



Dear Semester Student & Family,

We want to welcome you as an applicant on a Colorado Outward Bound School semester course. Our semester length courses are fantastic opportunities for young adults to explore the world and their capabilities. They are physically and mentally challenging and designed to help students connect with their strengths, gain skills and return home with new insight on who they are and who they want to be.

Aside from sharing all the benefits and intentions of our semester length courses, I want you to understand the minimum expectations we have of our semester students.

- We expect students to refrain from bringing or using illegal drugs, alcohol, marijuana, or tobacco; and to refrain from inappropriate use of prescription medications
- We expect students to refrain from sexual relations while on course.
- We expect students to participate fully in the course, to act safely and to comply with Instructor direction.
- We expect students act with respect toward others and toward the environment.

The rigors of group living and wilderness travel are challenging and we work with students and groups to keep motivation high and to make sure the expectations are clear. If a student does not participate within these expectations they will likely be expelled, at our discretion, from the course. In that unfortunate event there will be no refund or credit issued, pro-rated or otherwise.

We are committed to the success of each student and these pre-course and on-course practices support that end result. However, we will not keep a student who is unable or unwilling to comply with a reasonable set of expectations that underpin the overall success of the course. A wilderness expedition is not a place to test behavioral limits and we do not deliver wilderness therapy. While our semester courses are geared to build self confidence and leadership, they are not an appropriate venue for a young person who is not fully invested in the experience.

Please discuss the expectations in this letter and make sure your entire family is committed to supporting the applicant in meeting the social, mental and physical challenges designed into our courses. The rewards will be great.

Thank you,

Ben Fickett
Director of Student Services
Colorado Outward Bound School



FOLLOW-UP

APPROVAL

4 PAGE PARTICIPANT MEDICAL RECORD

OFFICE USE ONLY

PART I – GENERAL INFORMATION

PROGRAM/COURSE NUMBER _____ START DATE _____

APPLICANT

Name: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Cell Phone: _____
E-mail: _____

Title: Dr. Mr. Mrs. Ms. Miss Other _____
Age at Program Start: _____ DOB: _____
Height: _____ ft. _____ in. Weight: _____ lbs.
Sex: Male Female Intersex
Gender: Male Female Non-Binary Transgender
Occupation: _____

Parent/Custodial Guardian 1 (if applicant is under 21)

Name: _____
Title: Dr. Mr. Mrs. Ms. Miss Other _____
Relationship to Applicant: _____
Address: _____
City/State/Zip: _____
E-mail: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Occupation: _____

Parent/Custodial Guardian 2 (if applicant is under 21)

Name: _____
Title: Dr. Mr. Mrs. Ms. Miss Other _____
Relationship to Applicant: _____
Address: _____
City/State/Zip: _____
E-mail: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
Occupation: _____

Emergency Contact (other than parent/guardian if the applicant is under 21)

Name: _____
Home Phone: _____
Email Address: _____

Relationship to Applicant: _____
Cell: _____
Work Phone: _____

Ethnicity (optional)

- Asian
- Multi-Ethic
- Hispanic or Latino
- Caucasian (Non-Hispanic)
- Native Hawaiian or Pacific Islander
- African American
- American Indian/Alaskan Native
- Unknown
- Other: _____

SIGNATURE REQUIRED Consent is hereby given for the applicant to attend an OUTWARD BOUND program and permission is given for any emergency anesthesia, operation, hospitalization or other treatment (whether for an emergency or not) which might become necessary. I agree to be responsible for any and all costs associated with such treatment, including the costs of evacuation, if any. All information will be kept confidential except that information may be disclosed to any medical or other provider as needed for my (or my child's) care. If Outward Bound arranges for treatment for me (or my child) by a medical provider, I authorize that medical provider to release information about me (or my child), and my (or my child's) condition and treatment to Outward Bound. Over the years, many students with a variety of medical and psychological difficulties have successfully completed our programs, but we must be aware of these conditions. Failure to disclose such information could result in serious harm to you (or your child) and fellow students. I understand that I (or my child) may be in remote areas, several hours or days away from any medical facility or where communication, transportation, or evacuation is subject to delay. If you (or your child) arrive at the program start with a preexisting medical, behavioral or psychological condition which is not indicated on your medical form and you are subsequently unable to participate fully or are forced to leave the program because of that condition, you may be charged an evacuation fee and may not receive a refund of tuition.

