



# OASES

## STUDENT REGISTRATION FORM



Student's name: \_\_\_\_\_ (circle one): **Male** **Female**

Home address: \_\_\_\_\_ Date of birth: / /

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/guardian's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Additional emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Your school's name: \_\_\_\_\_ Grade you are in: \_\_\_\_\_

The OASES Delegation Coordinator at your school: \_\_\_\_\_

The faculty or parent advisors accompanying your school's delegation (if different from above): \_\_\_\_\_

### TO REGISTER FOR OASES:

#### 1. COMPLETE all four registration documents:

- " Student Registration Form (this page)
- " Medical Information Form
- " Behavior Expectations & Parent Permission Form
- " Risk & Liability Waiver (2 pages)

**DON'T FORGET PARENT SIGNATURES!**

2. SUBMIT all four registration documents (5 pages total) to your delegation's adult advisor, along with a check for \$45, payable to "The Outdoor Academy."

#### PLEASE NOTE:

- Once a delegation's adult advisor has compiled all registration documents, they should be mailed together to The Outdoor Academy, postmarked by April 1.
- Registration forms will be processed in the order in which they are received until the conference is full. If we receive a school's registration documents after the conference is full, we will return all the checks.
- We will notify you by e-mail or telephone when your application packet has been processed.
- You will receive additional information (such as a packing list and directions to The Outdoor Academy) several weeks prior to OASES.



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## MEDICAL INFORMATION



This form is to meant to provide the administrators of The Outdoor Academy with the information they need to provide appropriate care for OASES participants, both in the regular course of the program and in the unlikely event of an emergency. If you run out of room at any time while filling out this form, please attach additional pages or write on the back.

### **PARTICIPANT'S FULL NAME:**

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**ALLERGIES:** Please list all known allergies to food, medication, etc.

ALLERGY	REACTION	MANAGING THE REACTION

**MEDICATIONS:** Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last the entire time at OASES. Keep all medications in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

MEDICATION & DOSAGE	WHEN TAKEN	REASON FOR TAKING

**DIETARY RESTRICTIONS:** Please circle any foods that the participant DOES NOT or CANNOT eat:

- Red meat     
  Pork     
  Eggs     
  Other (describe):  
 Poultry     
  Seafood     
  Dairy products

**GENERAL QUESTIONS:** Please circle items if the participant has any of the following conditions, then provide further information on the back of this form.

- Recent major injury or illness     
  Diabetes     
  Any other medical concerns we should know  
 Asthma     
  Epilepsy     
 about (please explain on back)

**ACTIVITY RESTRICTIONS:** Are there activities that this person should not do? What adaptations are necessary?

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**INSURANCE INFORMATION:** Is the participant covered by insurance? (circle one):    Yes    No

Name of insured: \_\_\_\_\_ Group # \_\_\_\_\_ ID # \_\_\_\_\_

Carrier Name: \_\_\_\_\_ Carrier phone: \_\_\_\_\_



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## BEHAVIOR EXPECTATIONS & PARENT PERMISSION



Thank you very much for your interest in attending the Outdoor Academy Student Environmental Summit! We are looking forward to your arrival at our campus on April 28 for three days of exciting learning opportunities. As you know, delegations from numerous schools all over the southeast will be convening at The Outdoor Academy (OA) for this conference. In order to make this a safe, enjoyable, and memorable event for all participants, OA and its parent organization, Eagle's Nest Foundation (ENF) have established the following rules, which all OASES participants are expected to abide by:

### HEALTH AND SAFETY:

- ▶ Smoking is not allowed anywhere on OA's campus or in ENF programs.
- ▶ Tobacco products, illegal drugs, alcohol, and weapons are forbidden.
- ▶ Separate dormitories will be established for males and females. In order to provide privacy, participants may only enter their assigned dormitory. Wherever possible, students will be housed with their assigned advisor. An Outdoor Academy staff member will also be housed in each dormitory for the purpose of providing supervision.
- ▶ All participants are expected to follow instructions, rules, and expectations as provided by OA and/or ENF staff.

### DRESS AND APPEARANCE:

- ▶ Participants are asked to wear neat and clean clothing that is appropriate for the activity. Please **DO NOT** wear clothing that:
  - is revealing or sexually provocative.
  - contains references to alcohol, tobacco, or illegal drugs.
  - contains profanity, sexual connotations, or racial slurs.
- ▶ Shoes proper to the activity are to be worn at all times.
- ▶ Tattoos and body piercings should be unobtrusive and of a non-controversial content, as deemed by the OA administration.

