Registration Information

The First-Year Trip is a six-day backpacking trip from **Thursday, August 3 to Thursday, August 10, 2006**. You will be part of a group of 8 to 10 first-year students with 2 to 3 OA guides who are trained upper-class Sooners. Enjoy meeting other members of your class before New Sooner Orientation, learn about OU, and start your four years at OU with some new friendships. No previous experience is required. Many participants come having never spent a night in the woods. Even if you have no hiking or camping experience, we have a trip you will enjoy and a new group of friends to meet.

The program is open to all members of the Class of 2010. Every crew is led by both male and female OA Leaders who are OU students and will be able to teach you all the skills you need to live in the outdoors. If you have special needs, please contact us directly to talk about them.

Check-in takes place at the Honors College located on the Norman campus of the University of Oklahoma on Thursday, August 3 from 3:00 p.m. to 4:00 p.m.

Registration is limited. Spaces will be allocated on a first come-first serve basis. Submitting a registration form does not guarantee a spot on the First-Year Trip.

Cancellation Policy

All cancellations must be submitted in writing and postmarked by cancellation dates or may be submitted via e-mail to oa@ou.edu by cancellation dates.

- July 1, 2006 and before: Full refund
- July 2 to July 14, 2006: 50% refund
- July 15, 2006 and later: No refund

Financial Aid

Unless you are requesting financial aid, be sure to enclose a check or money order for $325.00 (or your first payment of $125) payable to “OU Foundation”. Please note registration is limited. To insure your spot, we suggest you return your application as soon as possible.

An informational guide is available on line, with specific information on what items to bring, where and when to arrive, and other important information. An e-mail will be sent as a confirmation for your participation in the program. If you do not receive this confirmation e-mail by July 1, please contact us to confirm that we received your application. You can also check on the web site around July 1 to see that you are on the list of participants (www.ou.edu/oa/fyt/). If enrollment is filled, we will notify you, and place you on our waiting list.

Completed Applications

Send this Application, signed by you and your parent along with your payment (checks made payable to OU Foundation), to:
Outdoor Adventure Program
First-Year Trip
1300 Asp Ave.
Norman, OK 73019

Questions

If you have any questions, please contact us at oa@ou.edu.
Outdoor Adventure

First-Year Trip

Personal Information Form

Name _______________________________ OU ID No. ________________________

Prefer to be called ___________________ Gender (circle)  Male  Female

Home (permanent) Address

____________________________________

____________________________________

OU E-mail* ____________________________

* For confirmation and correspondence purposes. A confirmation e-mail with additional information will verify your registration.

Birthday ______________________________

T-Shirt Size:  S  M  L  XL  XXL

Special Needs:

☒ Vegetarian/Vegan (circle one)

☒ Disability (please provide a letter detailing your needs)

☒ Financial Aid (do not enclose payment now)

☒ Food Allergy: ________________

☒ Other: ______________________

Alt. Summer Mailing Address (if different)

____________________________________

Home Phone (_______)_______________

Cell Phone (___) _________________

Optional Information: race or ethnic group

OA does not discriminate based on race, ethnicity, sex, creed, national origin, or disability, and the following information need not be provided. It is requested to facilitate OA’s goal of assembling diverse crews

☒ African American

☒ American Indian

☒ Asian/Pacific Islander

☒ Caucasian

☒ Hispanic

☒ Other: ______________________

Assumption of Risk and Release

I acknowledge that, ________________________________ (name of Participant), would like to participate in the Outdoor Adventure First-Year Backpacking Trip. I further represent and warrant that I am his/her legal guardian or am eighteen or older and am competent to enter into the Assumption of Risk and Release. I recognize that there are inherent risks and hazards directly or inherently involved, making this a dangerous Activity with the potential to cause loss of limb or life. With full knowledge of the facts and circumstances surrounding these activities, I voluntarily grant my permission for Participant to undertake these Activities and assume all responsibility and risk for Participant’s participation in these Activities, including all risk of loss of limb or life, property damage, injury to others, and other hazards to myself. These Activities include, but are not limited to, backpacking, hiking, camping, and travel for the Outdoor Adventure First-Year Trip. I assure officials of the University of Oklahoma that Participant has adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from his/her participation in these Activities and that I will indemnify and hold the University and its affiliates harmless. I assure the University of Oklahoma that there are no health-related reasons or problems, which preclude or restrict Participant’s participation in these Activities. I release the University of Oklahoma from any liability whatsoever arising out of Participant’s participation in these Activities, including but not limited to, any damage to Participant’s property or the property of others and injury to Participant or to others, including loss of limb or life or to others through Participant’s participation in these Activities. The foregoing is submitted for the good and valuable consideration of the University of Oklahoma allowing Participant’s participation in these Activities, adequacy of which is hereby acknowledged. I execute this document with full knowledge of the contents and consequences stated in this release.

