



# Program Registration

## Participant Information and Health Assessment

Name of Course \_\_\_\_\_ Departure Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

OSU CWID \_\_\_\_\_ Email address \_\_\_\_\_

Current Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mobile phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Parents Phone \_\_\_\_\_

Student/Year \_\_\_\_\_ Faculty Dept. \_\_\_\_\_ Staff Dept. \_\_\_\_\_

Occupation \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ T-shirt size \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE NOTIFY**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Company and Policy Number \_\_\_\_\_

**HEALTH HISTORY**

In compliance with the Health Insurance Portability and Accountability Act (HIPAA) the following health related information will be kept confidential and will only be used: (1) to make an individualized assessment of the risk and safety factors involved, (2) to help determine reasonable accommodations that are needed for a qualified individual with a disability to participate in Outdoor Adventure programming, (3) to provide information in the case of medical emergency.

**Please list any medications (prescription and non-prescription) that you currently take, its purpose, and any side effects that you know of that may affect you during Outdoor Adventure programming**

Medication	Purpose	Known side effects

**Please be very thorough in responding to the following medical issues**

1) List and describe any injuries, operations, illnesses or physical conditions for which you are now under treatment or that requires regular medication \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Continue on next page

2) Are you ALLERGIC to any of the following? Please describe the allergen and the reaction.

Medications: penicillin, aspirin, sulfa, other \_\_\_\_\_

Foods: dairy products, grains, shellfish, other \_\_\_\_\_

Insect bites: bees, wasps, other \_\_\_\_\_

Other: wool, acrylic, other \_\_\_\_\_

3) Have you has any of the following? Please state the year of occurrence:

Hernia \_\_\_\_\_ Dislocation \_\_\_\_\_ Fractures \_\_\_\_\_ Concussion \_\_\_\_\_

Back or neck injuries \_\_\_\_\_ Sprains or strains \_\_\_\_\_ Heart problems \_\_\_\_\_

4) List any other physical disabilities or chronic conditions (i.e. vision, hearing) \_\_\_\_\_

5) Do you tire easily? \_\_\_\_\_

6) Do you have a perceptual disability? (e.g. dyslexia) \_\_\_\_\_

7) Do you have any emotional or behavioral challenges? (e.g. phobias) \_\_\_\_\_

8) Do you have any foot, ankle or knee problems? \_\_\_\_\_

9) Do you have a current tetanus immunization? \_\_\_\_\_ Date Administered \_\_\_\_\_

10) Do you have any special dietary considerations? \_\_\_\_\_

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	Not very active			Extremely active	
Level of physical fitness:	1	2	3	4	5
	Non-swimmer			Advanced swimmer	
Swimming level:	1	2	3	4	5

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**CANCELLATION AND REFUND POLICY**

The applicant is enrolling in an Outdoor Adventure course beginning on **(date)** \_\_\_\_\_

The total tuition for this course is \$ \_\_\_\_\_ due upon registration. If cancellation is necessary, possible refunds are as follows

<b>21-28 days notice</b>	<b>75% refund</b>
<b>15-21 days notice</b>	<b>50% refund</b>
<b>8-14 days notice</b>	<b>25% refund</b>
<b>1-7 days notice</b>	<b>no refund</b>

**How did you hear about this program or other Outdoor Adventure programs?**

Flyer \_\_\_\_\_ Friend \_\_\_\_\_ Former workshops \_\_\_\_\_ Advertisement \_\_\_\_\_ Article \_\_\_\_\_

Other \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Witness** \_\_\_\_\_ **Date** \_\_\_\_\_

(revised 04/2006)