

NORTHSTAR-AT-TAHOE™ RESORT

How to Apply for your 2010 Summer Adaptive Season Pass:

The Northstar Adaptive Mountain Bike Pass is available to a person who requires adaptive equipment in order to bike and or is legally deaf, or has an amputation, physical condition or cognitive disability. Both aspects of the criteria must be met for your Adaptive pass to be approved and issued. Not all applicants are approved. Anyone who chooses not to answer questions on the application or submit the proper forms may purchase a daily bike ticket for \$25.00 although proof of the disability is still required. Anyone who chooses not to answer questions on the application or submit the proper forms, may purchase daily lift tickets at our regular rates or apply for a regular season pass.

STEPS:

- 1) **Get the 'Physician's Form' completed by your physician.** The Physician's Form must be sent in with your Adaptive Pass Application form. The Physician's Form must be dated within 30 days of your Adaptive Pass application date.
- 2) **Download the Release of Liability. Read and sign.** The 2010 Release of Liability must be signed and included with your Adaptive Pass Application form.
- 3) **Complete the Adaptive Pass Application.** Provide payment information: either your credit card number to charge or include your check.
- 4) **Once steps 1, 2 and 3 are completed, send in all your paperwork by mail, fax or in person to either Northstar or Sierra's Season Pass office.**
 - A) The Adaptive Pass application
 - B) Your Physician's Form (dated within 30 days of the Application Date)
 - C) The signed Release of Liability
 - D) Payment

Northstar-at-Tahoe Resort
Attn: Season Pass Office

By Mail: P.O. Box 129, Truckee, CA 96160

By Fax: Fax #530.562.3535

In Person: Located by the Ice Skating Rink in Northstar Village

- 5) **Your paperwork will be reviewed and must be approved by Northstar before this pass is issued to you.**
 - **It takes us about 72 hours (3 business days) from the date all paperwork is received, to review and process your documents. For example, if we receive all your paperwork on a Monday morning, our review will be completed on Thursday morning.** We appreciate your patience and understanding about this.
 - We must have all your paperwork together (see steps 1, 2 and 3) to consider your application. Current paperwork must be completed and submitted each season.
 - **When our review is completed, we will contact you by letter or by email with our decision.** If you are approved, our email or letter will provide details on how the pass will be sent to you. Please understand that not all applications received are approved for an Adaptive Pass.
 - All season pass holders must have a photo on file before the pass can be used.

If you have any questions about the Adaptive Pass application process, please contact us:

Northstar Resort: PassOffice@NorthstarAtTahoe.com or 530.562.2267

NORTHSTAR-AT-TAHOE™ RESORT 2010 ADAPTIVE BIKE PASS APPLICATION

Last Name: _____ First Name: _____

Date of Birth: ____/____/____ Mailing Address: _____

City _____ State _____ Zip _____

Email Address: _____ Phone (Home): _____ Phone (Cell): _____

• By providing your email address, you will receive email invitation to sign up for e-newsletters on snow conditions, discounts, resort news & special events. Must be 13 years or older.

- Adult pass (age 19+) is \$99, Youth pass (age 5-18) is \$75**
- Pass is valid any day of the 2010 summer season at Northstar**
- All Passes require a photo taken at a Season Pass office at Northstar**
- Separate Release of Liability Form must be signed and submitted with this application**
- Separate Physician's Form must be completed by the applicant's physician and submitted with application**

This Adaptive Season Pass Application with all completed forms may take up to 72 hours to approve. Please allow for sufficient processing time. Anyone who chooses not to answer questions on the application or submit the proper forms may apply for a regular season pass.

If you have lost your Season Pass from last season and would like a new one: check here **Yes, please send a new one**

Select one of these pass types:

Adult Adaptive Pass Age 19+ \$99 **Youth Adaptive Pass Age 5-18 \$75**

If applicable, please identify any adaptive equipment that will be used:

Method of Pass Payment (check one) **Check # _____ Attached** **OR by Credit Card:** **AMEX** **Visa/MC** **DISC**

Credit Card # for payment: _____ **Expiration Date:** _____

Signature: _____ **Date:** _____

If credit card is the method of payment, I authorize use of the above described credit card.

Comment Field checked? Yes/ No
Physician Form attached? Yes /No
Release Signed? Yes / No
Approved by _____ Guide: Y /N
Account #: _____
Date Mailed: _____

Office Use Only

NORTHSTAR-AT-TAHOE™ RESORT & SIERRA-AT-TAHOE® RESORT

Northstar/Sierra Office Use Only

Applicant Acct #: _____

Form reviewed by: _____

Physician's Form

To be completed by Physician and included with 2010 Adaptive Bike Pass Application

The Northstar Adaptive Mountain Bike Pass is available to a person who requires adaptive equipment or adaptive bike techniques in order to bike, and is legally deaf, or has an amputation, physical condition or cognitive disability. Both aspects of the criteria must be met for an Adaptive pass to be issued by Northstar-at-Tahoe Resort. An Adaptive Pass application is to be submitted for consideration, along with this Physician's form. Anyone who chooses not to answer questions on the applications or forms may apply for a regular season pass. Application and forms must be submitted each season.

The following conditions may constitute a disability that qualifies for the Adaptive Pass:

Amputations: any single or combination of hand, arm, foot, leg amputations.

Deaf: Individuals who wear two hearing aids or are profoundly deaf in both ears. A hearing loss of 35 decibels or more in both ears is considered Deaf. This pass is for individuals that use sign language or lip reading as a primary form of communication.

Cognitive Disabilities: a mental impairment that affects the ability to process information and/or coordinate and control the body, which limits the individual's ability to navigate the mountain safely and independently. (e.g. Severe Cognitive impairments, Autism, Down Syndrome, TBI-traumatic brain injury that results in severe cognitive impairments. An IEP is required for children with cognitive disabilities.) Individuals that are on social security disability will be reviewed case by case.

Physical Disabilities: Any individual with a permanent physical disability that requires adaptive equipment or adaptive ski technique. Having a disability or illness alone does not qualify for an adaptive pass. Individuals that are on social security disability will be reviewed case by case.

If you have any questions before you complete this form, please contact us at:

Northstar Resort: PassOffice@NorthstarAtTahoe.com or 530.562.2267; or Sierra Resort: VertPlus.St@BoothCreek.com or 530.659.7453

Patient's Name: _____

Primary Diagnosis: _____

Describe how this patient is qualified to receive an Adaptive Pass? What special considerations are required?

Physician's Name: _____

State Reg #: _____

Facility/Group Name: _____

Degree: _____

Address: _____

Office Telephone # _____

City: _____

State: _____

Zip: _____

Physician's Signature: _____

Date: _____

I verify that all information stated is true to the best of my knowledge)