Participant Signature  Date  Parent Signature  Date
Outdoor Adventure

First-Year Trip

Name __________________________

Trip Level:
Please check the one box that indicates what level of trip you would be most comfortable with and prefer. We use the following activity rating scale for our trips.

- Moderate: 4-7 miles of hiking/day on relatively flat terrain or shorter mileage on moderately hilly terrain
- Strenuous: 6-10 miles of hiking/day on moderately hilly terrain
- Very Strenuous: 8-12 miles of hiking/day, possibly on steep terrain

Finally, the last set of questions! Take a deep breath, and plunge into our Cosmo (inspired) quiz. The questions have no bearing upon acceptance to the program, but they do help us create interesting and balanced groups and they help us get to you know better. Without further ado ...

1. When asked about nature, you respond:
   - “I don’t like trees.”
   - “Yeah, being outside is cool, if by ‘being outside’ you mean ‘watching the Outdoor Life Network.’”
   - “Nothing better than stars overhead and beans in my belly.”
   - “I catch game with m’ bare hands. AARRR!!!”

2. On a Saturday night at 11:30 p.m., you think about:
   - How best to escape from the cops who just arrested you.
   - How much better the party could be with a live band and dancing midgets.
   - How Lewis Carroll wrote Alice in Wonderland on opium.
   - How relaxing (and dark) the back of your eyelids look.

3. While chatting with a group of fiends, you are the one:
   - Listening to what everyone has to say about Missy Eliot’s new album.
   - Talking about the drama of your life that’s like sand through the hourglass ...
   - Trying to decide what you are going to eat for dinner.
   - Zoning out (and perhaps contemplating the deeper meaning of life).

4. When the going gets tough with your crew, you:
   - Check to make sure the group is doing okay in a feel-good kinda way.
   - Buckle down and move on in hopes that the group will get to the campsite by early dawn.
   - Quietly step back and assess the situation, so later you might have some ingenious revelation.
   - Crack joke after joke in search of a smile, even after hiking for quite a while.

5. When your exercise buddies spill the beans on your abilities, they say (truthfully) that you:
   - Have the endurance and strength to be a Division I athlete.
   - Can hold your own with the big boys and girls when working out.
   - Go to the gym like its a bad habit you are trying to break.
   - Exercise? S/he ain’t gone within no country mile of no gym!

6. Friends describe your sense of humor like:
   - Jerry Sienfeld but more deadpan.
   - Samantha on Sex and the City but more cynical.
   - Bart Simpson but yellower.
   - Stewie from The Family Guy but more refined.

7. What’s your favorite color? __________________________

8. What was the last book you read and enjoyed? __________________________

9. What is a special (and perhaps overlooked) talent of yours? __________________________

Y. Explain your personality in 3-5 adjectives. __________________________

Z. What is one question we should have asked you? __________________________
OUTDOOR ADVENTURE
FIRST-YEAR TRIP HEALTH FORM

This health form consists of two parts; both must be fully and accurately completed.

A Physician or Nurse Practitioner must complete the second section. Participants complete the first section.

This entire medical form must be fully completed in order to participate on the First-Year Trip.

Note: We highly recommend that each participant bring a small supply of anti-inflammatory NSAIDS (ibuprofen, aspirin, etc.) since trip guides will not be able to supply any. It is also important that each participant have an ample supply of any prescription or over-the-counter medicine that s/he will need on the trip.

Thank you for your help making our trips as safe as possible! Mail completed forms to:
Outdoor Adventure First-Year Trip
1300 Asp Ave.
Norman, OK 73019

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Personal Data Completed by Participant

Name ________________________________
First    Middle    Last/Family  Jr., etc.

Medical Insurance: In addition, please attach two copies of your insurance card with this form.

Insurance Provider ____________________________ Policy Number ____________________________

Contact Information: In case of emergency or life threatening situation, the following individual may be contacted:

Next of Kin ________________________________
Parent/Guardian ____________________________ Relationship ____________________________
Home Phone ( __________ ) ____________________________ Work Phone ( __________ ) ____________________________
Area code Number     Area code Number

Home Address ________________________________
Number and Street ________________________________

City ____________________________ State ____________________________ Country ____________________________ Zip Code or Postal Code ____________________________
Name of Family Physician ____________________________ Work Phone ( __________ ) ____________________________
Area code Number

Section Completed By a Physician or Nurse Practitioner

Name ________________________________
First    Middle    Last/Family  Jr., etc.

