ___ Green
 - ___ Blue
 - ___ Black
- Other _____

3. Based on your above stated goals, what do you have in place and how do you intend to meet the goals listed above _____

4. In addition to Skiing, what do you hope to participate in while at the clinic this year?

- ___ Education Sessions
- ___ Social Events
- ___ Curling
- ___ Sled Hockey
- ___ Aspen/Glenwood Springs Trip
- ___ Rock Climbing Wall
- ___ Fly Fishing
- ___ Other _____

Is there any other information you feel is pertinent in regards to your goals that will enhance your experience?



VA



U.S. Department
of Veterans Affairs



LICENSE FOR USE AND PUBLICATION OF PHOTOGRAPHS AND PERSONAL
INFORMATION

For valuable consideration received, I hereby grant the following rights and permissions to Disabled American Veterans (DAV) and other persons or organizations to whom DAV extends these permissions (DAV and all such persons and organizations, collectively, the "Licensees"). Licensees have the irrevocable, perpetual and unrestricted right and permission to take, use, re-use, publish, and republish any photographic portraits or pictures (collectively, "Images") of me or in which I may be included, in whole or in part, and to do so for any lawful purpose. Licensees shall have the right to alter such Images in any way without restriction and without my inspection or approval.

I also acknowledge that I may have disclosed details relating to my life and/or disability ("My Story") to an agent of DAV other than one acting as an accredited representative. I hereby grant to Licensees the irrevocable, perpetual and unrestricted right to publish My Story for any lawful purpose. I expressly waive any and all claims against Licensees that may arise because of the publication of Images or My Story including, without limitation, invasion of privacy.

If you agree to this release and waiver, please sign it at the place provided below.

Patient and Model Name (Printed): _____

Address: _____

Phone Number: _____ **Second Phone Number:** _____

Primary Email: _____ **Secondary Email:** _____

If Minor, Name of Parent/Guardian (Printed): _____

Signature: _____ **Date:** _____

Please return this release to: Teresa Parks

2121 N. Avenue

Grand Junction, CO 81501 or Fax 970-244-7726 or Scan Teresa.Parks@va.gov



CONSENT FOR PRODUCTION AND USE OF VERBAL OR WRITTEN STATEMENTS, PHOTOGRAPHS, DIGITAL IMAGES, AND/OR VIDEO OR AUDIO RECORDINGS BY VA

NAME OF INDIVIDUAL WHOSE STATEMENT, LIKENESS, OR VOICE IS REQUESTED

NOTE: The execution of this form does not authorize production or use of materials except as specified below. The specified material may be produced and used by VA for authorized purposes identified below, such as education of VA personnel, research activities, or promotional efforts. It may also be disclosed outside VA as permitted by law and as noted below. If the material is part of a VA system of records, it may be disclosed outside VA as stated in the "Routine Uses" in the "VA Privacy Act Systems of Records" published in the Federal Register.

The purpose of this form is to document your consent to the Department of Veterans Affairs' (VA) request to obtain, produce, and/or use a verbal or written statement or a photograph, digital image, and/or video or audio recording containing your likeness or voice. By signing this form, you are authorizing the production or use only as specified below.

You are NOT REQUIRED TO CONSENT TO VA's REQUEST to obtain, produce, and/or use your statement, likeness, or voice. Your decision to consent or refuse will not affect your access to any present or future VA benefits for which you are eligible.

You may rescind your consent at any time prior to or during production of a photograph, digital image, or video or audio recording, or before or during your provision of a verbal or written statement. You may rescind your consent after production is complete if the burden on VA of complying with that request is not unreasonable considering the financial and administrative costs, the ease of compliance that number of parties involved, and _____ (To Be Completed by the VA).

THE PHOTOGRAPH, DIGITAL IMAGE, AND/OR VIDEO OR AUDIO RECORDING WILL BE PRODUCED WHILE I AM (describe the activity or situation) (To Be Completed by the Department of Veteran Affairs, if applicable)

CHECK AT LEAST ONE OF THE FOLLOWING (to be completed by VA)

I hereby voluntarily and without compensation authorize _____
NAME OF FACILITY

to produce a photograph, digital image, and/or video or audio recording of me (or of the above named individual if the individual is legally unable to give consent).

I hereby voluntarily and without compensation authorize _____
NAME OF FACILITY

to obtain or use a verbal or written statement from me (or the of the above named individual if the individual is legally unable to give consent).

Supportive Health Care Needs:

Medical care supervision will be provided throughout the event. Support personnel must accompany all participants requiring daily supportive care or assistance in activities of daily living. Nursing care for ADLs such as bathing, showering, and catheter care is **not planned**.

The NDVWSC does not supply any DME equipment. If accepted, work with your coach or VA facility for DME equipment. In addition, in your acceptance packet we will provide a Point of Contact where equipment can be purchased/rented.

We recommend that if you anticipate needing personal equipment or supplies such as catheters, leg bags, irrigating solutions, etc., plan to bring these items with you, or arrange for them through a local pharmacy.

Cost – Participants:

Participants are responsible for their room charges and incidentals and airfare and/or transportation costs to the event. Hotels will **require** cash or a credit card at check-in for incidentals. Ground transportation will be provided by the VA Western Colorado Healthcare System and Snowmass Village properties. There will be a \$10.00 portage fee charged to your room. Additional transportation that is not related to the event will be the responsibility of the participant. Ski instruction, ski equipment, lift tickets, meals and all other related clinic activities and functions will be free of charge. ***To avoid confusion and possible loss of funds, please do not make any travel or lodging reservations until you have received the letter notifying you of your acceptance to the NDVWSC.***

Cost – Coaches, Family, Friends and Support Personnel:

Coaches, family, friends and support personnel are responsible for their room charges, the cost of all transportation not included in the event, meals, lift tickets and ski equipment rentals. The Viewline and Wildwood are reserved for Accepted Veteran Participants.

To avoid confusion and possible loss of funds, please do not make any travel or lodging reservations until you have received the letter notifying you of your acceptance to the NDVWSC.

Lodging – Participants:

Participants' lodging is planned at The Viewline Hotel (for wheelchair athletes only), or the Wildwood Hotel (For all ambulatory participants). Lodging information will be sent to you upon acceptance.

Special Note to Coaches:

Snowmass Village will not accept government purchase orders. Please be sure to make your payment arrangements to avoid any last minute confusion.

Travel:

Snowmass Village is located just eight miles from Aspen's Sardy Field, the most convenient ski resort airport in the United States. It is serviced by two major airlines.

Meal Plan:

Participants receive all meals free of charge beginning with the Taste of Snowmass on the afternoon of Sunday, March 26th. Coaches, family, friends and support personnel are responsible for the cost of their meals. More information regarding meal plans will be sent in the acceptance package.

Please Remember:

- Bring with you all necessary medications that you will require.
- Mail your completed application and forms no later than November 30, 2022.
- **Please double check to make sure you have all the medical information the application requires in addition to the two medical pages enclosed.**

Please Note: After you have been accepted to the 2023 National Disabled Veterans Winter Sports Clinic, you will receive information that will enable you to make room and airline reservations.

