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Office use only

**OUTDOOR ACTION FROSH TRIP 2013 APPLICATION****PART A**

(Please print and complete all sections.)

**Recommended: Apply directly online at [www.princeton.edu/~oa/ft/frosh/application.shtml](http://www.princeton.edu/~oa/ft/frosh/application.shtml) starting late May, 2013**

FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ LAST NAME \_\_\_\_\_

PREFERRED FIRST NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ GENDER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ COUNTRY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ CELL PHONE PROVIDER \_\_\_\_\_ Are you an International Student (non-US citizen)? ☐ Yes

PARENT CELL PHONE \_\_\_\_\_ PARENT EMAIL \_\_\_\_\_

**Summer Communications from OA**During the summer we will **only** be sending information out about the program through your Princeton email address. So please activate your Princeton Email account and check it for messages or have it forwarded to your home email account.

HOME EMAIL \_\_\_\_\_ PRINCETON EMAIL \_\_\_\_\_@princeton.edu

SUMMER ADDRESS (*If different from above. List the dates you will be at the summer address.*) DATES \_\_\_\_\_

\_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ COUNTRY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

**FINANCIAL AID:** Princeton University is committed to making sure that the Frosh Trip Program is available to all members of the Class of 2017. **If you are receiving need-based University scholarship funds, your cost for the Outdoor Action trip is fully subsidized.** If you are unsure if you are receiving a need-based scholarship from the University or are eligible for the subsidy, please contact the Office of Financial Aid at 609-258-3330 or email faoffice@princeton.edu.

**TYPE OF TRIP:** List your 1st, 2nd, and 3rd choices. We will do our best to accommodate your request. Please note that most of our trips are all-backpacking trips. Selecting only one option does not necessarily mean that you will be placed on that type of trip.

☐ Backpacking    ☐ Backpacking & Canoeing    ☐ Base Camp & Outdoor Adventure    ☐ Bike Touring  
☐ Canoeing    ☐ Backpacking & Rock Climbing    ☐ Base Camp & Community Service    ☐ Sustainable Farming  
☐ Wilderness & Civilization    ☐ Nature & Spirituality

**SPECIAL NEEDS:** Please indicate any special needs you have that would help us place you in the appropriate trip. If you have special medical conditions, please indicate that on your Health History Form (Part B).☐ Disability (please send us a separate letter with a detailed description of your specific needs).☐ Other Special Needs \_\_\_\_\_**RELIGIOUS OBSERVANCE:** It is important to know about any special religious observance needs you have once the trips have left campus.☐ Sabbath Observance (Yes, I observe the Jewish Sabbath). ☐ Time and space to observe Muslim prayers

Other Religious Practice \_\_\_\_\_

**MEDICAL INSURANCE (Required):** If your primary coverage will be the Princeton University Health Plan, please write Princeton University Health Plan as your insurance provider (you do not need to enter the policy number).

Insurance Provider	Subscriber ID/Policy Number	Group Number
Family Physician	Telephone Number	

**EQUIPMENT:** Everyone will need a sleeping bag and an internal or external frame backpack. We can provide these to those who request them. If you can bring your own or borrow from a friend, *please* do, that helps us out a lot!☐ I DO NOT have a synthetic fill/nylon outer shell sleeping bag. (cotton fill bags are not appropriate)☐ I DO NOT have an internal/external frame backpack with hip belt. If you request a pack, please give us these measurements:

Waist size \_\_\_\_\_ (waist circumference at the belt line) Spine length \_\_\_\_\_ (length of back from belt line to top of shoulders)

**OUTDOOR ACTION T-SHIRT SIZE (50/50 cotton/polyester):** \_\_\_\_\_S \_\_\_\_\_M \_\_\_\_\_L \_\_\_\_\_XL \_\_\_\_\_XXL**SHOE SIZE:** \_\_\_\_\_ and measurement units ☐ American ☐ UK ☐ European ☐ Japanese

(Please read and complete all parts of the application and both sides of PART B.)

# OUTDOOR ACTION FROSH TRIP 2013 APPLICATION

PART A

(Please print and complete all sections.)

Do you have any previous outdoor experience? Tell us about it:

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What are some of your favorite activities?

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What are you interested in studying at Princeton?

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What's one fun thing about you that you'd like the people on your group to know about you?

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I hereby certify that the answers set forth here are true. I understand that the goals of Outdoor Action are to provide a positive experience in a supportive group environment. I am aware that as a participant I am required to follow the policies and guidelines set by the Outdoor Action Program and instructions from the Outdoor Action Leaders. As part of Princeton University, Outdoor Action adheres to the University standards of respect for others and all policies and procedures outlined in the University publication *Rights, Rules & Responsibilities*. Outdoor Action is a substance-free program—alcohol or drugs of any kind are prohibited. The use of tobacco products is not encouraged unless there is a daily need for nicotine.

I hereby certify that I am aware that specific personal equipment is necessary for my participation in this program and that it is my obligation to provide this equipment. I acknowledge that my failure to provide the necessary equipment may prevent my full participation in this trip. I also understand that I am responsible for and must return any Outdoor Action equipment that I borrow for this trip. I understand that there may be a specified fee associated with participating in this trip and that I am responsible for paying that fee. I hereby grant permission for any photos or videos that are taken during this activity to be used by the Outdoor Action Program in promotional or other material.

I acknowledge that my participation in this trip is voluntary. This trip, while not within the required course my studies at Princeton University, is for my personal enrichment and recreational benefit as a Princeton University student. I am aware that my participation in this trip involves activities in remote locations with limited access to hospital medical care. I am aware of the potential hazards of this activity, including, but not limited to, insect bites and stings, gastro-intestinal infections from water, infections, heat or cold-related illnesses, falls, inclement weather, lightning, and difficult trail conditions. There are risks of travel as well, including risks associated with motor vehicles and poor driving conditions.

I believe that I have been fully and adequately briefed regarding the risks inherent in this Outdoor Action program. I have weighed the dangers inherent in this trip, the risks presented to my own health and well-being, and my personal desire to participate in this trip. I have concluded that the risks are acceptable and are outweighed by my desire to participate. In consideration of Princeton University enabling me to participate in this Outdoor Action program, I voluntarily assume all risks associated therewith.

I hereby give my consent to Princeton University and thereby to leaders in the Outdoor Action Program to render medical treatment should it be required during this trip and to have access to the medical information reported on my Outdoor Action Health History form. In the event that a parent or guardian cannot be reached, I hereby give permission for transport to and treatment at a hospital facility. This Agreement shall be binding upon the Participant and my heirs, administrator, executors and assigns. I agree that any mediation, suit, or other proceeding must be filed or entered into only in the state of New Jersey.

☐ Yes -- In order to place you in an appropriate trip, we may need to review your health information with University Health Services. Should we find it necessary to speak with University Health Services, regarding your Health History, do we have your permission to do so?

YOUR SIGNATURE (Required): \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN (Required): \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE SIGN AND RETURN BY APPLICATION DEADLINE JUNE 30. RETURN IT TO:  
OUTDOOR ACTION PROGRAM, DILLON COURT WEST  
PRINCETON UNIVERSITY, PRINCETON, NJ 08544

(Please read and complete all parts of the application and both sides of PART B.)