

## COAR Trips & Registration

Below are the trip dates for this summer. Call ~~434-924-3791~~ to reserve a spot!

JULY 2017						
SUN	MON	TUE	WED	THU	FRI	SAT
						1
					COAR 1	
2	3	4	5	6	7	8
→		COAR 2			→ COAR 3	
9	10	11	12	13	14	15
→		COAR 4			→	
16	17	18	19	20	21	22
		COAR 5			→ COAR 6	
23	24	25	26	27	28	29
→						
30	31					

# AUGUST 2017

SUN	MON	TUE	WED	THU	FRI	SAT
		COAR 7 →				
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

# **UVA OR**

## **UNIVERSITY OF VIRGINIA • OUTDOOR RECREATION**

*Field Programs / Rental Center / Poplar Ridge Challenge Course / Boulderling Wall*

---

**Complete and mail these forms within two weeks of registering for your COAR trip to:**

UVA Outdoor Recreation  
PO Box 400317  
Charlottesville, VA 22904

*\*You can also email this form to [outdoor@virginia.edu](mailto:outdoor@virginia.edu)*

*Please make sure that you SIGN AND DATE where prompted*

*\*Participants under the age of 18 must have a parent or legal guardian signature on both forms.*

### **STATEMENT OF UNDERSTANDING**

The undersigned hereby acknowledges and agrees that:

1. \_\_\_\_\_ (\*herein referred to as “participant”\*) expects and intends to participate in one or more Intramural-Recreational Sports Outdoor Recreation Program activities during the academic year, following the execution of this statement of understanding.
2. In consideration of the University’s sponsorship and direction of this Intramural-Recreational Sports Outdoor Recreation Program activity, the Participant hereby states that he/she has read and understands the terms and conditions of this statement of understanding and specifically agrees to be bound thereby.
3. The participant understands and acknowledges that there are specific risks of injury to a person and/or property that are associated with Intramural-Recreational Sports activities. Participant specifically agrees to and voluntarily assumes the risk of such injuries, and hereby certifies and represents that participant will have appropriate personal accident/health insurance coverage during the period of each such activity.
4. The participant understands and acknowledges that the University of Virginia assumes no liability for personal injuries or property damages to participants or to third persons arising out of Intramural-Recreational Sports Outdoor Recreation Program Activities, except to the extent that such liability is imposed by law. Participant agrees to indemnify and save the University of Virginia harmless from any liability arising out of the acts or omissions of participant during any such Intramural-Recreational Sports Outdoor Recreation Program activity, subject to any limitations or restrictions against such indemnification that are imposed by law. Participant will abide by all state and federal law and University policy including the non-use of alcohol or controlled substances.

SIGNATURE AND DATE:

---

*\*Participants under the age of 18 must have a parent or legal guardian signature (BELOW).*

SIGNATURE AND DATE:

---

---

### **UVA Department of Intramural – Recreational Sports**

450 Whitehead Road; PO Box 400317, Charlottesville, VA 22904-4317  
Phone: 434-924-3791 Fax: 434-924-3858 Web: <http://www.virginia.edu/ims>

# UVA OR

## UNIVERSITY OF VIRGINIA • OUTDOOR RECREATION

*Field Programs / Rental Center / Poplar Ridge Challenge Course / Bouldering Wall*

---

### MEDICAL HISTORY FORM

**Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_  
First MI Last

**Address:** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Telephone:** ( ) \_\_\_\_\_ **Work:** ( ) \_\_\_\_\_

**Date of birth** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **Gender:** ☐ Male ☐ Female

**Emergency contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Insurance:** It is **University policy** that each participant be covered by his/her own sickness and accident insurance.

Name of insurance company: \_\_\_\_\_

Policy or certificate number: \_\_\_\_\_

• **Special Diet Considerations:** \_\_\_\_\_

• **List Known Allergies:** \_\_\_\_\_

• **Required Medications:** \_\_\_\_\_

• **Are you allergic to bee stings?** \_\_\_\_\_

• **Do you carry a bee sting kit?** \_\_\_\_\_

Have you had or do you now have (check box if yes and give dates and details below):

*Diabetes* ☐

*Asthma* ☐

*Epilepsy* ☐

*Drug Reactions* ☐

*Chest Pains* ☐

*Angina* ☐

*High Blood Pressure* ☐

*Heart Murmur* ☐

*Back, shoulder, knee or other joint problems* ☐

• **Are you pregnant?** \_\_\_\_\_

• **Heart Attack (if yes, explain and include date):** \_\_\_\_\_

• **Have you ever had any serious disease or surgery? (If yes, explain and include date):** \_\_\_\_\_

• **Has any physician advised you to limit your activity? (If yes, explain and include date):** \_\_\_\_\_

• **Do you have any other medical conditions that might affect your ability to participate in this program?** \_\_\_\_\_

The information provided above is a complete and accurate statement of the physical and psychological factors that may affect my participation in a program. I realize that failure to disclose information could result in serious harm to me and other participants. I agree to hold UVA Outdoor Recreation, the Department of Intramural – Recreational Sports, and the University of Virginia harmless from any liability, claim or expense resulting, directly or indirectly, from my failure to disclose relevant information. This information will be kept confidential except in case of emergency. In case of emergency, I consent to the release of medical records and accident report forms to insurance companies, my employer, or any agency deemed appropriate.

\_\_\_\_\_  
Signature (if under 18, parent / guardian signature required below)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

---

## UVA Department of Intramural – Recreational Sports

450 Whitehead Road; PO Box 400317, Charlottesville, VA 22904-4317

Phone: 434-924-3791 Fax: 434-924-3858 Web: <http://www.virginia.edu/ims>