



APPLICATION FORM

Return to Naropa University – TWT 2130 Arapahoe Ave, Boulder, CO 80302

Outdoor Leadership Training Seminars

Breaking Through Adventures

**P.O Box 20281
Denver
Colorado
80220**

303 320-0372

**800 331-7238
(Toll Free)**

Name _____ Sex _____

Address _____ Age _____

City _____ State _____ Zip _____ Height _____

Occupation _____ Weight _____

School or Business _____

Telephone _____ (home) _____ (work)

Course Applied For: Naropa University WT Intensive Date: August, 2019

Please indicate those outdoor activities in which you have some previous experience and skill by using the following scale:

- 1 = No experience, but interested
- 2 = Some previous experience
- 3 = Considerable experience
- 4 = Have instructed others

_____ Backpacking	_____ Alpine Skiing/Boarding
_____ Rockclimbing	_____ Winter Camping
_____ Mountaineering	_____ First Aid (indicate level)
_____ Whitewater Rafting	_____ Orienteering/Navigation
_____ Ski Touring	_____ Survival Skills

Please describe any extended wilderness experience (more than three days), or previous outdoor skills training courses that you have had:

OUTDOOR LEADERSHIP TRAINING SEMINARS

PO Box 20281 Denver, Colorado 80220

PERSONAL DATA (*confidential*)

Name _____ Male _____ Female _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Date of Birth _____

Company Name (if applicable) _____

Company Address (if applicable) _____

Insurance Carrier _____ Policy Number _____

Emergency Contact (in case of illness or injury) _____ Relationship _____

Street Address _____ City _____ State _____ Zip _____

Emergency Contact Home Phone _____ Business Phone _____

Date of last complete physical examination: Blood Pressure _____ Pulse _____

General results of the exam _____

List any abnormalities detected (also refer to other form) _____

What is your current state of health and nutrition? _____

Height _____ Weight _____ Special needs _____

What is your current level of physical activity?

_____ Minimal (perform less than one hour of aerobic exercise per week)

_____ Moderate (perform some aerobic exercise, 1-3 hours per week)

_____ Active (perform aerobic exercise 4 or more hours per week)

What type of exercise do you perform? Please describe _____

Personal Physician _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

If you have been under the care of a physician, psychiatrist, or psychologist in the past year, please indicate below the name, address, and phone number of the caregiver, as well as a brief explanation of the nature of the problem _____

In case of emergency, I understand that effort will be made to secure proper treatment. I hereby give permission for such treatment. My personal health and accident insurance covers any accident or illness that I may incur during this experience and I will personally guarantee any cost or other liability incurred during evacuation or treatment. I have read the description of the program and information provided for preparation and understand the nature of the program and risks involved.

Signature _____ Date _____