Birth Date ____________________________ Height ____________________________ Weight ____________________________

Blood Pressure: ____________________________ Pulse, resting ____________________________

Date of Last Physical Exam ____________________________

Date of Student’s Last Tetanus Shot ____________________________ Religious Exemption ____________________________

TO THE EXAMINING PHYSICIAN OR NURSE PRACTITIONER

Participants in the program will be traveling under their own power, often carrying loads of approximately 40-70 pounds, up and down steep mountain trails, six to ten miles a day for six days. The First Year Trip operates in remote areas of northern New Mexico where evacuation to modern medical facilities could take up to several days. Weather conditions can be unpredictable and extreme. Prolonged storms, high winds, intense sunlight, and sudden immersion in cold water are possible. On the basis of your knowledge of the student's medical history and this examination, do you advise any limitations on participation in strenuous physical activities such as backpacking? We need to know if, in your opinion, there is anything in the student's medical background that would preclude, limit, or require consideration in his/her participation. Please be as specific as necessary in noting the problem and the limitations it might impose. Though it is essential that we know the problem and the limitations it might impose, this information will not necessarily preclude the individual from participating on the First Year Trip.
General Medical History

Does the Student currently have or does s/he have a history of any of the following? All “yes” answer must be elaborated on below.

1. Respiratory problems? Asthma?  YES  NO
2. Gastrointestinal disturbances? YES  NO
3. Diabetes? YES  NO
4. Hypertension? YES  NO
5. Bleeding or blood disorders? YES  NO
6. Hepatitis or other liver disease? YES  NO
7. Neurological problems? Epilepsy? YES  NO
8. Seizures? YES  NO
9. Dizziness or fainting episodes? YES  NO
10. Cardiac problems? YES  NO
11. Family history of cardiac problems? YES  NO
12. Treatment or medication for severe menstrual cramps? YES  NO
13. Disorders of the urinary or reproductive tract? YES  NO
14. History of visual or hearing deficits (other than glass or contact lenses)? YES  NO
15. Any other serious illness? YES  NO

Examiner’s specific comments: ________________________________

Current Medications

Is s/he currently taking any medications? Please specify dosage. YES  NO

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage (amt./freq.)</th>
<th>For What Condition?</th>
<th>Side Effects/Restrictions</th>
</tr>
</thead>
</table>

Examiner’s specific comments ________________________________

Muscular/Skeletal Injuries

Many muscular/skeletal injuries may reoccur when a student is under the physical stress of a backpacking trip. Please indicate ANY past histories with the following conditions:

16. Knee, hip or ankle injuries (including sprains) and/or operations? YES  NO
17. Shoulder, arm or back injuries (including sprains) and/or operations? YES  NO
18. Head Injury? YES  NO
19. Any other joint problems? YES  NO
20. Frequent muscle cramps? YES  NO

Examiner’s specific comments (including date of last occurrence and the effect of the problem on current activity level) ________________________________

______________________________

______________________________
Allergies/Dietary Restrictions

21. Any allergies or dietary restrictions (including a vegetarian diet)?
   YES NO

22. Our participants will be disinfecting water with iodine. Is iodine contra-
    indicated for this person?
   YES NO

23. Is s/he allergic to shellfish?
   YES NO

24. Is s/he allergic to peanuts?
   YES NO

25. Is s/he allergic to any other foods?
   YES NO

26. Is s/he allergic to insect bites or bee strings?
   YES NO

Examiner’s specific comments

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

27. Is s/her allergic to any medications (especially NSAIDS)?
   YES NO

What happens she s/he takes these medications? Please list and describe below

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Heat, Cold, Altitude

28. History of frostbite or Raynaud’s Syndrome?
   YES NO

29. History of heat stroke or other heat related illness?
   YES NO

30. History of serious reaction to high or low temperatures?
   YES NO

Examiner’s specific comments

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please discuss any other medical condition with potential effects on student’s participation

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of examining physician or nurse practitioner

X _______________________________ Date _________________________________

Printed name, address, and telephone number of physician or nurse practitioner

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THIS ENTIRE MEDICAL FORM MUST BE FULLY COMPLETED IN ORDER TO PARTICIPATE IN THE FIRST-YEAR TRIP.