



P.O. Box, 23 Santanoni Ave. Saranac Lake, NY 12983 Fax: (518) 891-4236

North Country Community College - Records Office

TO BE USED FOR **WILDERNESS FIRST RESPONDER** _____

Student must meet functional requirements of training sponsor to enroll.

NAME: _____ Birth Date: _____

MAILING ADDRESS: _____

TELEPHONE (Daytime): _____ (Evening): _____

EMAIL: _____

Check all that apply and write appropriate fee in blank to the right:

NCCC Student Wilderness First Responder Course Fee \$ No fee due
 (\$560 – billed via _____ semester bill) at this time

Non-NCCC Student Wilderness First Responder Course Fee \$ _____
 (\$700 total, \$400 deposit required at time of registration)

3-credit option - Non-Matriculated NCCC Student WFR HED 160 (\$400 deposit \$ _____
 required at time of registration; Total cost \$560 course fee + NCCC tuition/fees TBD by NCCC Business
 Office – call 518-891-2915 X1688 Business Office for current tuition rate; must also complete Non-Matric. Registration form)

TOTAL DUE \$ _____

Less Deposit (-\$400 minimum for WFR) \$ _____

Balance Due \$ _____

Deposit, Payment of Balance and Refunds/ Cancellations:

Non-NCCC WFR Students only, a \$400 deposit is required at time of registration to secure your space in the course. Fee balance is due in full by 4:30pm, _____. If balance is not paid in full by the deadline and there is a waiting list for the course, student may lose their deposit and seat in the course. Please deliver, fax (518-891-4236) or mail *written notification of course drop or cancellation* to: NCCC Records Office, Attn: WFR, P.O. Box 89, 23 Santanoni Ave., Saranac Lake, NY 12983. **Please call 518-891-2915 x1245 to confirm receipt of your registration materials or to request a receipt for your payment.**

Course fees may be paid by check, money order, cash, Mastercard or VISA. Receipts and final confirmation will be mailed or emailed to the mailing addresses listed above.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

If the student is under 18 years of age, permission of parent or guardian is needed.

PAYMENT METHOD (Business Office Use Only)

Cash _____	Check _____	MasterCard/VISA (circle one) _____
Card # _____	Exp. Date _____	Name of Cardholder _____
CVV Code _____	Receipt # _____	Amount \$ _____ Date _____ Initial _____

**North Country Community College
Wilderness Recreation Leadership Program**

MEDICAL INFORMATION DISCLOSURE FORM

In the interest of the personal safety of program participants and leader(s), please answer the following questions thoroughly.

PARTICIPANT INFORMATION:
Participant Name: _____ Phone: _____
Address: _____ City, State, Zip: _____
Height: _____ Weight: _____ Age: _____ Gender: _____
Program/ Activity Name: _____ Program Date(s): _____

MEDICAL INFORMATION: (Circle 'Yes' or 'No' and provide additional information where requested. Please be candid).

Yes No ***Do you have diabetes, asthma, seizures, or cardiac problems?*** If yes, explain.
Explanation: _____

Yes No ***Do you use any medications?*** If yes, list and identify what condition they are for:
Medication: _____ Dose: _____ Condition: _____
Medication: _____ Dose: _____ Condition: _____
Medication: _____ Dose: _____ Condition: _____
Medication: _____ Dose: _____ Condition: _____

Yes No ***Do you have any allergies to the following? Please check.*** If checked, describe reaction.
_____ ***Insects*** _____ ***Drug(s)*** _____ ***Plant(s)*** _____ ***Iodine*** _____ ***Food(s)***
Explanation: _____

Yes No ***Have you ever had any bone, muscle or joint injury?*** If yes, describe including current status.
Explanation: _____

Yes No ***Have you ever had frostbite or Raynaud's syndrome, circulatory problems, or heat stroke?*** If yes describe.
Explanation: _____

Yes No ***Do you have any other injuries or medical conditions not identified above?*** If yes, list and describe.
Explanation: _____

Yes No ***Have you completed any first aid or emergency medical training?*** If yes, please list name and date of certification.
Explanation: _____

EMERGENCY INFORMATION:
Insurance Provider: _____ Policy Number: _____
Name of Emergency Contact: _____ Relationship: _____
Address: _____ City, State, Zip: _____
Phone (day): _____ Phone (night): _____

STATEMENT OF VERIFICATION: *By signing below, I verify that the information provided above is a complete and accurate statement of any medical conditions that may affect my participation in this program. I realize that failure to disclose such information could result in serious harm to myself and fellow participants. In addition, I hereby authorize NCCC to disclose, as needed, any and all of my health-related records to: WRL program faculty, group leaders, and staff responsible for wilderness trips and practica; College administrators and staff who have legitimate educational interest in this information; and emergency and other medical personnel in medical or medical emergency situations.*

Signature of Participant: _____ Date: _____

**North Country Community College
Wilderness Recreation Leadership Program**

SAFETY AND RISK MANAGEMENT

Safety is a fundamental part of North Country Community College (NCCC) outdoor programs. Safety is taught and practiced on every outdoor program offered by NCCC. Despite operating to the best of our capabilities, the possibility of an accident still exists. NCCC cannot – nor can anyone – reduce that possibility to zero.

