

WOUNDED HEROES FAMILY ADVENTURES APPLICATION



Please be advised that, although this is called a Ski Week, it is NOT a vacation. It is a week to work on family healing, and skiing is one of the activities that are part of this process.

Selection Criteria for the Wounded Heroes to be chosen are as follows:

- The Hero has served and been injured in the Iraq/Afghanistan conflicts or the Global War on Terrorism.
- The Hero has suffered serious injuries which have limited their ability to participate in regular outdoor recreational activities. Typical injuries from past events include Traumatic Brain Injury (TBI), Post-Traumatic Stress Disorder (PTSD), amputation, internal injuries, burns, major leg/arm/chest/back surgeries, lost/reduced eyesight or hearing, etc.
- The Hero has a spouse/partner and has children, all of whom must be available to participate in the event. Families must have at least one child age 6 or older living at home. Children must be at least 6 years old to participate in the Winter Ski Program or 8 years old to participate in the summer program and be permitted to be absent for a week from school. Families with children younger than the required ages must agree to leave younger children at home with a caretaker.
- The Hero must be able to obtain their doctor’s release to participate in a certified adaptive outdoor recreational program.
- The Hero and family should be available and willing to take lessons and fully participate in all of the planned outdoor activities and the Family Program sessions.
- The Hero shall have attended few, if any, other multi-day Wounded Warrior programs.
- **For Family Ski Week only: The Hero must weigh less than 220 lbs if unable to ski standing up, see details below.**

Any of the above criteria may be waived at the discretion of the Participant Selection Committee.

Which program(s) are you applying for? (check all that apply)				<input type="checkbox"/> Family Ski Week–April	<input type="checkbox"/> Family Mountain Adventure–June
HERO’S INFORMATION					
Hero’s First Name			Hero’s Last Name		
Branch of Military Service		Rank		Military Status <input type="checkbox"/> Active <input type="checkbox"/> Retired	
Family’s Primary Phone No.	Hero’s Cell No.		Hero’s Email Address		
Mailing Address					
City			State	Zip	
WARRIOR’S WEIGHT & HEIGHT – Must be filled out when applying for Family Ski Week					
<i>This information needs to be provided for the safety of our ski instructors and volunteers. Heroes must not weigh more than 220 pounds if they are not able to stand up and ski on their own (i.e. will be using a sit ski or monoski). Heroes who weigh in excess of 250 pounds must be able to stand up on their own after a fall in the snow and be able to walk on their own for 50 yards.</i>					
Warrior’s Weight (lbs.)		Warrior’s Height (in.)			

FAMILY INFORMATION	
SPOUSE	
Spouse’s First Name	Spouse’s Last Name
Spouse’s Email Address	Spouse’s Cell No.

CHILDREN

AGE: All children must be at least 6 years old for the winter program and 8 years old for the summer programs.

SCHOOL: If children are in school, please contact school officials to determine if they will be allowed to miss a week of school. We will, if asked, send letters to schools to help obtain permission to miss school.

Child's First Name	Child's Last Name	Birthdate

List additional children on the last page of this form.

INJURY INFORMATION

Location where injury took place:

Year of injury

Please describe injuries (include diagnosis, e.g. PTSD, TBI, seizures, etc.):

Please describe special considerations needed (e.g. wheelchair accessibility, medical problems associated with high altitudes, etc.):

What activities does the Hero engage in regularly? (e.g. work, school, volunteer)

OTHER INFORMATION

What is the main reason for the Hero's interest in this program?

During this program, what one issue or concern would the Hero and Spouse wish to overcome or address?

Why is your Family interested in this program?

Will all of the family ski/snowboard? Yes No

Has the Hero ever attended any other Multi-Day Wounded Warrior family events? Yes No

How did you hear about the Wounded Heroes Family Mountain Experience? (check all that apply)

VA Online Friend WTU AW2 Care Coalition Other

Is there anything else you would like to tell us? You can also list additional children here.

Signature of Person Submitting Form

Date

Submission Instructions:

Print out the completed form and mail it to:

Wounded Heroes Family Adventures, P.O. Box 5318, Breckenridge, CO 80424-5318.