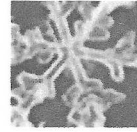


Alpine Alternatives
Lift Lines
December, 2015



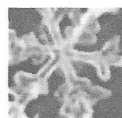
Hurray! Ski season is here, so Alpine Alternatives and Hilltop Ski Area are preparing for our Downhill Ski Program. We are looking forward to a fun and exciting ski season with good weather and fine powder. Vanessa Hartley, the Program Director, will be working to insure a safe and fun program. If at any time you are unable to attend a lesson, please let Vanessa know by calling her at 310-9551 at least (1) hour prior to the lesson time.

Skiing will begin January 17th, 2016. The sessions will be (8) weeks. Any cancellations due to incimate weather will be made up at the end of the 8 weeks.

Although the Alpine Alternatives ski program provides individual instruction and one-on-one ski buddies, the program as a whole is a group activity. Please keep in mind that if your child/young adult does not function well in this type of environment you **MUST** provide a care provider familiar and comfortable with dealing the individual's behavior to assist and monitor their behavior.

If you have any questions regarding program times, please call Nancy at 563-0148 or the office at 561-6655.

Reminder: Fees and memberships must be paid in full, or payment arrangements made, before anyone will be added to the ski roster. Payments may be made at the office, sent by mail, or paid using a credit card through the Alpine website at www.alpinealternatives.org. If you have any questions, please call the Accounting Direct Line at 563-0148.



Alpine Alternatives is a participant in the 2016 Pick.Click.Give. program. Please choose Alpine Alternatives, Inc., when applying for your 2016 Permanent Fund Dividend Applications. Thank you.

Alpine Alternatives

Office: 561-6655

Accounting: 563-0148

Program Director: 310-9551

January 2016

Select Alpine for PFD App's "Pick. Click. Give."

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
17 <u>Week 1</u> 12:00 - 1:45 2:00 - 3:45	18	19	20 4:00 - 5:45 6:00 - 7:45	21 4:00 - 5:45	22 4:00 - 5:45 6:00 - 7:45	23 10:00 - 11:45 12:00 - 1:45 2:00 - 3:45 4:00 - 5:45
24 <u>Week 2</u> 12:00 - 1:45 2:00 - 3:45	25	26	27 4:00 - 5:45 6:00 - 7:45	28 4:00 - 5:45	29 4:00 - 5:45 6:00 - 7:45	30 10:00 - 11:45 12:00 - 1:45 2:00 - 3:45 4:00 - 5:45

February 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1/31 <u>Week 3</u> 12:00 - 1:45 2:00 - 3:45	1	2	3 4:00 - 5:45 6:00 - 7:45	4 4:00 - 5:45	5 4:00 - 5:45 6:00 - 7:45	6 10:00 - 11:45 12:00 - 1:45 2:00 - 3:45 4:00 - 5:45
7 <u>Week 4</u> 12:00 - 1:45 2:00 - 3:45	8	9	10 4:00 - 5:45 6:00 - 7:45	11 4:00 - 5:45	12 4:00 - 5:45 6:00 - 7:45	13 10:00 - 11:45 12:00 - 1:45 2:00 - 3:45 4:00 - 5:45
14 <u>Week 5</u> 12:00 - 1:45 2:00 - 3:45	15	16	17 4:00 - 5:45 6:00 - 7:45	18 4:00 - 5:45	19 4:00 - 5:45 6:00 - 7:45	20 10:00 - 11:45 12:00 - 1:45 2:00 - 3:45 4:00 - 5:45
21 <u>Week 6</u> 12:00 - 1:45 2:00 - 3:45	22	23	24 4:00 - 5:45 6:00 - 7:45	25 4:00 - 5:45	26 4:00 - 5:45 6:00 - 7:45	27 10:00 - 11:45 12:00 - 1:45 2:00 - 3:45 4:00 - 5:45
28 <u>Week 7</u> 12:00 - 1:45 2:00 - 3:45	29					

