



APPLICATION FOR ADMISSION

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Admission approval is based on clinical, social, medical, educational, and behavioral appropriateness. Previous therapeutic information may be required to determine enrollment eligibility. Please sign and date the Release of Information Authorization and Consent, included in this application, so that we may request such records as needed. Also, please include any current therapeutic / psychological evaluations with this application.

**Please email completed application and accompanying documents to
jcumings@academyatsisters.org
Or fax (541) 389-2897 - Attention: Janice Cummings**

THE ACADEMY AT SISTERS

APPLICATION FOR ADMISSION

A. STUDENT INFORMATION

Student's Full Name

Preferred Name (Nickname, etc.)

Age

Date of Birth

Height

Weight

Eye Color

Hair Color

Distinguishing features (birthmarks, scars, tattoos, piercings, etc.)

Is the student adopted. If so, at what age?

Status of Parents (married, divorced, separated)

With whom does the student live?

Custodial Status (sole, primary, joint custody)

If either parent is remarried, please list step-parents

List parents who will be involved in the student's treatment program

Who is the financial sponsor? Name, Address, Phone, Email

What are the current clinical/ emotional/ behavioral issues? Check all that apply

Depression

Oppositional Defiant(ODD)

Alcohol Use

Sexually Active

Anxiety

Obsessive Compulsive (OCD)

Drug Use

Angry/ Resentful

Low Self-Esteem

Trauma/ Abuse

Self-Harm

Negative Peer Group

Bipolar

Relationship issues

Suicide Attempts

Withdrawn

ADD/ADHD

Eating Disorder

Runaway Behavior

Poor Grades

Specific events / behaviors leading up to enrollment in the Academy at Sisters

B. FAMILY INFORMATION

Please submit a copy of the court order relating to custody of applicant with this application, if applicable. Custodial parent must sign where parental signature is required.

Who has legal Custody?

Parents are:	Biological	Adoptive	Legal Guardian	(Please list parents even if deceased)
Mother/Father	Date of Birth	Business Name	Occupation	
Home Phone	Cell Phone	Work Phone	Annual Income	
Street Address	Email Address	Highest Education Completed		
City, State, Zip	Marital Status	Divorced	Widowed	
	Single	Married		
If Remarried, Spouse Name	Spouse Email	Spouse Cell Phone	Spouse Work Phone	

Mother/Father	Date of Birth	Business Name	Occupation	
Home Phone	Cell Phone	Work Phone	Annual Income	
Street Address	Email Address	Highest Education Completed		
City, State, Zip	Marital Status	Divorced	Widowed	
	Single	Married		
If Remarried, Spouse Name	Spouse Email	Spouse Cell Phone	Spouse Work Phone	

Other Guardian	Date of Birth	Business Name	Occupation	
Home Phone	Cell Phone	Work Phone	Annual Income	
Street Address	Email Address	Highest Education Completed		
City, State, Zip	Marital Status	Divorced	Widowed	
	Single	Married		
If Remarried, Spouse Name	Spouse Email	Spouse Cell Phone	Spouse Work Phone	

Siblings (bio/half/step/adoptive) / Other Household Members				
Name	Age	Relation to Student	In Household?	Deceased
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

C. FAMILY HISTORY

List any significant medical, emotional, or drug use history with any family members (include extended family)

Please describe the pregnancy with your daughter (normal, complications, etc.)

Please describe the birthing process (normal, prolonged, breech, etc.)

Did your child achieve developmental tasks on time (walking, crawling, talking, etc.)?

Describe the overall personality of your daughter in the following three phases:

Birth to six (6) years of age -

Seven (7) to Twelve (12) years of age -

Thirteen (13) years of age to current age -

Describe the relationship between your daughter and her biological father

Describe the relationship between your daughter and her biological mother

Describe the relationship between your daughter and her step or adoptive father (if applicable)

Describe the relationship between your daughter and her step or adoptive mother (if applicable)

Describe the relationship between your daughter and her siblings (if applicable)

Describe the history of parent / guardian marriage or relationship

If there has been a divorce or separation, describe the history and your daughter's reaction. How old was she?

