

Applicant Personal Information, Consent & Health Form

Personal Contact Information (to be completed by the student):

Name: (last) _____ (first) _____

Permanent address (include city): _____

Home telephone: (_____) _____ Personal cell phone: (_____) _____

Date of Birth :(dd/mm/yr): _____ Personal e-mail: _____

Will the applicant be 18 yrs old at program start? Yes No (minors will need Parental Consent Form, see pg. 2)

Instructions to the Applicant:

This document is a requirement in applying for the Outdoor Adventure Program and the Outdoor Adventure Naturalist Program at Algonquin College. It is your responsibility to ensure it is completed and returned accordingly. It contains:

1. Statement of responsibility, safety and liability in Algonquin College Outdoor Training Programs
2. Emergency contact information
3. Freedom of Information / Consent to release personal information
4. Applicant Health Assessment Form (confidential)

The information contained on this form is confidential, and will not be released without your written consent. The information is protected under the Freedom of Information and Protection of Privacy Act and will be utilized only for the purposes related to Algonquin College's application process and policies on Risk Management.

Steps to Follow:

- Complete all 8 pages of this document, and ensure all signatures are fulfilled on each page.
- Mail or fax the completed form package **BEFORE** the date of your Program Readiness Camp (for Outdoor Adventure) or July 15 (for Outdoor Adventure Naturalist). Students cannot participate in any program activities or courses without this completed form.
- Mail to: Outdoor Adventure or Outdoor Adventure Naturalist Selection Committee,
Algonquin College
315 Pembroke St. East, Pembroke, ON K8A 3K2
Fax: (613) 735-4739; emailing a PDF version to the Program Coordinator is also accepted

Any medical points of concern may be followed up by telephone by the Program Coordinator. For Coordinator contact information, see previous application documents.



STATEMENT OF RESPONSIBILITY, SAFETY AND LIABILITY

In order to learn the skills necessary to become an effective leader in the Outdoor Adventure Tourism industry, students must perform beyond the limits of a mere participant and assume a greater degree of responsibility and risk.

There is an inherent element of risk which is beyond human control. Only those risks that contribute to career related skills, knowledge, and experience are acceptable, as dictated by industry standards, certification, licenses, and specific Course Outlines. This is termed 'risk appropriate' training. Risks that fall outside of the scope of industry practice are deemed inappropriate for technical training programs at Algonquin College in the Ottawa Valley. Although effort is made to minimize exposure to these risks, we can ultimately assume no responsibility for your safety or loss of personal equipment.

A signed liability release is required of all students before commencement of the program. The student is encouraged to read it carefully and fully understand the form's legal implications before signing. A parent/guardian release is required for minors (under 18 years of age). This Release is made available through the application process.

Emergency and Contact Information:

Applicant Name: (last) _____ (first) _____

Provincial Health #: _____ Province of Health Plan: _____

Private Health plan (Co. and Policy #): _____

In case of emergency, please contact FIRST:

Name: _____ Relationship: _____

Phone (day):() _____ Evening: () _____ Cell): () _____

Note: if contact is a parent, please list BOTH parents as contacts if they do not live at the same address.

In case of emergency, please also contact:

Name: _____ Relationship: _____

Phone (day):() _____ Evening: () _____ Cell): () _____

Declaration: I _____ give Algonquin College permission to contact the above listed people, on my behalf, in the case of injury or an emergency.

Signed: _____ Date: _____



Freedom of Information / Consent to release personal information:

Applicant Name: (last) _____ (first) _____

Pursuant to section 42(b)* of the Freedom of Information and Protection of Privacy Act, for the duration of my studies at Algonquin College in an Adventure Program, I consent to:

The release of my telephone number to the faculty of the department, while I am a student at the College.

The release of specific health information to faculty and instructors which may be of concern for particular course types.

The release of personal information about me in the custody of the College, including marks, teacher evaluations, attendance, etc. to **potential employers** for the purpose of reference as needed and on an ongoing basis.

Signed: _____ Date: _____

The consents provided above are fully voluntary and may be withdrawn by a student at any time on giving a written notice to the College. Any questions relating to this form should be addressed to:

Murray Kyte, Chair
Business, Technology & Outdoor Training
Algonquin College in the Ottawa Valley
315 Pembroke Street East
Pembroke, ON K8A 3K2 (613) 735-4700, Extension 2751

* Section 42(b):

- 42. An institution shall not disclose personal information in its custody or under its control except,
- (b) Where the person to whom the information relates has identified that information in particular, and consented to its disclosure.

Algonquin College Adventure Programs: Background information for the Health Assessment Form

The Algonquin College Adventure Programs train students to be leaders and guides in the adventure travel industry. Training is a combination of in-class study and out-of-doors activity. The outdoor training ranges from single day to ten-day expeditions, and takes place in remote settings where evacuation to modern medical facilities could take days.

The student will live and train in extreme conditions ranging from -40C to +25C and be exposed to wind and snow, sudden immersion in cold water and/or high seas. Depending on the specific course type, students will carry 50-75 pound packs over uneven terrain, swim whitewater rapids, and portage heavy boats. On a weekly basis students will be eating and sleeping out of doors. It is expected that each student takes proper care of him or herself.

Most students find the Algonquin College Adventure Programs both physically and mentally demanding. As such, prior physical conditioning and an enthusiastic attitude are a necessity.

In the interest of personal safety of both the applicant and the other students, please consider carefully the above description when completing the Health Assessment. A 'yes' answer will not automatically cancel an applicant's enrollment. If there are any questions regarding an applicant's capacity to be successful in this program, the Program Coordinator will call that applicant to discuss the concern.

