



## Georgia Highlands College Summer Field Courses Application/Physical Activity Readiness Questionnaire

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Open the saved version and complete the document. Once completed save it as Wyoming\_Application followed by your last name, example - Wyoming\_Application\_Hobbs

**Submit the completed documents/forms to: Billy Morris at [bmorris@highlands.edu](mailto:bmorris@highlands.edu).**

### **Courses – You must select either geology or ecology. Selecting both requires preapproval.**

By selecting the courses, you are indicating that you understand you will also need to enroll in the courses through the traditional course registration process at the appropriate time.

Geology 1121k/1122k Physical and Historical Geology	8 credit hours
Ecology 3000k	4 credit hours
Additional courses	
PHED 1130 Walking and Jogging	2 credit hours
GHSC 2901 Special Topics in the Sciences	2 credit hours

## Application

### I. Personal Information

(List your name as it appears on your driver's license)

Name: \_\_\_\_\_  
Last First Middle

Preferred name: \_\_\_\_\_

Current Mailing Address:

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### II. Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

This person will also serve as a contact should there be an emergency or if we are not able to reach you in situations that are time sensitive.

### III. Academic Information

Home University: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Class Standing: Freshman      Sophomore      Junior      Senior

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ GPA: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_





## **VII. Health Issues**

Overall, this trip is physically demanding and requires a lot of stamina. I understand if I am selected to participate, I will be provided a GHC medical clearance document to be completed by a medical practitioner (MD/DO/PA).

How do you plan on physically preparing for this trip?

Describe any special considerations such as diet or health concerns that you may have.

List any medical conditions that may affect your participation in hikes at high altitudes. This should include any cardiovascular, respiratory, or neurological conditions.

## **VIII. Additional comments**

Please feel free to add any comments below that may provide information relating to your participation in this program.

## Physical Activity Readiness Questionnaire

We will be physically active every day from the time we begin the trip portion of the course until we return. Our days will consist of more activity than you may be accustomed. Climate and altitude differences will cause you to become fatigued and dehydrated sooner than you would in Georgia. Several long hikes are planned, so if you have any doubts about your fitness, now is the time to start a training or workout program. A brisk walk every day is a good way to start, and once you are feeling strong, a workout on stairs will be very helpful. If you smoke, stop now, and start to build up your aerobic endurance.

We will always be above 5,000' in elevation, and will spend several days above 7,000'. In contrast, Rome has an elevation of 614' above sea level. Our activities will consist of a moderate to strenuous level every day. One scheduled day hike is 7 miles round-trip and will take us from an elevation of 8000' to 10,000'+. Depending on conditions, other day hikes may have similar conditions with possibly more elevation gain and longer distances. With exertion it is noticeably more difficult to take in enough oxygen, especially at the higher altitudes, and dehydration is always a serious issue in Wyoming's low humidity.

Below you will find a short questionnaire designed to identify other areas of concern related to your overall health. Please answer the questions honestly, with a yes or no.

1. Has your doctor indicated that you have a heart condition or that you should only do physical activity recommended by a health care provider?  
Yes    No
2. Do you feel pain in your chest when you do physical activity?  
Yes    No
3. In the past month, have you had chest pain when you were not doing physical activity? Yes    No
4. Do you lose your balance because of dizziness or do you ever lose consciousness? Yes    No
5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? Yes    No
6. Is your doctor currently prescribing drugs for a blood pressure or heart condition? Yes    No
7. Do you require the use of an inhaler to assist with any breathing/allergy difficulties? Yes    No
8. Do you know of any other reason why you should not participate in moderate to strenuous physical activity on a daily basis? Yes    No  
If you answered yes please explain.

## Signature and Acknowledgements

By affixing my name below, I attest that I have answered all questions truthfully and that I understand the rules and expectations associated with this field course. Further I understand that submission of the application does not guarantee acceptance in the course/trip and participation may also require a face-to-face interview.

If accepted, I understand that I will be required to show proof of medical insurance prior to departure. Further, I will also be required to complete and submit the following documents:

GHC Medical Clearance Document –completed by a medical practitioner (MD/DO/PA)

Emergency Medical Form

GHC Student Activities Acknowledgement Form

Wyoming Course Participant Guidelines Form

Waiver of Liability and Hold Harmless Form

GHC Talent Release Form

I also understand that smoking and the use of tobacco products or any device that simulates the use of tobacco such as electronic cigarettes is not allowed on the trip as per GHC policy and the Georgia Smoke Free Air Act of 2005, Title 31 Chapter 12A.

Finely, I acknowledge this course does contain an element of risk associated with day hikes and other strenuous activities.

This course may be subject to cancellation should the projected enrollment not be met or due to circumstances beyond the control of the college.

I certify that I am or will be 18 years of age at the time of departure.

I understand that upon acceptance I will be required to attach a physical signature to this document.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature will be required at the course orientation session

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

Be sure to retain a completed set of documents for yourself.