Estimate the amount of time each week the following typically spend one on one with your daughter:

Biological Mother / Father

Biological Mother / Father -

Step / Adoptive Mother / Father -

Step / Adoptive Mother / Father -

Estimate the amount of time each week your daughter has access to the following:

Biological Mother / Father

Biological Mother / Father

Step / Adoptive Mother / Father -

Step / Adoptive Mother / Father -

D. Treatment History

Has your daughter ever received counseling, psychological or psychiatric services? Yes No

If Yes, list counselor, out-patient therapy, family therapy, acute in-patient hospitalizations, therapeutic boarding school, wilderness program, etc.:

Provider/Program Name	Dates
Reason for services or placement:	
Diagnosis	Discharge status
Address	Phone

Provider/Program Name	Dates
Reason for services or placement:	
Diagnosis	Discharge status
Address	Phone

Provider/Program Name	Dates
Reason for services or placement:	
Diagnosis	Discharge status
Address	Phone

Has your daughter ever had psychological testing? Yes No

If testing was completed in the past two years, please attach testing results with this application.

Describe any specific disorders your daughter has been diagnosed with (depression, anxiety, eating disorders, etc.)

E. Behavioral History

Describe your daughter's strengths, interests and accomplishments

Describe your daughter's weaknesses or most significant challenges

Has your daughter demonstrated violence toward self, others, property, etc.?

Describe any violence, bizarre activity, gang affiliation, or cult activity

Describe any runaway history (style, length, where, contact, home, friends, etc.)

Describe any substance abuse history, frequency and duration (alcohol, drugs, prescription or over the counter drugs)

Describe any juvenile justice history, current or previous, and the disposition (shoplifting, burglary, curfew violations, court action, etc.)

Does she have community service hours to complete? Yes No If Yes, how many hours?

Does the court have legal/temporary custody of your daughter? Yes No

Is she court-ordered into treatment? Yes No

If Yes, presiding court / location Probation Officer Phone

Address

F. Social History

Is your daughter sexually active? Yes No Does she have a boyfriend? Yes No
Is your daughter generally respectful to authority? Yes No
If No, please explain

How many very close friends does your daughter have?

Describe your daughter's general social skills (outgoing, less / more mature, mean to friends, socially isolated, etc.)

Describe your daughter's main peer group

Describe a general history of her social life (especially if there have been recent changes)

F. Emotional History

Does your daughter have trouble expressing emotions? Yes No
General description of any emotional problems / concerns

Describe any trauma your daughter has experienced (physical or sexual abuse, rape, violence, loss, etc.)

Have the proper authorities been notified? Yes No Date
If Yes, what agency was notified

Outcome/ Status

H. Educational History

Describe your daughter's school performance in three phases (grades, teacher relationship, classroom behavior)
Kindergarten through 5th Grade -

6th through 9th Grade -

9th through Current Grade -

Most recent school attended Current Grade Is she deficient in credits?

Address

Counselor

Phone

Has she ever skipped or failed a grade in school? Yes No If Yes, please explain

Level of functioning (IQ), Advanced or Honors classes, Remedial or Special Ed classes

Has your daughter ever been or is she currently on an IEP? Yes No 504 Plan? Yes No
If Yes, please explain

Has your daughter ever been given educational testing? Yes No
If Yes, has she been diagnosed with any learning disabilities? Yes No
If Yes, please explain

Favorite Classes

Least Favorite Classes

Hobbies/ Special interests

What do you perceive as your daughter's current academic needs?

I. Medical History

Describe your daughter's general health

Date of last medical exam

Date of last eye exam

Date of last dental exam

Date of last hearing exam

Date of last tetanus inoculation

Date of last menstrual period

Physician Name

Phone

Address

Dentist Name

Phone

Address

Has your daughter been treated for any chronic illness, fractures, surgery, etc.? Yes No

If Yes, please provide the following

Physician Name

Phone

Date

Diagnosis

Medication(s)

Physician Name

Phone

Date

Diagnosis

Medication(s)

Physician Name

Phone

Date

Diagnosis

Medication(s)

Does your daughter have any of the following?

Allergies (medications, food, animals, etc.)

Sexually Transmitted Disease

Asthma / Diabetes

Hallucinations

Other

Does your daughter need any of the following?

