

## NORDIC SKI SPECIFIC PROGRAM INFORMATION

1. Have you ever Nordic skied before?
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2. What type of equipment do/would you use to ski? (circle one)

Stand up skis      Sit down ski

***If not sure of equipment:***

Can you right yourself independently after a fall?

Can you shake someone's hand with significant strength?

Can you support your body weight with your arms?

How is your balance? (circle one)      poor      fair      good  
great

3. What is your height? \_\_\_\_\_
4. What is your weight? \_\_\_\_\_
5. What is your shoe size? \_\_\_\_\_

\*Please list this information as accurately as possible so we can better fit you with equipment

Please remember to bring the following to your lesson:

Warm, waterproof jacket, pants and gloves  
Non-cotton socks  
Protective eyewear (goggles or sunglasses)  
Hat, Helmet or ear band  
Sunscreen

\*If you do not have one or more of these items, limited supplies are available to borrow from the National Ability Center

PARTICIPANT'S NAME:

DATE: