



JOIN US FOR AN ADVENTURE IN THE COLORADO MOUNTAINS!

ADAPTIVE SPORTS CENTER TRIP

Sunday, March 1 - Thursday, March 5

 **Register by Friday, December 6**

NSSRA is heading back to the mountains for another trip of a lifetime to Adaptive Sports Center (ASC) in Crested Butte, Colorado! ASC, founded in 1987, started with a small, but passionate group of individuals that began offering ski instruction and equipment to participants with disabilities. ASC is now a therapeutic recreation organization that operates year-round with activities ranging from mountain biking and skiing to ice climbing and kayaking.

Together, ASC and NSSRA offer participants a ski/snowboarding trip in the mountains of beautiful Crested Butte, Colorado. No prior experience with skiing or snowboarding is necessary; ASC staff will pair up with our group to provide adaptations and individualized lessons. Pack your warm winter clothes and join us for an exhilarating adventure! **Please bring spending money if you would like to buy snacks or souvenirs. Fee includes airfare, bus shuttles, meals, accommodations and all associated skiing/snowboarding costs.**

New participants must attend an NSSRA overnight trip prior to the registration deadline so NSSRA can assess the individual's readiness for this trip. Please note that participants will be sharing a cabin that sleeps 12 with both staff and peers. A trip packet will be sent out one month prior to the trip. All registered participants and guardians must attend a trip information meeting to sign required paperwork.

Participants must be able to meet all general trip expectations. Participants are expected to carry out all activities of daily living independently. Minimal staff guidance and prompting is provided to remind participants of activities of daily living. Participants must be independent for periods of time where staff supervision and assistance is not available, including overnight sleeping, down time, personal care and hygiene.

**For trip details, please contact Katie James, Recreation Specialist for Trips,
at (847) 509-9400 x6833 or kjames@nssra.org.**





ADAPTIVE SPORTS CENTER
CRESTED BUTTE, COLORADO

ASC TRIP FAQs



IS THIS TRIP LIMITED TO THOSE WHO USE ADAPTIVE EQUIPMENT OR HAVE A PHYSICAL DISABILITY?

Absolutely not! ASC serves participants of all abilities and diagnoses. The largest disability group served are with a cognitive impairment.



DO YOU NEED TO HAVE PRIOR EXPERIENCE SKIING OR SNOWBOARDING TO ATTEND THIS TRIP?

The Adaptive Sports Center staff have experience working with individuals who have never skied before and will tailor a therapeutic experience to help each person grow as a skier/snowboarder at his or her own pace.



HOW MUCH TIME WILL PARTICIPANTS SPEND SKIING/SNOWBOARDING?

Each participant will be scheduled for three full days of skiing/snowboarding. A full day consists of lessons from 9:30 am – 12:00 pm and 1:00 – 3:30 pm. Many adaptations can be made if a participant becomes fatigued, including adaptive equipment and alternate activities. This trip includes outdoor activities such as skiing, snowboarding and snowshoeing and will require significant walking for activities in the winter weather. It is not recommended that you register if you tire easily when walking or if you do not have the desire to ski or snowboard for the majority of each day.



WILL NSSRA STAFF BE SUPERVISING PARTICIPANTS WHILE SKIING/SNOWBOARDING?

NSSRA staff will supervise participants while not in lessons, and assist participants and ASC staff in forming relationships. This begins with a recorded interview of each participant prior to the trip, which will be sent to the Adaptive Sports Center along with registration information. From there, ASC staff will match participants with the best possible instructor.

When on the slopes, participants will be paired with an ASC professional instructor and a volunteer. ASC staff are highly trained and extremely knowledgeable in the field of adaptive recreation and will provide individual attention to each participant so they are able to reach their goals.



WHAT DOES TRAVEL LOOK LIKE?

The group will travel from O'Hare International Airport to Gunnison, Colorado. From there, ASC staff will pick up the group and drive to Crested Butte. ASC logistics experts will plan air and ground travel for our group. Depending on flight times and cost, air travel will either be a direct flight to Gunnison, or connecting flights transferring through Denver.



WHERE WILL THE GROUP STAY?

The group will be staying at Adaptive Sports Center's Gothic Lodge, which has four participant rooms, each with several single twin beds. Participants will share rooms with peers of the same gender. Staff will not be present in any rooms overnight, but will be present in the building. To arrange for a single room, please contact Katie James, Recreation Specialist for Trips, to make arrangements, if available, by the registration deadline.





nssra
Northern Suburban Special
Recreation Association

ASC COLORADO

Registration Deadline: Friday, December 6, 2019

Mail or Drop Off: NSSRA | 3105 MacArthur Blvd., Northbrook, IL 60062

Fax: (847) 509-1177 • Email: registration@nssra.org

Online: register.nssra.org

For more information or with questions, contact Katie James at
(847) 509-9400 x6833 or kjames@nssra.org.

PARTICIPANT INFORMATION

Participant's Name: _____ Age: _____ Grade: _____ New Participant? ☐ Yes ☐ No

If you answered yes or if any information has changed since last season, please complete the fields below:

Address: _____ City: _____ Zip: _____

Primary Contact Name/Phone: _____ Email: _____

Primary Emergency Contact Name/Phone: _____

Participant's School/Work: _____ Teacher/Contact Name: _____

School/Work Phone: _____ School Dismissal Time: _____

Diagnosis: _____ ☐ Participant Requires Medication During Program

REGISTRATION INFORMATION

-----Registration is also available online at register.nssra.org-----

Program	Code	Fee
<input type="checkbox"/> ASC Colorado (Sunday, March 1 - Thursday, March 5, 2020)	101001-61	\$600 Deposit (Approximate fee will be \$2,300 - \$2,600)

Waiver and Release of All Claims

Please read this form carefully and be aware in registering yourself or your minor child/ward for participation in an NSSRA program, you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of said program(s). I recognize and acknowledge that there are certain risks of physical injury to participants in a program, and I agree to assume the full risk of any injuries, damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program (including transportation services and vehicle operation, when provided). I agree to waive and relinquish all claims I or my child/ward may have as a result of participating in the program against NSSRA and its officers, agents, servants, and employees. I do hereby fully release and discharge NSSRA and its officers, agents, servants, and employees from any and all claims from injuries, damage or loss which I or my minor child/ward may have or which may accrue to me or my child/ward and arising out of, connected with, or in any way associated with the activities of the program. I further agree to indemnify and hold harmless and defend NSSRA and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program. In the event of any emergency, I authorize NSSRA officials to secure from any licensed hospital, physician and or medical personnel any treatment deemed necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I have read and fully understand the above Program Details, Waiver and Release of All Claims and Permission to Secure Treatment.

➔ EACH REGISTRATION FORM MUST BE SIGNED*

Participant/Parent/Guardian: _____ Date: _____ Please Print Name: _____

**If registering by fax or electronically your facsimile or electronic signature shall substitute for and have the same legal effect as an original form signature.*

PAYMENT INFORMATION: This Section Must Be Completed

☐ If paying by check, please fill in your check number here: _____

☐ If you are using Mastercard, Visa, Discover or American Express, please complete the following section:

Please check one: ☐ Mastercard ☐ Visa ☐ Discover ☐ AMEX

Cardholder Name: _____ Card Number: _____

CVV #: _____ Exp. Date: _____ Billing Zip Code: _____ Amount of Charge: \$ _____

Authorized Signature: _____

OFFICE USE ONLY:

Registration Complete

Date: _____

Time: _____

Receipt #: _____