Thank you for your attention to these guidelines, as they will ensure a safe event for all in attendance and for our current student body. If you have questions about the above policies please call us at 828-877-4349.

**PARTICIPANTS:** Please sign below to indicate that you understand and will uphold these policies while in attendance at OASES, and that all information presented in this five-page OASES registration packet is complete and accurate.

Signature of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Participant's date of birth: \_\_\_\_\_

**PARENTS/GUARDIANS:** Please sign below to indicate that you understand and will support these policies and that all information presented in this five-page OASES registration packet is complete and accurate. Your signature below grants permission for your child to attend OASES as part of the delegation from his or her school.

Signature of Parent or Guardian: \_\_\_\_\_



# OASES

## RISK & LIABILITY WAIVER



### Eagle's Nest Foundation and The Outdoor Academy Student Environmental Summit (OASES)

April 28 - 30, 2010

#### PARTICIPANT AGREEMENT

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In consideration of the services of Eagle's Nest Foundation, its agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on its behalf (hereinafter individually and collectively referred to as "ENF"), I hereby agree as follows:

**A.** On behalf of myself, my parents, my heirs, assigns, personal representative and estate, I hereby release, quitclaim and discharge ENF from any and all liability which it might incur resulting from or relating in any way to any injury which I might suffer while attending OASES, whatever the cause of such injury, and whether it was foreseeable or not.

**B.** I also specifically agree as follows:

1. I understand that I must abide by ENF regulations and that possession or use of tobacco, drugs, or controlled substances not prescribed by a physician are prohibited. I also understand that if I fail to adhere to these policies, and am asked to leave the program as a result, I should not necessarily expect to be able to return to any future ENF programs.
2. I understand that ENF reserves the right to dismiss from its program any participant who breaks ENF policies or whose presence threatens the best interest of ENF.
3. I acknowledge that participation in OASES entails known and unanticipated risks that could result in emotional injury, paralysis, permanent disability or other significant physical injury or damage, or even death, to myself, to property, or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of activities offered at OASES, and that a risk of such injury is inherent in this program.
4. I expressly agree and promise to accept and assume all of the inherent risks existing in this event and its activities. My participation in these activities is purely voluntary, and I elect to participate in spite of the risks.
5. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless ENF from any and all claims, demands, or causes of action, which arise out of the risks and damages of all kinds, whether resulting from risks inherent in this event and its activities and my use of ENF equipment or facilities, or from the negligence of ENF.
6. Should ENF or anyone acting on its behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold it or them harmless for all such fees and costs.
7. I certify that I have adequate health insurance to cover any damage I may suffer arising out of the risks inherent in this activity. I further certify that I have no medical or physical conditions which could interfere with my safety in this 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.
8. I give ENF permission to administer medical treatment as it may deem fit, in its complete discretion, in the event of injury to my person during this event.

**C.** ENF has my permission to use my picture, image, and video footage in promotion and video promotions.

*(continued on next page)*

**D.** The parties agree that any claims directed at ENF which are subject to any portion of this Agreement, as well as any claims contesting the validity or applicability of this Agreement, shall be subject to mandatory mediation by the Transylvania County Center for Dialogue, in Transylvania County, North Carolina. In the event that such claims are not resolved through mediation, the parties agree that such claims shall be subject to mandatory arbitration in an arbitration proceeding conducted pursuant to the administration and rules of the American Arbitration Association, in Transylvania County, North Carolina. This Agreement shall be construed pursuant to the laws of the State of North Carolina, but without regard to which party drafted the same.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Participant's date of birth: \_\_\_\_\_

**APPROVAL BY PARENTS OR GUARDIANS**

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In consideration of the minor child named above, for whom I have all legal responsibility, being permitted by ENF to participate in its activities and to use its equipment and facilities, I hereby confirm and ratify this entire agreement and I agree that all covenants and provisions herein are and shall forever be binding upon me, my estate, my heirs and assigns. I hereby represent to ENF that my child has signed this Agreement under my supervision, with the benefit of my advice, at my direction and that I believe that the benefits of executing this Agreement far out weigh those rights forfeited pursuant to the waiver and release from liability contained herein. I further agree, for my child, myself, my estate, my heirs and assigns forever, to indemnify and hold harmless ENF from any and all claims which are brought by or on behalf of my child, or which in any way relate to or stem from any injury sustained by my child, and which are in any way connected with such use or participation by my child.

Signature of Parent or Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_