Glasses

Contacts

Hearing Aid

Braces

Other

Does your daughter have any condition(s) which would prevent her from participating in the daily academic program, recreational activities, physical education, etc.? Yes No If Yes, please explain

Does your daughter have any special dietary needs? Yes No If Yes, please explain

Has your daughter attempted suicide or does she have a history of self-harm? Yes No If Yes, please explain

Has your daughter had any of the following? Check all that apply

Ear Infection(s)	Hay Fever	Rheumatic Fever	Scarlet Fever
Migraines	Kidney Disorder	Polio	Tuberculosis
Frequent Colds	Chronic Anemia	Mumps	Positive PPD
Asthma	Chicken Pox	Typhoid Fever	Pregnancy(s)
Pneumonia	Long-Measles	Diabetes	Abortion(s)
Heart Condition	3-Day Measles	Rheumatoid Arthritis	HIV/AIDS

Please provide information about condition(s) selected that includes (dates, physicians, diagnosis, medications, etc.)

Does your daughter have any other medical / physical condition(s)? Yes No If Yes, please explain

Explain your daughter's history with regard to taking medication (resists, hordes, compliant, irregular, etc.)

Has your daughter been recently taken off any medication? Yes No If Yes, please explain

Oregon law ORS 433.267 requires evidence of immunizations or a medical or religious exemption. Immunization records must be received within one week of enrollment. Students without proper immunization records must be excluded from school attendance, if records are not received within 30 days.

MEDICATIONS: Please list all medications your daughter is currently taking, including prescription and non-prescription drugs. Include any medication(s) your daughter has stopped taking in the last 60 days. To list additional medication(s), please copy this page and attach it as a separate sheet.

Plan to send a month's supply of all required medications. If your daughter is using an inhaler, please send two.

Medication Name	mg. tablets (if applicable)	Dosage	Per
Starting Date	Date to be completed (if applicable)	Is medication sun-sensitive?	<input type="checkbox"/> Yes No
Potential risks with dehydration or irregular food intake with this medication? <input type="checkbox"/> Yes No If Yes, please explain			
Known side effects			
Diagnosis			
What specific symptoms / behaviors are being treated by this medication?			
Is your daughter stabilized on this medication? <input type="checkbox"/> Yes No (For drugs requiring a stabilization period, this must be confirmed by prescribing doctor)			
Prescribing Physician		Phone	

Medication Name	mg. tablets (if applicable)	Dosage	Per
Starting Date	Date to be completed (if applicable)	Is medication sun-sensitive?	<input type="checkbox"/> Yes No
Potential risks with dehydration or irregular food intake with this medication? <input type="checkbox"/> Yes No If Yes, please explain			
Known side effects			
Diagnosis			
What specific symptoms / behaviors are being treated by this medication?			
Is your daughter stabilized on this medication? <input type="checkbox"/> Yes No (For drugs requiring a stabilization period, this must be confirmed by prescribing doctor)			
Prescribing Physician		Phone	

Medication Name	mg. tablets (if applicable)	Dosage	Per
Starting Date	Date to be completed (if applicable)	Is medication sun-sensitive?	<input type="checkbox"/> Yes No
Potential risks with dehydration or irregular food intake with this medication? <input type="checkbox"/> Yes No If Yes, please explain			
Known side effects			
Diagnosis			
What specific symptoms / behaviors are being treated by this medication?			
Is your daughter stabilized on this medication? <input type="checkbox"/> Yes No (For drugs requiring a stabilization period, this must be confirmed by prescribing doctor)			
Prescribing Physician		Phone	

J. TREATMENT PLAN EXPECTATIONS - Parent(s) / Guardians(s)

What life goals do you desire for your daughter?

What do you perceive as your daughters life goals and ambitions?

What are your expectations for involvement in assessment, treatment, and continuing care?

What is your expectation for your daughter upon discharge from The Academy at Sisters?

List any additional information you feel is important:

K. TREATMENT NEEDS QUESTIONNAIRE

Parent(s) or Guardian(s) - Please mark any symptom your daughter has displayed in the past year or any that may worry you. Some symptoms are listed twice. Please mark it twice as the symptoms are grouped according to diagnosis and are significant in the treatment process.

