

**Participant Application Form – 2017 GEOFYRST Program
Earth and Atmospheric Sciences Department
State University of New York (SUNY) Oneonta**

Personal Information

Name: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Personal Email Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Have you been accepted to the CAMP (College Assistance Migrant Program) program? Yes ____ No ____
(If you are a CAMP student, please contact Eduardo Huerta at 607-434-3393 or 877-256-2021. CAMP will pay the \$100 fee.)

Special Dietary Needs: (e.g., Vegan, Vegetarian, Kosher, etc.)

What is your intended major at SUNY Oneonta?

NOTE: THIS TRIP IS OPEN TO ALL INCOMING STUDENTS REGARDLESS OF THEIR INTENDED MAJOR.

___ Geology

___ Water Resources

___ Earth Sciences

___ Environmental Earth Sciences

___ Earth Science Education

___ Other: _____

What interests you about the GEOFYRST program? (add additional pages, if necessary)

How will participation in the GEOFYRST program aid your future academic career at SUNY Oneonta? (add additional pages, if necessary)

Application Checklist

I am aware that I must register for a special section of GEOL 120, *Introduction to Geology*, during the fall semester of 2017 in order to participate in the GEOFYRST program, and that part of my grade for this course will be based on my level of participation in the GEOFYRST program.

OR *Only exception to above:*

I have previously taken this course through the Earth Science Outreach Program (ESOP).

I have enclosed my check for \$100. Make check payable to *Oneonta Auxiliary Services, Acct. #2718*.

I have made a **copy of my health insurance card** and attached it to this form.

I have completed the **SUNY Oneonta Agreement and Release form** and attached it to this form.

My doctor has completed the **SUNY Oneonta Student Health Information form** and I have attached it to this form.

I understand that alcohol and drugs are prohibited on the GEOFYRST program.

I am comfortable camping for 6 nights in a tent with 3-4 other students.

I am capable of making short hikes up to one hour in length.

I agree to help prepare meals, clean dishes, set up and take down tents, pack and unpack vans, and assist with other group chores.

I understand that if I become sick during the trip and cannot continue, my parents will have to pick me up. Students are **unable** to return to campus before the official move-in dates.

I have made the instructor aware of any medical conditions that require immediate attention – for example, allergic reaction to bee stings that require administration of medicine by an Epi Pen, asthma, heart conditions, high blood sugar (diabetes), etc.

Transfer students living on campus only: I understand that I will be on campus earlier than the transfer student orientation on Friday (8/25). I understand that I may have to attend an earlier orientation or help faculty and staff with freshmen orientation or some other task.

Signed: _____
(Participant signature)

Date: _____

Mail completed application and \$100.00 check to:

Lisa Hoffman
Earth & Atmospheric Sciences Department
SUNY Oneonta
Oneonta, NY 13820
607-436-3707

If you have any questions about the program, please email: geo-fyrst@oneonta.edu

SUNY ONEONTA AGREEMENT AND RELEASE for faculty led off-campus program

Please type or print.

Name: _____

Last
First
Middle

Program: _____ August 17-23, 2017

Course title
approximate dates of travel

To the Student: The information provided will remain confidential. Be aware that you will be responsible for your own care, although SUNY Oneonta will try to provide assistance. Please be honest with yourself and prepare accordingly. The questions that follow will help guide you in preparing for your travel. Indicating that you have health concerns may allow us to assist you in determining if you are prepared to go and can receive appropriate treatment.

1. Participant pledges to conduct himself/herself in a manner that will reflect favorably on himself/herself and SUNY Oneonta.
2. Participation in the above program is entirely voluntary and will require transportation to a destination off campus and may involve risks relating to or arising out of program activities.
3. Participant understands that there are risks inherent in travel, and acknowledges that s/he has been apprised of such risks (to the extent that such risks are known to SUNY), and agrees to assume all risks and responsibility for his/her health, safety, and property while participating in this program.
4. Participant releases SUNY Oneonta and the State of New York, their officers, trustees, employees, and agents from any and all liability, damage or claim of any nature arising out of, or in any way related to participation in this program, the transportation, or in any independent activities undertaken as an adjunct thereto.
5. Participant agrees to be responsible for any damage or liability incurred as a result of any illness or accident Participant may suffer, including the costs of any medical care not covered by insurance, or any injury or damage to any person or property of others which Participant may cause, or for any financial liability or obligation which Participant may personally incur, while participating in the program.
6. Participant understands that SUNY Oneonta reserves the right to make cancellations, changes or substitutions in cases of emergency or changed conditions, or in the interest of any program-sponsored group with which the Participant may be traveling or collaborating.
7. Participant understands and agrees that all students are subject to regulations outlined in materials provided by SUNY Oneonta and the Student Code of Conduct (<http://www.oneonta.edu/development/studevel.asp>).
 In the event of violation of any of the foregoing, or any other behavior which is detrimental to the Participant, other students or the program, the director of the program shall have the right to dismiss the Participant from the program. The Participant further agrees that, if expelled from the program, s/he is responsible for all expenses of the program, including return to the point of origin, and that no refund of fees will be given.
8. Participant agrees that s/he will be responsible for all medical and related expenses incurred while participating in the program. Participant is responsible for securing accident and medical insurance that meets SUNY standards.

