



Island Kayak & Sail – July 8-14, 2018 Registration Form

Registration Instructions: Please complete the following steps to register. All steps must be completed to secure a spot. Please call 336-334-5931 if you would like to check program availability before completing and submitting registration paperwork.

STEP 1 – Complete Registration Form: please neatly PRINT all information on this form

Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

UNCG ID #: _____ Age: _____ Gender: _____

Ethnicity (optional): ___African-American/Black ___Asian/Pacific Islander ___Hispanic/Latino/a ___White ___Multiracial ___Other

Student UNCG Email: _____@uncg.edu (this is the email address you will receive notifications and updates)

Student Phone: _____

Parent/Legal Guardian Email: _____ Parent/Legal Guardian Phone: _____

Which SOAR session are you attending? # _____ (attendance at SOAR is required to participate in SOOP)

STEP 2 – Complete Payment Information: Full payment is required at time of registration. Please review the cancellation and refund policy on the next page prior to completing.

Island Kayak & Sail Program Tuition: \$220.00

Cost Includes: transportation, equipment, camping and activity fees, instruction, and meals (excluding 2 meals while traveling)

Method of Payment Enclosed:

- Check (make check payable to UNCG Recreation & Wellness)
- Credit card (complete payment section below)
- Paid over phone (if you would like to pay over the phone with credit card, please call: 336-334-5931)

Credit Card Information: We can ONLY accept Visa or MasterCard

Credit Card #: _____ Expiration (MM / YY): _____ Security Code: _____

Name as it appears on card: _____

Cardholder Signature (required): _____

STEP 3 – Complete the following documents: ALL documents must be completed and submitted with your Registration Form.

UNCG Outdoor Adventures Policies Acknowledgment

PLEASE CAREFULLY READ AND INITIAL EACH POLICY. If participant is under the age of 18 each statement must be initialed by a Parent/Legal Guardian.

____ ELIGIBILITY:

The Spartan Outdoor Orientation Program (SOOP) is only eligible for first-year UNCG students enrolled for the upcoming fall semester. Students must also attend Student Orientation, Advising, and Registration (SOAR) prior to being eligible to participate in SOOP. Students under 18 years of age must have forms signed by their parent/legal guardian to participate. Proper government identification may be required to verify age.

____ COSTS:

Registration is not final until full payment is made to UNCG Campus Recreation. The trip cost covers the following expenses: transportation, meals (excluding any meals while traveling), camping fees, instruction, and most equipment.

____ CANCELLATION & REFUNDS:

- 11 or more business days prior to trip start date: 50% of tuition will be refunded.
- 10 or less business days prior to trip start date: NO REFUNDS will be provided regardless of circumstances.
- If we are able to replace your spot with a person on the waiting list we will refund your program tuition less a \$30 cancellation fee.
- Full tuition will be refunded if UNCG cancels either trip or if enrollment is full when tuition is received.

____ MANAGEMENT OF TRIP:

Outdoor Adventures and UNCG reserve the right to cancel any trip before departure or shorten any trip after departure due to safety consideration or other factors. In addition, Outdoor Adventures and UNCG reserve the right to change the itinerary of the trip for reasons that include, but are not limited to: weather, group experience, emergencies, safety considerations, etc. Outdoor Adventures and UNCG reserve the right to send home early any participant who cannot withstand the rigors of the trip, who violates any UNCG policy or law, who is deemed to be a danger to him/herself or others, or who requires medical attention during the trip and is deemed ineligible to continue participation. NO REFUND will be provided for early departures. Accommodations and transportation back to campus will be at the expense of the participant.

____ ALCOHOL, DRUGS, TOBACCO:

As a part of our mission to provide healthy and safe outdoor recreation experiences, use of alcohol, illegal drugs, and tobacco products is PROHIBITED throughout the program. Consumption and/or possession of alcohol or drugs while attending an Outdoor Adventures trip or event will be handled through the appropriate UNCG authorities. If you carry personal medications you must indicate this on your Health Statement and keep it in your possession while on the trip.

____ HARRASSMENT & DISCRIMINATION:

No harassment of any kind will be tolerated by participants or staff during any Outdoor Adventure trip or event. It is your responsibility to report any misconduct to the staff or administration of Outdoor Adventures immediately. All reports of harassment or discrimination will be handled through the appropriate UNCG authorities. Outdoor Adventures strives to be sensitive and supportive of cultural and individual differences—specifically those differences due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, and socioeconomic status. We encourage respect and appreciation for the diversity of all participants and staff and we hope you will do the same.

____ EQUIPMENT USE:

Participants are responsible for equipment issued to them. Participants will be assessed and charged for any lost or damaged equipment. If damaged or lost equipment is not paid for within 1 week of assessment a student's account will be billed through the Cashiers Office.

