

OVERNIGHT TRIP REGISTRATION FORM

OPTIONAL – FOR THOSE READY TO NAVIGATE NOW!

Student Information

Name _____

Address _____

Phone _____ E-mail _____

Birthdate _____ RIN / SSN _____

Height _____ Weight _____ Male Female Anticipated Major _____

Parent / Guardian Information (emergency contact)

Name _____

Address _____

Phone _____ Relationship to applicant _____

Program Information

My **first choice** program is (please check one):

- Camp Sloane
- Darrin Fresh Water Institute
- Habitat for Humanity
- Silver Bay, Camping & Hiking Quest
- Silver Bay, Adventure Quest**

My **second choice** program is (please check one):

- Camp Sloane
- Darrin Fresh Water Institute
- Habitat for Humanity
- Silver Bay, Camping & Hiking Quest
- Silver Bay, Adventure Quest**

In the event my first choice program is full, I would like to be:

- Placed on a program waiting list
- Placed in my second choice program

**If you have selected Silver Bay, Adventure Quest as either your first or second choice, please rank the following focused program activities in order from 1 to 8 beginning with the focused activity you most like to participate in. In all cases, no previous experience is required.

____ Snorkeling

____ Sailing (basic skills, Silver Spray)

____ Rescue raft (construct and move raft)

____ Kayaking (basic maneuvering)

____ Climbing wall (how to belay and route climbing)

____ Archery (basic archery skills and low level competition)

____ Building a rope bridge

____ Arts and crafts



more information on reverse side...

OVERNIGHT TRIP REGISTRATION FORM (CONT.)

Navigating Rensselaer & Beyond Overnight Trip Policies

- Enclosed is my check or money order (payable to Rensselaer Polytechnic Institute) of \$75.00. I understand that my place in this program cannot be reserved without this non-refundable deposit.
- I understand that alcohol and illicit drugs, regardless of my age, are strictly prohibited during all Navigating Rensselaer & Beyond activities.
- I understand that I am expected to adhere to the Grounds for Disciplinary Action as stated in the Rensselaer Handbook of Student Rights & Responsibilities (www.rpi.edu/dept/doso/handbook.html).
- My signature below also indicates a genuine interest in the program(s) I have indicated I would like to participate in. I understand that I am required to fully participate in all aspects of whichever program I attend.

Health Information & Medical Release

Please Note: All participants in the Navigating Rensselaer & Beyond overnight activities must have health insurance. If you are covered under an individual or family plan you must carry your insurance card (or a photocopy) during the program. Students who are not covered under a family plan or who require medical attention but do not have their insurance information with them will be covered under the health insurance provided through Rensselaer in the event that medical attention is required. By receiving benefits under this plan, students become ineligible to waive the insurance provided through the Institute.

Insurance Information

(students who have family insurance should carry a copy of their card with them)

Policy name: _____ Policy number: _____

Phone number for carrier: _____ Date of last tetanus shot: _____

Please list any allergies (including food allergies), physical conditions, or restrictions that will impact the student's ability to be involved in the program:

Please list any medications the student is taking:

Signatures

If you are under 18 years of age, the following release must be signed by your parent or guardian:

I give permission for our son/daughter to be provided any and all medical and dental treatment for the duration of the Navigating Rensselaer & Beyond program. I understand financial coverage for medical care is subject to Rensselaer's student plan limitations.

Parent / Guardian Signature _____ Date _____

ALL STUDENTS, please read and sign the following release:

My signature below indicates that I have read and accept the terms of the Navigating Rensselaer & Beyond policies as listed above. Additionally, in the event of serious physical or mental illness, I hereby consent to the notification of the person listed on this form as next of kin.

Student Signature _____ Date _____

Enclose your check or money order, along with this form and mail to:

Office of the First-Year Experience - NRB Overnight Trips
4100 Academy Hall
Rensselaer Polytechnic Institute
110 8th Street
Troy, NY 12180-3590 USA

ORIENTATION 2005
**DESTINATION
RENSSELAER**