**SKI**

# REQUEST FOR CADS Certification

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Today’s date** |  | | | | | | |
| Contact INFORMATION | | | | | | | |
| ***Name of Division*** |  | | | | | | |
| **Location (Name of ski area)**  **& PROVINCE** | | | | | **Does this Ski Area require a Certificate of Insurance (COI)?** | | |
|  | | | | |  | | |
| **Dates** | | **Start Time** | | **End Time** | | **Meeting Location** | |
|  | |  | |  | |  | |
| **Language**  **(French, English or Bilingual)** | | |  | | | | |
| **Contact Person Name** | | | **Contact Email** | | | | **Contact Ph Number** |
|  | | |  | | | |  |
| **Course Conductor**  **(If different than contact person)** | | | **Other Course Conductor names**  **(If any)** | | | | |
|  | | |  | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| PREP OR EVALUATION INFORMATION (Please place an X in the appropriate box or boxes) | | | | | | | |
| **Type of certification** | **Participant Clinic or Prep** | |  | **Level 1 – VI**  **Module** | N/A | **Level 2 – VI**  **Module** | N/A |
| **Level 1 – Complete** | | N/A | **Level 1 – Sit ski Module** | N/A | **Level 2 – Sit ski Module** | N/A |
| **Level 2 – Complete** | | N/A | **Level 1 – ASD/CI Module** |  | **Level 2 – ASD/CI Module** | N/A |
| **Level 3**  **Complete** | | N/A | **Level 1 – 3 & 4 Track Module** | N/A | **Level 2 – 3 & 4 Track Module** | N/A |
|  | |  | **Crossover Level 1**  **SB to Ski** | N/A | **Crossover Level 2**  **SB to Ski** | N/A |
| **Retest for which evaluation or module?** | | | | | | | | |
| **Other type of training? Please describe:** | | | | | | | | |
| **Fees** | **CADS National**  **Admin Fee:** | | | **$ 50.00** for a complete **or**  **$20.00** for a single module  **\*\*Please advise CADS National if the Division will be paying the fees Prior to the course registration.\*\*** | | | | |
| **CADS Division**  **Admin fee:** | | | $ | | | | |
| **CADS Program**  **Admin fee:** | | | $ | | | | |
| **Total registration cost to Participant:** | | | | $ | | | |
| **Any special notes /**  **Other important information** | |  | | | | | |

Please send this form to the CADS national office

<[**amy@cads.ski**](mailto:amy@cads.ski?subject=CADS%20Course%20Request%20Form) > ***AND*** To your **Provincial Division**

British Columbia requests must also go to < [info@bcadaptive.com](mailto:info@bcadaptive.com?subject=Course%20request%20form) >