March 2016

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2 4:00 - 5:45 6:00 - 7:45	3 4:00 - 5:45	4 4:00 - 5:45 6:00 - 7:45	5 10:00 - 11:45 12:00 - 1:45 2:00 - 3:45 4:00 - 5:45
6 <u>Week 8</u> 12:00 - 1:45 2:00 - 3:45	7	8	9 4:00 - 5:45 6:00 - 7:45	10 4:00 - 5:45	11 4:00 - 5:45 6:00 - 7:45	12 10:00 - 11:45 12:00 - 1:45 2:00 - 3:45 4:00 - 5:45
13 <u>Make-ups</u>	14	15	16	17	18	19
Spring Break: March 14 - 18						

Alpine Alternatives, Inc.
2016 Winter Program Registration

Client Name: _____ Age: _____

Membership: () Under age 18/Family \$30.00
 () Age 18 and up \$25.00

Skiing will begin January 17th, 2016. The sessions will be (8) weeks. Any cancellations due to inclement weather will be made up at the end of the 8 weeks.

Cost per (8) week session (please choose activity and time slot below): \$280.00

Total Due (Membership + Fees)\$ _____

- | | |
|-----------------------|---|
| () Downhill Skiing | () Snowboarding |
| Sunday (1/17-3/06) | () 12:00pm - 1:45pm () 2:00pm - 3:45pm |
| Wednesday (1/20-3/09) | () 4:00pm - 5:45pm () 6:00pm - 7:45pm |
| Thursday (1/21-3/10) | () 4:00pm - 5:45pm |
| Friday (1/22-3/11) | () 4:00pm - 5:45pm () 6:00pm - 7:45pm |
| Saturday (1/23-3/12) | () 10:00am - 11:45pm () 12:00pm - 1:45pm
() 2:00pm - 3:45pm () 4:00pm - 5:45pm |

Time slots with low enrollment will be cancelled.

Refunds: Alpine Alternatives, Inc. offers its adaptive outdoor activities at fees comparable to or less than those charged by other organizations that provide non-adaptive activities. We will be able to make a refund ONLY if a client does not participate due to the cancellation of a lesson by Alpine that is not rescheduled because of weather conditions or other unforeseen events beyond the control of the agency. If you have any questions regarding this policy, please call the Accounting Direct Line at 563-0148.

Please return all forms (5 pages) with your payment to the following address by January 15, 2016 to:

Office: Alpine Alternatives, Inc.
 2518 E. Tudor Road, Suite 105
 Anchorage, AK 99507

Fax: 907-566-4240

E-mail: alpinestuff@aol.com

ALPINE ALTERNATIVES, INC.
CLIENT INFORMATION SUMMARY

Date _____

Client Name _____ Date of Birth _____

Age _____ M or F _____ Height _____ Weight _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ E-Mail _____

Physical Description: _____

Please attach current picture

Mother's Name _____ Employer _____

Evening Phone _____ Day Phone _____ Other _____

Father's Name _____ Employer _____

Evening Phone _____ Day Phone _____ Other _____

Individual(s) authorized to pick up client from Alpine events _____

Disability (check all that apply)

_____ Learning Disabled	_____ Spina Bifida	_____ Multiple Sclerosis
_____ Developmentally Disabled	_____ Visually Impaired	_____ Autism
_____ Physically Impaired	_____ ADD/ADHD	_____ Speech Impaired
_____ Hearing Impaired	_____ Cerebral Palsy	_____ Brain Injury
_____ Emotionally Disturbed	_____ Down Syndrome	_____ Other _____

Behavior (check all that apply)

_____ Hyperactive	_____ Hits Others
_____ Temper tantrums	_____ Socially isolated
_____ Loud or abusive language	_____ Inappropriate sexual behavior