Applicant's Signature: _____ Date _____

Parent's/Guardian's Signature: _____ Date _____

(Required if applicant is under the age of 18 OR if applicant is a resident of Alabama and is under the age of 19 OR if applicant is a resident of Mississippi and is under the age of 21.)

PART II APPLICANT MEDICAL HISTORY: PAST AND PRESENT

A. MEDICAL CONDITIONS

Do any of the following apply to you? If YES check the box next to the item and provide detail in the spaces below. Include the following:

- Specific symptoms that are occurring
- How long symptom/condition lasts
- Date of last occurrence
- How often symptom/condition occurs
- How you care for symptom/condition
- Any restrictions

CONDITION	SYMPTOMS/RESTRICTIONS
<input type="checkbox"/> High Blood Pressure	_____
<input type="checkbox"/> Heart Disease	_____
<input type="checkbox"/> Heart Murmur	_____
<input type="checkbox"/> Irregular Heartbeat/Palpitations	_____
<input type="checkbox"/> Chest Pain/Pressure	_____
<input type="checkbox"/> Circulation Problems	_____
<input type="checkbox"/> Frostbite	_____
<input type="checkbox"/> Heatstroke	_____
<input type="checkbox"/> Frequent Dizziness/Fainting	_____
<input type="checkbox"/> History of Altitude Sickness	_____
<input type="checkbox"/> Severe Headaches/Migraines	_____
<input type="checkbox"/> Head Injury w/Neurological Impairment	_____
<input type="checkbox"/> Tuberculosis/Positive TB test	_____
<input type="checkbox"/> Asthma or COPD	_____
<input type="checkbox"/> Active or History of Hepatitis	_____
<input type="checkbox"/> Lyme Disease	_____
<input type="checkbox"/> Seizure Disorder/Epilepsy	_____
<input type="checkbox"/> Seizure within past 6 months	_____
<input type="checkbox"/> Bleeding/Blood Disorder	_____
<input type="checkbox"/> Sickle Cell Anemia	_____
<input type="checkbox"/> Sickle Cell Trait	_____
<input type="checkbox"/> Hypoglycemia (low blood sugar)	_____
<input type="checkbox"/> Diabetes	_____
<input type="checkbox"/> Cancer	_____
<input type="checkbox"/> Thyroid Problems	_____
<input type="checkbox"/> Gastro-intestinal Problems	_____
<input type="checkbox"/> Special Diet	_____
<input type="checkbox"/> Food Allergies	_____
<input type="checkbox"/> Kidney Problems	_____
<input type="checkbox"/> Urinary Tract Problems	_____
<input type="checkbox"/> Bedwetting	_____
<input type="checkbox"/> Orthopedic Problems	_____
<input type="checkbox"/> Broken Bones within past year	_____
<input type="checkbox"/> Hearing Impairment	_____
<input type="checkbox"/> Vision Impairment	_____
<input type="checkbox"/> Skin Problem	_____
<input type="checkbox"/> Motion Sickness	_____
<input type="checkbox"/> Sleep Walking	_____
<input type="checkbox"/> PMS/Menstrual Problems (severe)	_____
<input type="checkbox"/> Currently Pregnant	_____
<input type="checkbox"/> Medical Equipment/Devices	_____
<input type="checkbox"/> Other	_____

B. **ALLERGIES** Include allergies to medicine, foods, insect bites/stings, environmental, etc.

Allergy List Below	Reaction List Below	Medication Required If Any

C. **MEDICATIONS YOU ARE CURRENTLY TAKING** If psychiatric medication, *please list any medications taken or changed within the past 3 months*. Also, list any over-the-counter, inhalers, herbal supplements, etc.

