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)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Can’t Swim</th>
<th>1-2 times</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to Swim</td>
<td></td>
<td>OK</td>
<td></td>
</tr>
<tr>
<td>Canoe/Kayak</td>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ski/Snowboard</td>
<td>None</td>
<td></td>
<td></td>
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<tr>
<td>Rock Climbing</td>
<td>None</td>
<td></td>
<td></td>
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<tr>
<td>White water rafting</td>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tent camping</td>
<td>None</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hiking</td>
<td>None</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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: ______________

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CAMPUS RECREATION
UNIVERSITY OF ILLINOIS SPRINGFIELD