

BRECKENRIDGE OUTDOOR EDUCATION CENTER
STUDENT APPLICATION

Attach
Your
Picture
Here
(Optional)

Name: _____ Today's Date ____/____/____

Course Applying For: _____

The Breckenridge Outdoor Education Center is committed to offering quality outdoor education to people of all abilities. Your course may include individuals with varying abilities, experiences and goals. All prospective students are required to fill out a Student Application. Please take the time to answer all questions as thoroughly as possible. Some questions may not apply to you; simply mark them N/A so we know that you read them.

The BOEC reserves the right to screen all students and may request that you provide a personal caregiver to join the program (please consult *the BOEC's Guidelines for Admission* for specific requirements). PHOTOGRAPH: Please attach a current photograph of yourself in the space provided. This picture will help the BOEC staff become more acquainted with you prior to your wilderness course.

STUDENT INFORMATION

Name: _____ Birth Date: ____/____/____
Address: _____ Height: _____ Weight: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Gender: _____ Age: _____
Disability/Diagnosis: _____ Date of Diagnosis/Injury: _____
Ethnic Origin: (circle)

African American Asian American Caucasian Hispanic Native American Other: _____

EMERGENCY CONTACT

Name: _____ Relationship to Student: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Phone: (home) _____
Phone: (cell) _____ Phone: (wk) _____

INSURANCE INFORMATION

For our insurance records, answers to the following questions are required:

Is the applicant covered by a care policy? (circle) YES / NO

Medical Insurance Policy: (carrier and type) _____

Policy Number: _____

Please note: We recommend that all BOEC students be covered by personal health insurance. If medical care for injury, pre-existing condition or any other reason is required during a BOEC course, the student's personal health insurance will be primary.

MOBILITY

Please answer the following questions (circle and explain answers as necessary):

Do you face a mobility challenge? (circle) YES / NO -- please check all that apply

Balance		Visual Impairment	
Coordination		Use Cane	
Dexterity		Guide Dog	
Endurance/Fatigue		Other	
Walk Independently			

Do you have walking concerns? YES / NO _____

Do you require assistance on uneven, rough terrain? YES / NO _____

How far can you walk before resting? _____

Can you climb up and down stairs independently? YES / NO _____

List any other adaptive equipment you use:

DAILY LIVING SKILLS

Due to the adventure focus of BOEC courses, daily living skills can present a challenge for our students.

Do you need assistance with any of the following? (check all that apply and explain if necessary)

Bathing/washing		
Dressing		
Teeth		
Hair		
Other		

Toileting: No assist Partial Assist Total assist: _____

Bladder needs: None Incontinent Needs Reminders Needs to go very often

Toileting schedule: _____

Other: _____

COMMUNICATION

Do you face restrictions in your ability to communicate? YES / NO _____

Can you understand what is said to you? YES / NO _____

Can you express your needs? YES / NO _____

Can you follow verbal directions given to you? YES / NO _____

Will you respect/follow directions given to you by a BOEC staff member (male or female)? YES / NO

Please explain: _____

BEHAVIOR

BOEC courses are conducted in a group setting. Activities are designed to facilitate inclusion, interaction and teamwork.

Will participating in a group of six or more peers present any challenges for you? YES / NO

If yes, please explain: _____

Please rate your short-term memory abilities (circle):

Average	mild short-term loss	severe short-term loss	Extreme short-term memory loss
Anger issues: None	Sometimes	Often	Severe
What helps you calm down?	Cause: _____		
Frustration: Never	Occasionally	Often	Always
Paranoia: Never	Occasionally	Often	Always
Depression: Never	Occasionally	Often	Always
			Cause: _____
			Cause: _____
			Cause: _____

DIETARY/EATING

Food on BOEC courses is designed to be wholesome and nutritious. The BOEC will strive to meet all reasonable personal dietary requirements while supplying appropriate food for the entire program. You may be asked to provide specialty foods to supplement the BOEC menu.

Dietary Needs: (circle) Vegetarian / Meat and Veggie Eater Other Restrictions: _____

Food Allergies? YES / NO explain: _____

Do you need assistance with eating? No Assistance Partial Assistance Total Assistance

Please explain: _____

SLEEP ROUTINE

Do you require a nap? Never Sometimes Once a day Only when very active Rest only

Do you feel fatigued? Never Not usually Sometimes Usually Severely-all the time

Do you have trouble sleeping? YES / NO (circle below)

If it's noisy I need a light on I need total darkness In new places Other _____

Do you need to be awakened or turned at night? YES / NO _____

What time do you usually go to bed? _____ Wake up? _____

EDUCATION/WORK HISTORY

Do you attend school or classes? YES / NO

Name of School: _____

Academic Grade Level? _____ Emotional/Functioning Age: _____

Are you in a special education program and/or require assistance in the classroom? YES / NO

Please describe below.

If you are working/volunteering, what type of work are you currently doing?