Medication List Below	Taken For Symptom/Condition	Dosage Size/Frequency	Date Started	Current Side Effects	Expiration Date

NOTE: If you are taking prescription medications, you **MUST** bring them in ORIGINAL PRESCRIPTION BOTTLES with the physician’s dosage directions. If possible, bring a double supply. *Any changes to the above noted medications or dosages prior to course must be shared with Outward Bound as soon as possible.*

D. **HOSPITALIZATIONS/EMERGENCIES** Please list any hospital, psychiatric, or urgent care visits within the past year.

Date of Visit/Admittance	Reason	Length of Stay

E. **BLOOD PRESSURE**

Blood Pressure: _____ Date Taken: _____ (Must be within 1 year of course start)
 Blood pressure may be taken with apparatus at a local grocery or drug store.

F. **IMMUNIZATIONS**

We recommend that all of our participants have a current tetanus immunization (within 10 years)

PART III APPLICANT PSYCHIATRIC AND MENTAL HEALTH HISTORY

G. PSYCHIATRIC AND MENTAL HEALTH CONDITIONS Within the past year.

Do any of the following apply to you? If YES, check the box next to the item and provide details on the spaces below.

- ADHD
- Anxiety Disorder
- Depressive Disorder
- Eating Disorder
- Learning Disability
- Personality Disorder
- Substance Related Disorder
- Other: _____
- Autism Spectrum Disorder
- Bipolar Disorder
- Disruptive and Conduct Disorder
- Intellectual Disability
- Obsessive Compulsive Disorder
- Schizophrenia Spectrum Disorder
- Trauma and Stressor Related Disorder

Describe: _____

Have you received treatment or therapy for any of the above, either currently or in the past year? If YES check the box next to the item and provide detail on the spaces below?

- Medication(s)
- Out Patient Counseling
- Day Treatment
- Residential Treatment
- Psychiatric Hospitalization

Describe: _____

If you checked any of the above, please provide the following information for your therapist and/or prescribing physician

Prescribing Physician Name: _____ Therapist Name: _____
 Phone Number: _____ Phone Number: _____
 Fax Number: _____ Fax Number: _____
 E-mail: _____ E-mail: _____

PART IV APPLICANT PERSONAL HISTORY

H. LIFESTYLE

Do any of the following apply to you? If YES, check the box next to the item and provide details on the spaces below. Include dates, amounts, reasons, etc.

- Do you use alcohol? _____
- Do you use tobacco? _____
- Do you use recreational drugs or marijuana? _____
- Do you have a history or current problem with substance abuse or dependency? _____
- Have you been suspended or expelled from school in the past year? _____
- Have you been on probation or had any involvement with the justice system? _____

I. CURRENT PHYSICAL ACTIVITY List your current physical activity (if any). You will be expected to engage in rigorous physical activity during your Outward Bound experience. It is vital that you start (or continue) a physical fitness routine in preparation for the program.

Activity	Frequency	Time/Distance	Leisurely	Moderately	Intensely

J. SWIMMING ABILITY (CHECK ONE)

- Non-Swimmer
- Weak Swimmer
- Moderate Swimmer
- Strong Swimmer



Applicant Profile

RETURN

This section must be completed by the Applicant.

1. Whose idea was it for you to sign up for an Outward Bound course this year?

2. Why did you choose to accept that challenge?

3. Describe your current life situation. Are you in school, working, or something else?

4. Briefly describe what you expect your course to be like.

5. Please name three specific goals you have for yourself on this course:
 - 1.
 - 2.
 - 3.

6. What steps are you currently taking to accomplish these goals?

7. What is your plan to prepare for the physical challenge of your course?

8. Students often face high stress situations under adverse conditions. How do you handle high stress situations? Please provide an example of a time you needed to do so.

9. What is the best way for our instructors to support you when you are struggling or having a tough time on course?

10. What are your biggest fears or concerns about this course?

11. What are your hobbies, interests or extra-curricular activities?

12. Please list five words you would use to describe yourself

13. Please list three questions that you have about your course:

1.

2.

3.