____ PHOTO RELEASE:

I hereby irrevocably consent to the unrestricted use by UNCG or its advertisers, customers, agents, successors and assigns, of my, and/or my child or ward's, name, portrait, picture, and video engaging in the Activity for advertising or purpose of trade. I voluntarily waive the right to inspect or approve such completed portraits, pictures, videos or advertising matter used in connection therewith.

I have had sufficient opportunity to read this entire document. I have read and have understood it. By signing below, I agree to be bound by its terms. I hereby warrant that I am 18 years of age or older or the parent or guardian of the minor with the legal authority to execute this consent.

Signature of PARTICIPANT: _____

Date: _____

Signature of LEGAL GUARDIAN: _____

Date: _____

(Participant under age 18)

UNCG Outdoor Adventures

Assumption of Risk, Release, and Indemnity Agreement

To be signed by Participant if over age 18 and by both Participant and Parent/Guardian if Participant is under age 18. Participants under the age of 18 are referred to as "child/ward." The trip, and all associated activities, are referred to as "trip," "The Trip," or "The Activity."

- Activities vary with each trip, and may include, but are not limited to, hiking, backpacking, mountaineering, rock climbing, whitewater kayaking and rafting, canoeing, sea kayaking, skiing, snowboarding, caving, and mountain biking.
- Travel may occur by motor vehicle, raft, canoe, kayak, and other boats, swimming, aircraft, bicycle, bus, train, skis, foot and by other means. Participants may travel over rugged unpredictable terrain, including boulder fields, downed timber, rivers, rapids, high mountain passes, snow and ice, steep slopes, slippery rocks, ocean tides and currents, waves and reefs. Attendant risks include, but are not limited to, collision, falling, capsizing, drowning and other risks typically associated with such travel, as well as environmental risks.
- Environmental risks include, but are not limited to, rapidly moving, deep, cold water; insects, snakes, and predators, including large animals; falling and rolling rock; lightning, avalanches, flash floods, and unpredictable forces of nature, including weather which may change to extreme conditions without notice. Possible injuries and illnesses include hypothermia, frostbite, high altitude illnesses, sunburn, heatstroke, dehydration, **death**, and other mild or serious conditions.
- Decisions are made by the trip staff and participants in a wilderness setting, on the basis of a variety of perceptions and evaluations which by their nature are imprecise and subject to errors in judgment. Throughout the trip, participants are responsible for their own safety and for the safety of other members of the group. Outdoor Adventures trips sometimes occur in remote locations, and may be located many days from medical facilities. Communication and transportation may be difficult, and sometimes evacuations and medical care may be significantly delayed.
- Meals are prepared over gas stoves and open fires. Water often requires disinfection before use. Camping hazards include burns, cuts, diarrhea, flu-like illness, and falling timber.
- I acknowledge that the Activity entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, **death**, or damage to me, or my child/ward, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the Activity. I, on behalf of myself and my child/ward, expressly agree and promise to accept and assume all of the risks existing in the Activity. My, or my child/ward's, participation in the Activity is purely voluntary, and despite the risks. I, or my child/ward, have the necessary skills to participate in the Activity, and I, or my child/ward, is fully capable of participating in the Activity without causing harm to myself, or my child/ward, or others.
- I certify that I have adequate insurance to cover any injury or damage I, or my child/ward, may cause or suffer while participating in the Activity, or else I agree to bear the costs of such injury or damage myself. I agree to carry my personal insurance card with me during the duration of the Activity. I further certify that I, or my child/ward, have no medical or physical conditions that could interfere with their safety, or the safety of any other participant in the Activity, or else I am willing to assume--and bear the costs of--all risks that may be created, directly or indirectly, by any such condition. I authorize UNCG or Outdoor Adventures staff to obtain or provide emergency hospitalization, evacuation, surgical or other medical care for me, or my child/ward, as necessary in the discretion of UNCG or the Outdoor Adventures staff. I agree to bear the costs of any such medical care and the costs that may arise from early departure from the Activity.
- If I, or my child/ward, require accommodations in order to participate in the Activity, I will contact UNCG Disability Services at 334-5440 no later than 21 days prior to departure to determine what, if any, accommodations can/will be provided.
- Should UNCG, its trustees, agents, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on its behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold such entities and/or persons harmless for all fees and costs.
- In exchange for the promises and undertakings of the parties, and UNCG's services provided to me, or my child/ward, in connection with the Activity, I, on behalf of myself, and on behalf of my child/ward, hereby knowingly and voluntarily release, forever discharge, and agree to indemnify and hold harmless UNCG, its trustees, agents, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on its behalf, from any and all claims, demands, or causes of action which are in any way connected with the Activity, including any such claims which allege negligent acts or omissions of UNCG, its trustees, agents, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on its behalf.

I have had sufficient opportunity to read this entire document. I have read and have understood it. By signing below, I agree to be bound by its terms. I hereby warrant that I am 18 years of age or older or the parent or guardian of the minor with the legal authority to execute this consent.