<p>Depressed mood most of day (indicated by daughter or by your observation); feeling tearful or empty Irritable mood Diminished interest in pleasurable or goal-oriented activity Significant weight loss when not dieting Significant weight gain (5% change in a month) Decrease in appetite; increase in appetite Insomnia</p>	<p>Hypersomnia Psychomotor agitation Psychomotor retardation Significant fatigue; loss of energy Feelings of worthlessness Excessive or inappropriate guilt Diminished ability to think or concentrate Indecisiveness Recurrent thoughts of death; recurrent suicidal ideation Suicide plans Past suicide attempt</p>	<p>Feelings of hopelessness Low self-esteem Social isolation Inability to express herself to significant others Feels better when something good happens Depression worse in morning Early morning awakening; long-standing sensitivity to interpersonal rejection Heavy, leaden feelings in arms or legs</p>
<p>Period of abnormally elevated or irritable mood for more than one (1) week Increase in goal-directed activity Inflated self-esteem Pressured speech Decreased need for sleep</p>	<p>Grandiosity More talkative than usual Flight of ideas Psychomotor agitation Distractable Excessive involvement in activities with a high potential for painful consequences (shopping sprees, sexual indiscretion, high-risk activities, binges, etc.)</p>	
<p>Pattern of negative behavior Hostile behavior Defiant behavior Resentful Deliberately annoys others Argues with adults Spiteful or vindictive</p>	<p>Angry Sense of entitlement Actively defies or refuses to comply with adult requests or rules Often loses temper with adults Blames others for her mistakes or misbehavior Touchy or easily annoyed by others Dishonesty, shoplifting, running away from school, truant from school</p>	
<p>Fails to give close attention to detail(s) Makes careless mistakes in schoolwork, work or other activities Often forgetful in daily activities Often does not seem to listen when spoken to directly Does not follow through with instruction(s) Difficulty sustaining attention in task or play activities Difficulty organizing tasks and activities</p>	<p>Avoids or dislikes engaging in tasks requiring sustained mental effort Fails to finish schoolwork or chores (not due to oppositional behavior or failure to understand) Often leaves seat in classroom or in other situations in which remaining in seat is expected Often fidgets with hands or feet or squirms in seat Difficulty playing or engaging quietly in leisure activities</p>	<p>Talks excessively Often feels restless Difficulty waiting her turn Often interrupts or intrudes on others Often 'on the go' or acts as if 'driven by a motor' Often blurts out answers before questions have been completed Often loses things necessary for task or activities (assignments, books, pencils, etc.)</p>

If your daughter has experienced or witnessed an event involving actual or threatened death, serious injury, or to the physical integrity of self or others, has she exhibited any of the following?

<p>Recurrent and intrusive distressing recollections of the event (images, thoughts, or perceptions) Her response to the experience involved intense fear, helplessness or horror Recurrent distressing dreams of the event Acting or feeling as if the traumatic event is recurring Intense psychological distress at exposure to internal or external cues that symbolize or resemble any aspect of the traumatic event Diminished interest or participation in significant activities</p>	<p>Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event Inability to recall an important aspect of the trauma Efforts to avoid thoughts, feelings, or conversations associated with the trauma Efforts to avoid activities, places or people that arouse recollections of the trauma Restricted range of moods Sense of a foreshortened future Difficulty falling or staying asleep Hyper vigilance</p>	<p>Feeling of detachment or estrangement from others Difficulty concentrating Exaggerated startle response Irritability or outbursts of anger Excessive anxiety and worry for at least six (6) months Restlessness or feeling keyed up or on edge Difficulty concentrating or mind going blank Difficulty controlling the worry Irritability Muscle tension Being easily fatigued Sleep disturbance</p>
<p>Discreet periods of intense fear or discomfort Palpitations, pounding heart, or accelerated heart beat Chest pain or discomfort Numbness or tingling limbs Trembling or shaking Sensations of shortness of breath or smothering Sweating</p>	<p>Feeling dizzy, unsteady, lightheaded, or faint Fear of dying Feelings of choking Chills or hot flashes Nausea or abdominal distress De-realization or self-detachment Fear of standing in lines Fear of heights Fear of losing control or going crazy</p>	<p>Fear of closed places Fear of crowds Anxiety about being in places that can be embarrassing Fear of speaking in public Fear of being alone Fear of leaving home Fear of flying Fear of animals</p>
<p>Recurrent thoughts or impulses that cause marked anxiety or distress that are not about real life problems Attempts to deal with the thoughts with some other thought or action Ritualistic behavior Understands these thoughts are a product of her own mind</p>	<p>Repeatedly washing hands Behaviors or mental acts aimed at preventing some dreaded event Checking things over and over again Repetitive behaviors or mental acts she feels driven to perform in response to an obsession Uncomfortable when things are not in perfect order (clothes, food on a plate, towels, etc.)</p>	
<p>Use of any drug, Cannabis (Marijuana), amphetamines, Cocaine, hallucinogens, inhalants, alcohol, nicotine/tobacco, other Tolerance – needs increased amounts of the same substance to achieve desired effect Tolerance – marked diminished effect with the same amount of the substance Withdrawal – classic withdrawal symptoms OR taking a similar substance to avoid withdrawal symptoms</p>	<p>The substance is taken in larger amounts or over a longer period of time than what she intended Persistent desire or unsuccessful attempts to reduce usage Great amounts of time spent in drug related activities Important parts of life are given up or reduced due to usage Continued use despite knowledge of harm to self and others</p>	<p>Recurrent use resulting in failure to fulfill a major role obligation (school, family, work, friends, etc.) Use in physically hazardous situations (car, needles, etc.) Related legal problems (arrests, under-age use, etc.) Continued use despite recurrent relationship problems (arguments, family stress, social problems, school problems)</p>