ACKNOWLEDGEMENT OF RISK

In consideration of the services of North Country Community College, employees, instructors, representatives or agents and all other persons or entities acting in any capacity on their behalf (collectively referred to as NCCC), I agree as follows:

I acknowledge that _____ entails known and unanticipated risks which cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes of loss or damage to my equipment, accidental injury, illness, or in extreme cases, permanent trauma, disability, or death.

I understand that NCCC does not want to frighten me or reduce my enthusiasm for this activity, but thinks it is important for me to know in advance what to expect and to be informed of the activities' inherent risks. The following describes some, but not all, of those risks:

NCCC Wilderness First Responder course will take place out of doors, where participants are subject to numerous risks, environmental and otherwise. Activities vary from program to program. _____ **may include the following activities: wilderness medicine simulations, hiking on and off trail over rough terrain, outdoor activities in inclement weather conditions and or night time simulation exercises.**

Decisions are made by the instructor(s) and participants in a wilderness setting, based on a variety of perceptions and evaluations which by their nature are imprecise and subject to errors in judgment. ***Throughout the course, participants are responsible for their own safety and for the safety of other members of their course, particularly in situations where they are away from the instructor or the rest of the group, such as while bathing or using the bathroom.***

I understand the description above of these risks is not complete and that other unknown or unanticipated risks may result in property loss, injury, or death. I expressly agree and promise to accept and assume all the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks. I agree to be solely responsible for my own safety and to take every precaution to provide for my own safety and well-being.

I have read, understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representatives and estate and all members of my family.

SIGNATURE OF PARTICIPANT _____

PRINT NAME _____ DATE _____

IF UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST READ AND SIGN BELOW:

I am the legal guardian of the above named minor and have read the above ACKNOWLEDGEMENT. I hereby consent to the terms of the ACKNOWLEDGEMENT on behalf of the named minor, and give my consent to the participation of the above named minor in all activities of NCCC on the terms stated.

SIGNATURE OF PARENT/GUARDIAN _____

PRINT NAME OF PARENT/GUARDIAN _____ DATE _____

**North Country Community College
Wilderness Recreation Leadership Program**

RELEASE OF LIABILITY

By signing below, I acknowledge that the outdoor recreational activities associated with the above-described program to be conducted by North Country Community College, (NCCC) may be hazardous, and may result in loss, damage or death;

With full knowledge of these dangers, I hereby agree for myself, all of my family members and heirs to RELEASE NCCC and any of its employees, instructors, officers, directors, governors, or agents liability claims demands or any causes of action and agree NOT TO MAKE ANY CLAIM against NCCC or any of its chapters, representatives or agents whatsoever which may arise during my participation in _____

I intend this RELEASE OF LIABILITY to be effective whether or not any loss, damage, injury or death results, in whole or in part from the negligence of NCCC, or any of its agents, employees, officers, instructors, guides, directors, governors, or trip leaders. I understand that negligence means a failure to do an act which a reasonable and careful person would do, or the doing of an act which a reasonable and careful person would not do, under the same circumstances, to protect himself, herself or others from injury or death.

I assume full responsibility for my personal injuries, including injuries resulting in death, which might occur as a result of my own negligence and/or the negligence of lack of care of NCCC, its employees, instructors, groups, representatives, or agents.

I agree to be solely responsible for my own safety and to take every precaution for my own safety and well-being while participating in _____

SIGNATURE OF PARTICIPANT _____

PRINT NAME _____ DATE _____

IF UNDER 18 YEARS OF AGE, A PARENT OR GUARDIAN MUST READ AND SIGN BELOW:

I am the legal guardian of the above minor and have read the above RELEASE. I hereby consent to the terms of the RELEASE on behalf of the above-named minor and give my consent to the participation of the above-named minor in the outdoor recreational activities of NCCC.

SIGNATURE OF PARENT/GUARDIAN _____

PRINT NAME OF PARENT/GUARDIAN _____ DATE _____