9. Participant agrees to report to the faculty coordinator at least 60 days prior to the start of the program any physical or mental condition that may require special medical attention or accommodation while participating in the program.

Other Conditions of Participation

Participation: Participant agrees to participate fully in all portions of the program and further agrees that any deviation from the program design must be requested in advance and in writing by Participant and must be approved by the faculty coordinator.

Submission of Required Forms: Participant agrees to submit all required forms by the deadline.

Travel and Accommodation: Participant acknowledges and agrees to accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, lost or stolen tickets, other services, or sickness, weather, strikes or other unforeseen causes.

Participant acknowledges and understands that SUNY Oneonta assumes no liability whatsoever for any loss, damage, destruction, theft or the like to the student's luggage or personal belongings, and certifies that Participant has retained adequate insurance or has sufficient funds to replace such belongings.

Participant acknowledges and understands that in the event that s/he becomes detached from the trip group, fails to meet a departure bus, airplane or train, or becomes sick or injured, Participant will bear all responsibility to seek out, contact and connect with the trip group at its next available destination; and that Participant shall bear all costs involved in contacting and reaching the trip group at its next available destination.

SUNY Oneonta in no way represents or acts as an agent for transportation carriers, hotels, and other suppliers of services connected with this program.

Refunds for Program Withdrawal: Refunds of tuition for voluntary withdrawal from the program are subject to the official withdrawal policies of SUNY Oneonta. Refunds of Program Fees vary by course.

I have carefully read this form before signing it.

Student's Signature

Date

Parent/Guardian's Signature (required if student is under 18 years of age)

Date

SUNY ONEONTA STUDENT HEALTH INFORMATION for faculty led off-campus program

Please type or print in ink.

Name: _____

_____ Last
_____ First
_____ Middle

Program: _____ GEOFYRST, Introduction to Geology, GEOL 120 (course section number TBA) _____ August 17-23, 2017

_____ Course title
_____ approximate dates of travel

To the Student: The information provided will remain confidential. Be aware that you will be responsible for your own care, although SUNY Oneonta will try to provide assistance. Please be honest with yourself and prepare accordingly. The questions that follow will help guide you in preparing for your travel. Indicating that you have health concerns may allow us to assist you in determining if you are prepared to go and can receive appropriate treatment.

1. Do you have or have you had any physical, psychological or emotional conditions (including eating disorders), that may require treatment while away or that might be exacerbated by the stress caused by changes in culture, climate, diet or exercise? If yes, explain below and plan to see your health care provider to discuss your care.	<input type="radio"/> Yes	<input type="radio"/> No
2. Do you have any allergies, reactions to medications, or dietary restrictions? If yes, consider what you may need to manage your condition or restrictions. If needed, see your health care provider for assistance in planning for your care. You may list any allergies or dietary restrictions below so we can inform your faculty coordinator. However, SUNY Oneonta can only inform and cannot ensure that you can be protected from exposure.	<input type="radio"/> Yes	<input type="radio"/> No
3. Are you currently taking or have you recently discontinued any medications you may need while away? If yes, list medication name and purpose.	<input type="radio"/> Yes	<input type="radio"/> No

4. Person to notify in case of emergency, illness or accident:

Name: _____ Relationship to student: _____
 Street/Apt # _____ Daytime Telephone #: () _____
 City, State, ZIP _____ Evening Telephone #: () _____
 E-mail Address: _____ Cell Telephone #: () _____

Second person in the event that the above cannot be reached:

Name: _____ Relationship to student: _____
 Street/Apt # _____ Daytime Telephone #: () _____
 City, State, ZIP _____ Evening Telephone #: () _____
 E-mail Address: _____ Cell Telephone #: () _____

5. Health Insurance Information:

Note: All participants are required to hold personal health insurance. Photocopy the front and back of your insurance card and attach the copies to this form.

Name of Health Insurance Company: _____

Health Insurance Policy Number: _____

Name on Policy: _____

Phone Number of Health Insurer: _____

Student Declaration

I grant permission to SUNY Oneonta and its employees to share information concerning my health condition with program representatives, my family, insurance company representatives and with any physician, psychologist or counselor who treated me during the past five years or is now treating me. In situations where I am unable to give oral or written consent, I grant permission for hospitalization and treatment recommended and carried out under the supervision of a qualified physician, including administering anesthetics and performing necessary surgery at my own expense. I appoint the representative of SUNY Oneonta for the program to act on my behalf in authorizing necessary medical, dental or surgical care, hospitalization or medical evacuation for me should this be required.

I certify that all responses made on this form are true and accurate, and that **I will notify the instructor hereafter of any relevant changes in my health that occur prior to the start of the program.**

Student's Signature

Date

Parent/Guardian's Signature (required if student is under 18 years of age)

Date

If you answered yes to number 1 or 3, please make an appointment with your health care provider to review your medical history and travel plans and have him/her sign below.

To the Treating Clinician: Please review the student's medical history; discuss with him/her the upcoming travel plans and sign below. A physical exam is not required by SUNY Oneonta if you have adequate information to advise the student.

I have reviewed this student's medical history and examination with him/her, consulted with him/her about medications that may be required, and developed a treatment plan for the student to manage his/her condition during the trip. If needed attach pages.

Signature of Provider

Printed Name of Provider

Address and Phone Number of Provider