

*BRECKENRIDGE OUTDOOR EDUCATION CENTER
PARTICIPANT APPLICATION
FOR ALL PARTICIPANTS IN BOEC PROGRAMS*

The following information assists the BOEC in maintaining a risk-managed environment. Please complete this form as accurately and truthfully as possible. This information will be confidential.

Course/Group Name _____ Course Dates _____

PERSONAL INFORMATION - Participant (Please print legibly)

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (home) _____ Phone (work) _____

Phone (cell) _____

Email Address _____ Age _____ Birth date _____ Gender _____

Dietary Restrictions: _____

Ethnic Origin: (This section is optional. We gather this information to gauge our effectiveness in reaching a diverse clientele. Please check appropriate box.)

African American	<input type="checkbox"/>	Hispanic	<input type="checkbox"/>
Asian American	<input type="checkbox"/>	Native American	<input type="checkbox"/>
Caucasian	<input type="checkbox"/>	Other	<input type="checkbox"/>

EMERGENCY CONTACT:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone (home) _____ Phone (work) _____

Phone (cell) _____

INSURANCE INFORMATION

Is the applicant covered by any medical care policy? (Circle answer) 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.)



MEDICAL INFORMATION

A physician’s approval to participate in a BOEC program is not required. The BOEC strongly encourages you to consult your physician if you have concerns or questions regarding your ability to participate in an outdoor experiential program. We are happy to answer any questions that you or your physician have concerning BOEC activities and/or adaptations that are frequently a part of BOEC programs.

PLEASE ANSWER THE FOLLOWING QUESTIONS: (Fill in blank or circle as appropriate.)

Height: _____ Weight: _____ Challenge/Diagnosis _____

Do you have any limitations that you believe will affect your ability to participate in a BOEC program? YES NO
Please List:

Are you under any treatment for any illness or condition? _____ If so, please name and describe:

Are you currently taking any form of medication? _____ If so, please give name, dosage, and frequency:

Do you have any allergies? _____ If so, please list them and include allergic reactions to medications:

Have you recently undergone surgery or had a sever illness? _____ If so, please describe the procedure or illness:

Do you smoke? YES NO If YES: How much? _____

Do you exercise regularly? YES NO Please describe your exercise program.

Please check off any of the following conditions you have or have had in the past and give the year of occurrence:

- Asthma
- Dislocation
- Back Pain
- Sprain
- Chest Pain
- Fracture
- Epilepsy
- High Blood Pressure
- Diabetes
- Headaches
- Heart Disease
- Difficulty Breathing

Are there any other conditions or concerns not listed above? Please explain: _____

Have you ever attended a BOEC program before? YES NO

WILDERNESS / SKI GROUP INFORMATION - FILL OUT IF YOUR GROUP IS SKIING/RIDING

Would you prefer to: SKI or SNOWBOARD (please circle)
(The BOEC can accommodate snowboarders if/when we have plenty of advanced notice. If you do not turn your completed paperwork on time, we may not be able to accommodate your snowboarding request.)

If you circled skiing, have you skied before? YES NO

If you circled snowboarding, have you boarded before? YES NO

Have you skied/snowboarded with the BOEC before? YES NO

Adaptive Ski Method: Check all that apply: Stand-up Sit-Down Mono-ski Bi-ski
 3-Track 4-track Visual Impairment

*******There is a 220 lb weight limit for all students who use sit-down equipment**