Health Assessment Form (confidential)

The information you provide in the following pages is confidential. Specific course instructors may be informed of your medical history if there are safety concerns and their knowing is in your best interest.

This form must be a complete and accurate statement of the physical and psychological factors which may affect your successful participation in the Program. Failing to disclose such information could result in serious harm to yourself and fellow students. Failing to disclose such information could also result in your dismissal from the program. By signing this form, the student agrees to indemnify and hold Algonquin College harmless if relevant information is not disclosed.

Based on the information provided on this form, the applicant may be required (at the request of the Program Coordinator) to seek further assessment from a medical professional. Any costs incurred regarding any follow up requirements are your responsibility, regardless of your acceptance into any Algonquin College Program.

Please sign here indicating you have read and agree to the statements above.

Applicant Name: (last) _____ (first) _____

Signed: _____ Date: _____

APPLICANT: Please circle YES or NO for each item, YES answers require detailed explanation (in space provided).

GENERAL HISTORY: Does the applicant have currently or a history of:				
	Respiratory problems? Asthma?	No	Yes	Detail
	Diabetes?	No	Yes	Detail
	Bleeding or blood disorders?	No	Yes	Detail
	Hepatitis or other liver disease?	No	Yes	Detail
	Neurological problems? Epilepsy?	No	Yes	Detail; Is the condition controlled?
	Seizures?	No	Yes	Detail; Is the condition controlled?
	Migraines, dizziness or fainting?	No	Yes	How often? When was the last one?

	Cardiac problems?	No	Yes	Detail
	Treatment/medication for menstrual cramps?	No	Yes	Detail
	Disorders of the urinary or reproductive tract?	No	Yes	Detail
	Any other disease?	No	Yes	Detail
	Does this person see a specialist of any kind?	No	Yes	Detail; current? Last seen?
MUSCLE/SKELETAL INJURIES: Does the applicant have currently or a history of:				
	Knee, hip or ankle injuries (include operations)	No	Yes	When? Ongoing effects?
	Wrist or arm injuries (include operations)	No	Yes	When? Ongoing effects?
	Shoulder dislocations or injuries (include operations)	No	Yes	How many? When was the last one?
	Back injury (include operations)	No	Yes	When? Ongoing effects?
	Spinal or neck injuries	No	Yes	When? Ongoing effects?
	Head injury? Concussions?	No	Yes	From what? How many? When was the last one?
	Other joint problems?	No	Yes	When? Ongoing effects?
	History of frostbite /Raynaud's Syndrome?	No	Yes	
PERSONAL HISTORY (/ PSYCHIATRIC):				
	Has applicant had treatment or counselling with a mental health professional? (<i>If no, skip to next section - Allergies and Medication</i>)	No	Yes	

	Is applicant currently in treatment/counselling?	No	Yes	Detail:
	May we speak with the therapist?	No	Yes	Name/phone of therapist:
	Hospitalization in the past year due to mental illness?	No	Yes	
	Reasons for treatment or counselling?			
	Could the applicant's condition be negatively affected by participating in this program?	No	Yes	
ALLERGIES and MEDICATION:				
	Any allergies?	No	Yes	Detail:
	Have allergies ever threatened your health?	No	Yes	Detail:
	Rate your allergies on a scale:	1: minimal reaction (inconvenient or uncomfortable) 2: moderate reaction (some risk to health, requires attention) 3: serious reaction (risk to health, possible medical attention required)		
	Allergic to any medications?	No	Yes	Detail:
	Are there any diet restrictions for medical reasons?	No	Yes	Detail:
	Are there any voluntary diet restrictions (i.e. vegetarian)	No	Yes	Detail:
*Note: Algonquin College and its service providers do not and cannot provide a nut free or other allergy free environment				

	Is applicant currently taking any medication?	No	Yes	Specify Med/Dosage/Restrictions:
PHYSICAL READINESS:				
	Does the applicant exercise regularly?	No	Yes	Specify activity/frequency/duration/intensity
	Can the applicant run 5km?	No	Yes	
	Can the applicant swim 500m?	No	Yes	
	Swimming ability (check one): non-swimmer weak swimmer recreational competitive			
	Height(ft):			
	Weight(pd):			
OVERALL PROGRAM READINESS:				
	The Outdoor Adventure Programs have a zero tolerance policy for drug or alcohol use. Will this pose an issue?	No	Yes	
	Do you foresee any specific challenges with the academic / class room portion of the program?	No	Yes	Detail:
	Were you on an Individual Education Plan (IEP) in high school?	No	Yes	Detail:
	Are there any other conditions or concerns which may impact your full participation in the program?	No	Yes	Detail:

Note to applicants regarding health and program participation:

If conditions emerge or injuries develop during the course of the program, the student may be required to seek professional medical advice as to their status and ability to participate fully. If certain conditions emerge or injuries develop that significantly compromise the individual's long term health, other students' safety, or the integrity of the program and courses, the student may have to withdraw from some or all aspects of the program.

Declaration:

I understand that risk is an inherent part of the Outdoor Training Programs and adventure activities and courses. I understand the Adventure Programs are physical in nature and can create or exacerbate pre-existing or unknown conditions. I understand it is my responsibility to notify the Program Coordinator if my physical or mental condition changes or jeopardizes my or other's safety. I have completed this Health Assessment Form to the best of my ability and knowledge and have not withheld any information which may compromise my safety or ability to fully participate in the Outdoor Adventure or Outdoor Adventure Naturalist Program.

Signed: _____ Date: _____

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