Signature of PARTICIPANT: _____

Date: _____

Signature of LEGAL GUARDIAN: _____

Date: _____

(Participant under age 18)

UNCG Outdoor Adventures Participant Health Statement

If you have already completed this form for the current academic year please let us know. Please PRINT legibly and use blue or black ink when completing this form.

Outdoor Adventures requests the following information so that our staff will know in advance of special medical considerations you may have, rather than learning about them in a crisis. Also, in the event of serious injury or illness, this form provides emergency medical personnel with a useful medical history. After reviewing this form, you may be contacted to discuss concerns with your medical history. We will keep the information on this form confidential. It will be seen only by staff, medical personnel, or others who know and understand its confidential nature.

PARTICIPANT INFORMATION

- Full Name (first name, last name): _____
- Primary Email: _____
- UNCG ID #: _____
- Primary Phone: _____
- Local Address: _____ City: _____ State: _____ Zip: _____
- Permanent Address (if different): _____
- Birth Date (MM/DD/YY): _____ Age: _____ Weight: _____ Height: _____

EMERGENCY CONTACT INFORMATION

NOTE: If you are an International Student please use the IPC as your primary contact (336-334-5404) and a family member as secondary.

1. Primary Emergency Contact Name (REQUIRED): _____ Relationship to you: _____
Primary Contact Phone # (REQUIRED): _____ Other Phone #: _____
2. Secondary Emergency Contact Name (optional): _____ Relationship to you: _____
Secondary Contact Phone #: _____ Other Phone #: _____

ALLERGIES

NOTE: Please include medicines, foods, animals, insect bites and stings, and environment (dust, pollen, etc.)

Allergy	Reaction	Medication Required (if any)

CHECK BOX IF YOU HAVE NO KNOWN ALLERGIES

MEDICATIONS

NOTE: Please list all prescription, over-the-counter, and natural medications you are taking

Medication Name	Dosage	Frequency	Side Effects (Known & Potential)	Reason for Taking

CHECK BOX IF YOU ARE NOT TAKING MEDICATIONS

MEDICAL HISTORY

UNCG Outdoor Adventure trips require varying levels of exertion from low to high. Some trips require extended climbing, hiking, paddling, swimming and other physically demanding exertion. Some trips take place in isolated areas without nearby medical facilities, medical providers, or means of readily contacting rescue or medical personnel. Each participant should consider their current physical condition prior to registering for any trip.

Please check YES or NO to the following. If you check YES, please provide details.

Yes No Serious injuries, hospitalizations, or surgeries in the past 5 years (include date) _____

Yes No Asthma or other Respiratory issues _____

Do you carry an inhaler? _____ What triggers attacks? _____

Yes No Do you carry Epinephrine or other treatment for Anaphylaxis? _____

Yes No Diabetes (please note if you are insulin dependent) _____

Yes No Seizure/Epilepsy _____

Last date of seizure: _____ What triggers seizures? _____

Yes No Heart/Cardiac Conditions or Surgeries _____

Yes No Phobias (i.e. fear of heights or water) _____

Yes No Fainting/Blackouts/Dizziness _____

Yes No Eye/Vision conditions _____

Yes No Are you currently pregnant? If yes, how far along are you? _____

Yes No Dietary Restrictions (i.e. vegetarian, vegan, allergies, etc.) _____

Yes No Do you have any limiting health disabilities - physical, mental, or emotional; temporary or permanent - that you or your doctor feel would limit your participation? If yes, please describe: _____

➤ How would you describe your swimming ability? (check one): ___ CANNOT ___ FAIR ___ GOOD ___ EXCELLENT

**All water-based trips require the ability to swim*

CERTIFICATION OF ACCURACY

I have had sufficient opportunity to read this entire document. I have read and have understood it. By signing below, I agree to be bound by its terms. I hereby warrant that I am 18 years of age or older or the parent or guardian of the minor with the legal authority to execute this consent. I certify that this form is a complete and accurate statement of my, or my child/ward's, health.

Signature of PARTICIPANT: _____

Date: _____

Signature of LEGAL GUARDIAN: _____
(Participant under age 18)

Date: _____

STEP 4 – Mail, Fax, or Scan and Email ALL completed Registration Paperwork to:

Fax: 336-256-1026

Phone: 336-334-5931 (to pay by phone or for questions)

Email: uncg_oa@uncg.edu

Mailing Address:

UNCG Recreation & Wellness
c/o SOOP
P.O. Box 26170
Greensboro, NC 27402

Please Note: Registration is not finalized until ALL paperwork and payment is submitted.

What happens next?

Once we receive and confirm your registration we will email you a Welcome Packet that contains important documents that will help your plan and prepare for your program. The Welcome Packet, along with other helpful information, such as FAQs, can be found here: <http://recwell.uncg.edu/oa/soop/>. If you have any questions or concerns regarding the program, please do not hesitate to contact us. We look forward to hearing from you!