

Outdoor Adventure Trip Registration Form

Trip Name: _____

Name: _____ UIN: _____ Birthdate: _____

Local Address: _____

Email: _____ Phone: _____

Are you a: UIS Student* or UIS Rec Member

(*A UIS student is defined as a currently enrolled student being assessed the Rec Center portion of the general fee)

Gender Identity: _____ Height**: _____ Weight**: _____
(**Only applicable on certain trips)

Do you have and first aid or cardiac emergency training: Yes No

Do you have any physical or psychological concerns that may affect your ability to participate in the trip for which you are registering? Yes/No If yes, please explain.

Have you had, or been exposed, to any contagious disease or illness in the past six weeks? Yes/No If yes, please explain.

Do you have any allergies (food, medication, environmental)? Yes/No If yes, please explain.

Are you currently taking any medication? Yes/No Medications can be discussed in private with trip leader.

Have you been hospitalized, had any surgeries, or ER visits in the last 12 month? Yes/No If yes, please explain

Do you require medical equipment? Yes/No If yes, please explain.

Are you currently pregnant? Yes/No

Do you smoke? Yes/No **Please be aware that ALL UIS Outdoor Adventure trips are 100% alcohol and tobacco free.**

Fitness Profile:

Please circle your fitness level: Very fit Fit Slightly out of shape Very out of shape

Trip/Activity Experience & Preference Form: Please rate your abilities in the following areas. (Circle One)

Ability to Swim:	Can't Swim	OK	Excellent
Canoe/Kayak	None	1-2 times	Often
Ski/Snowboard	None	1-2 times	Often
Rock Climbing	None	1-2 times	Often
White water rafting	None	1-2 times	Often
Tent camping	None	1-2 times	Often
Hiking	None	1-2 times	Often

Photo Disclaimer: I understand that photographs and video may be taken during this activity. Reproductions of these materials may be used for advertising and promoting Campus Recreation outdoor Adventures Program.

Cancellation Policy:

To be eligible to receive a full refund, you must let Campus Recreation know that you no longer wish to attend before the trip deadline. If Campus Recreation is able to find a replacement for your position, you will be given a full refund. If you do not let Campus Recreation know by the deadline or Campus Recreation is unable to find a replacement, you **WILL NOT** receive a refund.

Participation Disclosure:

To the best of my knowledge and belief, I am physically, emotionally, and mentally fit and able to participate in the Campus Recreation program. I have completed this form with health insurance in effect during the time of activity. If I am not completely honest on this form, or do not have medical insurance in effect, I understand that I will not be allowed to participate in this activity. I agree to notify Campus Recreation professional staff of any changes to my health, fitness or medical insurance status that may occur before or during the program.

Note:

Signing this form gives the University of Illinois Springfield consent to verify tetanus status with the University's Health Services department.

SIGNATURE: _____ Date: _____

If Participant is under 18

SIGNATURE OF PARENT/GUARDIAN: _____ Date: _____

Are there any trip not offered that you would be interested in?

How did you learn about this trip? Circle all that apply:

Previous Participant Campus Recreation Website Stall Wall/TRAC Flyers around
campus Word of Mouth Other: _____