

**Southern Illinois University Edwardsville  
Campus Recreation – Trip Application**

Program: Ski Trip to Steamboat Springs, CO

Date(s) of Program: December 15 – 21, 2007

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F

ID#: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Email Address: \_\_\_\_\_

Check One:  Student  Faculty/Staff/Affiliate  Alumni  Family (SFC Member)  Guest of \_\_\_\_\_

Note: Sponsor must be attending trip.

**Options: (Place a check by any of the following options you are interested in purchasing)**

Round-trip Charter Bus Transportation: \$155

Extra Day Lift Ticket: \$36\*

Pillow Buy Out (i.e. you get your own bed): \$150

\* (If riding the bus, you will not have time to ski the 5<sup>th</sup> day)

**Lodging Preferences (Names of Roommates):**

Units available in 6 or 8 person. All units are non-smoking.

1. (your name) \_\_\_\_\_

5. \_\_\_\_\_

2. \_\_\_\_\_

6. \_\_\_\_\_

3. \_\_\_\_\_

7. \_\_\_\_\_

4. \_\_\_\_\_

8. \_\_\_\_\_

Name of Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

***You must have health insurance to attend this trip!***

*If you do not have health insurance, you may purchase a temporary policy from SIUA (618) 656-0120.*

**WHO TO CALL IN CASE OF AN EMERGENCY**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Do you have medical alert identification?  Yes  No If yes, where is it located? \_\_\_\_\_

**MEDICAL HISTORY**

Please list all medications that you are currently taking:

Name of Drug	Dose/Frequency	Reason for Taking
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: Be sure to have proper certification of medicine (i.e. in proper medicine bottle, doctor's letter). **DO NOT** put various medications into one container.

Please describe any conditions you have that require ongoing medical attention or medication that could affect your performance during the activity (i.e. back injuries, knee problems, pregnancy, etc.).

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Do you have a history of heart problems (i.e. chest pain, palpitations, etc.)?  Yes  No

If "Yes", please describe: \_\_\_\_\_

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Do you have asthma or allergies (i.e. medications, stings/bites, foods, hay fever)?  Yes  No

If "Yes", please describe: \_\_\_\_\_

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Do you have any current illnesses (i.e. cold, sore throat, etc.)?  Yes  No

If "Yes", please describe: \_\_\_\_\_

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Have you had any recent injuries or operations?  Yes  No

If "Yes", please describe (i.e., what, when & current condition): \_\_\_\_\_

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DO YOU HAVE ANY OTHER MEDICAL PROBLEM, CONDITION, OR PAST MEDICAL HISTORY THAT WE SHOULD BE AWARE OF (i.e. high blood pressure, epilepsy, unusual shortness of breath, diabetes, etc.)?

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**PLEASE READ AND SIGN THE RELEASE BELOW**

**Liability Release**

I hereby assume responsibility for any injury to myself or damage or loss to my property that may occur during the Southern Illinois University Edwardsville sponsored activity, and release any and all rights or claims for damages or loss which may hereafter occur to me or my property which I may have against Southern Illinois University Edwardsville and any of its employees or agents.

I understand that there are certain risks in outdoor activities, and I hereby agree to assume such risks which include, but are not limited to, inherent dangers and hazards of weather, fatigue, stress, equipment failure, terrain, dehydration, hypothermia and/or actions of God, governments or terrorists.

By signing this release, I certify and acknowledge that I have read and understand the conditions applicable to the trip for which I am applying, I further certify and acknowledge that I received and read a copy of applicable University guidelines and procedures, including the outdoor adventure program trip policies and other policies, guidelines, and procedures regarding University sponsored trips, and I agree to abide by those.

***I have read the policies and procedures regarding University sponsored trips and the liability release and agree to abide by the stated policies and procedures.***

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have received a copy of the "Procedures and Guidelines Regarding University Sponsored Trips": \_\_\_\_\_

Participant Initials

**CREC STAFF USE ONLY**

Participant's application is 100% complete: \_\_\_Yes \_\_\_No

If applicable, participant has paid the appropriate deposit: \_\_\_Yes \_\_\_No

Participant received a copy of the "Procedures and Guidelines Regarding University Sponsored Trips": \_\_\_Yes \_\_\_No

CREC Staff Initials: \_\_\_\_\_