<p>Refusal to maintain body weight at or above a minimally normal weight for age and height Intense fear of gaining weight or becoming fat Perceives self as much larger or fatter than she really is (If she's had her first menstrual cycle) absence of at least three consecutive menstrual cycles Regularly engages in binge eating or purging behavior (i.e. self-induced vomiting or the misuse of laxatives, diuretics, or enemas)</p>	<p>Denial of the seriousness of low body weight Self-evaluation overly influenced by weight / body shape Binge eating episodes – Eating very large amounts of food (clearly more than most people would eat) in a discrete period of time Sense of lack of control over eating Binge eating episodes are recurrent Self-induced vomiting Misuse of laxatives Recent tooth decay</p>	<p>Cuts on backs of hands Recurrent inappropriate compensatory behavior in order to prevent weight gain History of physical complaints occurring over a long time Preoccupied with physical problems, sick often</p>
<p>Several discreet episodes of failure to resist aggressive impulses resulting in serious assaultive acts or destruction of property Degree of aggressiveness expressed during episodes is grossly out of proportion to any precipitating stressors</p>	<p>Impairment in the use of multiple nonverbal behaviors (eye-to-eye gaze, facial expressions, body postures, gestures, etc.) Failure to develop age appropriate peer relationships Lack of social or emotional reciprocity</p>	<p>Preoccupation with restricted patterns Preoccupation with parts of objects Stereotyped and repetitive motor mannerisms Inflexible adherence to routines or rituals Lack of spontaneous seeking to share enjoyment or interest</p>

L. SIGNATURE PAGE

Name of person completing application

Home Phone

Cell Phone

Work Phone

Street Address

Email Address

City, State, Zip

I certify that all the information in this application is true and complete to the best of my knowledge.

Signature of Preparer

Date

M. RELEASE OF INFORMATION AUTHORIZATION AND CONSENT

TO WHOM IT MAY CONCERN:

I, _____, am the parent/guardian of _____ (student). Student's date of birth is _____. As the parent/guardian of student, I am authorized to consent to the release of information concerning student. I request that all information concerning student's condition and background be provided to The Academy at Sisters. Therefore, I authorize the Academy at Sisters, or its agents, to contact the following sources for information concerning student for the purpose of obtaining information and documentation related to student.

Physicians and Medical Institutions
Educational Institutions and Programs
Drug or Alcohol Treatment Programs
Juvenile Authorities
Vocational Training and Placement Programs

Attorneys
Psychological Counselors and Clinics
Insurance Companies
Law Enforcement Agencies

I hereby authorize _____ information:

_____ to release to The Academy at Sisters, the following additional

(Describe what information is to be disclosed)

I understand that the information requested may be protected by federal and/or state law and that I am not required to sign this consent. It is my understanding that all information concerning student will be treated as confidential by The Academy at Sisters, or their agents. This document has been explained to my satisfaction.

