



Special Needs Student Application Form

This form must be returned to Wild Mountain three weeks prior to ski day.

Mail to: Box 235 Taylors Falls MN 55084 or Fax to: 1-651-465-0506

All information must be complete.

School Name & Address: _____

Date of Visit: _____ Approximate Arrival: _____

Teacher Responsible for the Student during the visit to Wild Mountain:

Name: _____

Student Information:

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Home: _____ Cell Phone: _____

Parents Name: _____

Height: _____ Weight: _____ Sex: M _____ F _____

Primary Disability: _____ Date of Onset: _____

Secondary Disability: _____

Wheelchair: _____ Manual _____ Electric _____ Crutches: _____

Seizures: Y or N Stand Up Skier: Y or N Sit Down Skier: Y or N

Briefly describe previous skiing experience and/or physical activities & leisure interest:

PARENTAL CONSENT:

Signature _____ Date _____