Warning signs of emotional or physical outbursts: _____

Techniques for control of inappropriate behavior: _____

Cognitive Ability: _____

Communication skills: _____

Mobility: _____ Ambulatory _____ Non-ambulatory

Special Adaptive Equipment (please list): _____

Allergies: _____

Does this person experience seizures? _____ Type: _____

Duration _____ Name and dosage of seizure medication _____

Fears: _____

Specify type and degree of assistance required:

Toileting: _____

Additional information about the client that you would like to share: _____

Emergency contact (if you cannot be reached): _____

Phone: _____

Primary Physician: _____ Phone: _____

Person(s) responsible for payment of fees: _____

Address: _____ Phone: _____

Person completing this form: _____

Signature _____ Date: _____

**DISABLED SPORTS USA INSURANCE WAIVER & RELEASE OF LIABILITY
and MEDIA RELEASE FORM**



DISABLED SPORTS USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM

In consideration of being allowed to participate in any way in Disabled Sports USA and Alpine Alternatives 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. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to 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 will immediately advise Disabled Sports USA and Alpine Alternatives of such condition(s) and refuse to participate.
2. 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. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Disabled Sports USA and Alpine Alternatives, its affiliated clubs, their representative administrators, directors, agents, coaches, other employees, and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", 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 releasee or otherwise.
5. Acknowledge and fully understand the requirement to use a helmet when participating in the following sports: Alpine skiing, cycling, equestrian, hockey, outdoor rock climbing, snowboarding, white water kayaking and white water river rafting. While I understand that helmets are intended to reduce the risk of serious head injury, I accept that no helmet can fully eliminate or prevent injury to the head, neck, spinal cord, face or any other part of the body. I further recognize that helmets have limited capability as far as shock absorption and that serious injury or death can result from both low and high-energy impacts, even when a helmet is worn. I agree that if the helmet is damaged or involved in any kind of accident, I will stop using it immediately.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X _____
Participant's Signature Participant's Name (PLEASE PRINT CLEARLY) Date

FOR PARTICIPANTS UNDER THE AGE OF 18 Date of Birth _____

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 Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____
Parent/Legal Guardian Signature Parent/Legal Guardian Name Relationship Emergency Phone Date

MEDIA RELEASE FORM

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to Disabled Sports USA and Alpine Alternatives to copyright and/or publish any and all photographs, digital recordings, videotapes and/or film in which I appear may be used for public view. I further agree that Disabled Sports USA and Alpine Alternatives may transfer, use or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

X _____
Participant's Signature Participant's Name (PLEASE PRINT CLEARLY) Date

FOR PARTICIPANTS UNDER THE AGE OF 18

X _____
Parent/Legal Guardian Signature Parent/Legal Guardian Name Relationship Emergency Phone Date

ALPINE ALTERNATIVES, INC.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Alpine Alternatives has an established emergency medical plan. In cases of minor injuries or illness, authorized trained personnel may administer first aid or medication. In cases of serious injury or illness, personnel will call for emergency medical treatment or provide transportation to emergency services as needed. In all cases, a parent/guardian will be notified.

I, as parent/guardian with legal responsibility for this participant, authorize Alpine Alternatives to administer first aid, call for emergency medical treatment, and/or provide emergency transportation as described above to _____. I, as parent/guardian with legal responsibility for this participant, further agree to bear all cost of emergency services provided.

Authorized Signature _____ Date _____

AUTHORIZATION TO UTILIZE AUDIOVISUAL PRODUCTS

Alpine Alternatives has frequent occasion to illustrate and explain its programs and activities for volunteer recruitment, fund raising, enhancing community awareness, news releases, brochures, reports, etc. Toward these efforts it is most beneficial to use photographs of our activities and participants. However, we would never intentionally offend our clients, friends, and supporters without their understanding and consent. Should you feel comfortable in assisting in this manner, we will appreciate your consent.

I, as parent/guardian with legal responsibility for this participant, or as a volunteer/staff of legal age, consent to Alpine Alternatives, Inc. using any audiovisual products for such purposes as described above .

Authorized Signature _____ Date _____