This consent shall remain in effect until the earlier of: termination of student's enrollment at The Academy at Sisters, or until Student's 18th birthday.

A person or entity to whom a duplicate of this release (containing copies of signatures of the parties) is delivered, may rely on the duplicate, whether provided by photocopy, facsimile, or otherwise. They may also rely on the representation of The Academy at Sisters that student's enrollment is current.

Parent / Guardian Name

Parent / Guardian Name

Parent / Guardian Signature

Parent / Guardian Signature

Date

Date

N. REFERRAL INFORMATION

How were you referred to The Academy At Sisters?

Education Consultant
Mental Health Professional
Other Professional
Alumni / Parent
Wilderness Program
Other Program

Advertisement (NATSAP, Woodbury Reports, etc.)
Internet Site
Google
Other Engine used:

Name of Source / Phone / Address

What website or specific key words helped you find us?

Knowing what sets us apart from other programs is important to The Academy at Sister's staff. This section is designed to help us understand, from your perspective, what you like about our program. Any information you provide in this section is greatly appreciated.

What other program(s) did you consider for your daughter's placement, if any?

Why did you choose The Academy at Sisters over other programs? Please check all boxes that apply.

Location	Recreational Opportunities
Price	Staff
Academic Component	Environment
Program Philosophy / Personal Growth Component	Non-Profit Organization
Equestrian Program	Other (please specify below)

Please elaborate on items checked above and include any additional comments you may have:

O. ITEMS TO BRING UPON ADMISSION

Legal Documents:

- Copy of Birth Certificate or Adoption Certificate
- Photo ID (if applicable)
- Custody documents (if applicable)
- Academic Transcripts
- IEP / 504 Plan Records

Medical:

- Immunization Record
- Copy of medical insurance card
- Thirty day supply of all necessary medications
- Medical and Dental Records

Linens:

- All linens will be provided by The Academy At Sisters

Miscellaneous:

- Alarm clock (Not clock radio)
- Day pack (standard backpack style)
- Sunglasses (UV protected)

Shoes:

- Running - For PE and running program
- Walking/ casual

Hygiene Items:

The following is a list of hygiene items that The Academy at Sisters provides. You may supply your daughter with her preferred brand, if you wish.

- Toothbrush / Toothpaste
- Face wash / Body wash
- Shampoo / Conditioner
- Deodorant
- Lotion

Clothing:

Dress Code is Conservative

- Nothing with stains
- Clothes must be proper size and modest (no overly baggy or tight)
- No spaghetti straps (unless worn underneath shirt) or bare midriff shirts
- No clothing that makes reference to drugs, alcohol, tobacco, or bands
- Makeup: blush, mascara, lipstick, nail polish - Natural colors only

Quantity	Description	Notes
1	Bathing Suit	One-piece or full coverage tankini
1	Bathrobe	
2	Bras - Sport	
3	Bras - Standard	
1	Jacket - Fleece pullover or zip-up	
1	Jacket - Waterproof shell	
2	Pajamas	
4	Pants - Jeans or twill	No super low waisted
2	Exercise pants- Yoga pants/capris	
2	Pants - Khaki or black	For school
2	Shorts - Loose fitting	Must come to fingertips
5	Socks - Cotton	
4	Socks- Polypro / wool	
2	Sweatshirts / Sweaters	
5	T-shirts -Short and long-sleeved	Must come to waist
2	Underwear- Thermal long	Tops and bottoms
10	Underwear - Standard	

If admission is between *March - September*, please include the following items *

- Backpack - Multi-day
- Hat / visor (sun)
- Hiking boots- High top; waterproof
- Sandals - River / hiking Texas or Chacos recommended

If admission is between *September - March*, please include the following items *

- Gloves / mittens - Warm / waterproof shell
- Hat - Warm / Waterproof
- Scarf / neck gaiter - Warm
- Ski goggles
- Ski jacket - Waterproof
- Ski pants - Waterproof
- Snow boots - Waterproof

*The Academy has some of the items listed above for borrowing, if needed