



**Georgia Highlands College Geology 1121k/Geology 1122k
Wyoming Summer Field Course
Application/Physical Activity Readiness Questionnaire**

Download this document and save it before completing it. Open the saved version and complete the document. Once completed save it as Wyoming_Application followed by your last name, ex Wyoming_Application_Green

Submit the completed documents/forms to: Billy Morris at bmorris@highlands.edu.

Completion of the application does not guarantee your acceptance into the program. Acceptance into the program may also require a face-to-face interview. 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.

All participants must be 18 years of age at the time of trip departure.

This course does contain an element of risk associated with day hikes and other strenuous activities. Be sure to retain a completed set of documents for yourself.

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: _____

Have you completed any coursework in geology? Yes No

If yes, list the course and date: _____

Have you withdrawn from a geology course? Yes No If yes please explain:

IV. References

List the name and email address of two faculty references, and let them know they will be contacted regarding your participation in the courses.

Reference: _____
 name email phone number

Reference: _____
 name email phone number

Do you know someone who has participated in the Wyoming field course? If yes, provide their name: _____

V. Outdoor/Travel Experience

Describe your 'outdoor' experience, i.e. hiking, camping, etc.

A portion of this program takes place in National Parks. Please list any National Parks that you have visited.

VI. Enrichment

Why did you choose to participate in the summer field courses?

What do you believe will be the most difficult academic aspect of these courses for you, and how will you deal with this challenge?

What do you believe will be the most difficult non-academic aspect, and how will you prepare for this?

Academically, what do you hope to gain from this course?

Personally, what do you hope to gain from this experience?

VII. Health Issues

Overall this trip is physically demanding and requires a lot of stamina. If you are accepted into the course you will also be asked to submit a medical profile and consent form. Based on your answers, you may also be asked to provide a statement of physical fitness from a doctor prior to acceptance.

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 conditions relating to your heart, breathing (such as the need for inhalers to treat asthma or allergies), and general physical health.

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 two weeks later. 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'+. Our other long day hike has a couple of options, from similar conditions as the first, to one with more elevation gain and a longer distance. Some trails are easy to walk on while others are rocky and uneven. 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 the low humidity there. Temperatures can range from the 30's to the 90's, and hypothermia could also be a potential concern.

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 ever 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 difficulties? Yes No If yes, please explain.

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.

If you answered yes to one or more questions within the physical activities readiness questionnaire, you must discuss the activities we have planned with your doctor before departure.

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. If accepted, I understand that I will be required to show proof of medical insurance prior to departure. I will also be required to complete and submit a medical profile and consent form, GHC student activities acknowledgement form and waiver of liability form. Further, I understand that upon acceptance I will be required to attach my signature to this document. This course may be subject to cancellation should the projected enrollment not be met or due to circumstances beyond the control of the college.

Printed Name: _____

Signature: _____
Signature will be required at the course orientation session

Date: _____

