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Youth Development Ski Camp Skier Application

Camelback Ski Resort
Pennsylvania Center for Adapted Sports/DSUSA

Today's Date

____/____/____

Name

 Last First Initial

Address

 Street

 City State Zip

Phone

 Daytime Phone Number Evening Phone Number

email Address

 email Mobile Phone Number

Sex

Male Female _____
 Date of Birth Age

Parent/Guardian
 (if under 18)

 Name Day Phone Evening Mobile

**In case of Emer-
 gency**

 Name Day Phone Evening Mobile

Disability

SCI Other _____
 Cerebral Palsy
 Amputee _____
 MS Affected limb(s) Level

Height/Weight

 Height Weight

Medications

List all:

Physician

 Name Office Phone

Skier Application (YDC)

(Fill out Reverse Side)