14. What is your t-shirt size?

As a student, I am willing to:

_____ (initial) Engage each day as a full participant and try my best throughout the course

_____ (initial) Follow all safety procedures and environmental practices as explained by my instructors

_____ (initial) Be a reliable team member and act respectfully towards other students and my instructors

_____ (initial) Live up to the expectation that I neither bring, obtain, nor use tobacco, alcohol, marijuana, or illegal drugs

_____ (initial) Refrain from socially exclusive behavior including sexual activity



Applicant Essay

RETURN

Please describe below:

- o Why you are interested in attending this course
- o Your outdoor experience
- o Any leadership experience you have
- o Any community service or volunteer experience you have (all Outward Bound Semesters include some sort of service project)



Parent Section

RETURN

Parents/Legal Guardians:

Outward Bound is an ideal choice for motivated students that are ready for physical, social, and emotional challenges. We encourage you to find an hour or two, with the applicant, to go over all the materials that we provided.

Person completing this form: _____

Relationship to Participant: Parent Guardian Other

Applicant Name: _____ Course #: _____

Who is paying for the course? _____

It is helpful to have an accurate picture of the family relationships, guardianships, custody issues, etc. Are there other adults, step-parents, or partners involved? YES NO

Please list below with phone and email.

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Which statement best describes the individual's living situation?

- | | |
|---|--|
| <input type="checkbox"/> Lives with both parents | <input type="checkbox"/> One parent deceased |
| <input type="checkbox"/> Shared custody | <input type="checkbox"/> Living on own but not financially independent |
| <input type="checkbox"/> Single parent full custody | <input type="checkbox"/> Other _____ |

- Whose idea was it to take an Outward Bound course this year? How much input did the applicant have in the selection of this specific course?
- What would you consider success for the applicant on this course?
- Describe what you expect this course to be like.
- To the best of your knowledge, what has the applicant been doing to physically prepare for the course?



Parent Section (cont.)

RETURN

5. Students often face high stress situations on course under adverse conditions. How does the applicant handle high stress situations? Please provide an example of a time they faced adversity or handled a high stress situation?

6. What is the best way you have found to support the applicant when they are struggling?

7. What role does the applicant normally take in a social or group setting? Are they shy and quiet, a strong leader, an active follower, a joker, etc.?

8. What is your biggest concern for the applicant going on this course?

9. What would you identify as the applicant's greatest strengths?

10. What areas would you identify as the applicant's weaknesses or growth areas?

11. What are you most proud of about the applicant?

12. Is there any other information you feel would be helpful for our instructors?



Signatures/Initials

RETURN

Travel Insurance

COBS strongly recommends purchasing travel insurance from a third party in order to protect you in the event of an emergency cancellation or early medical departure, as we are unable to provide refunds or credits in these cases. Travel insurance differs from company to company and from policy to policy, but it can often cover both travel costs and full or partial tuition costs in the event of medical emergencies. There are many companies that offer it, but we've seen success with Travelex Insurance (www.travelexinsurance.com). Of course there are other options and you should make sure to research your decision carefully. You are also welcome to contact our travel agent, Ruby Frederick at ruby@southlandstravel.com or 303-680-5241 for assistance with this.

Please read and initial the following after you have read and agreed to it:

_____ (parent/guardian initial) I have read the COBS Admissions and Cancellation Policies document and understand the application, cancellation, expulsion, and early departure policies and related penalties.

_____ (parent/guardian initial) I understand that researching and deciding to purchase or decline travel insurance is my responsibility.

Commitment to Course

We would like both of you (the student and the parent/guardian) to initial the following after you both have read and agreed to it, and then sign below:

_____ The information I have provided is accurate and complete.

- I have read all of the course and COBS information.
- I understand that this course may be in remote areas, several hours or days away from any medical facility or where communication, transportation, or evacuation is subject to delay.
- I understand that this course will be physically, socially, and emotionally challenging, involves living with a group of diverse participants, and is NOT a recreational summer camp and should in no way be considered a vacation. I am ready to take on the challenge of the Colorado Outward Bound School.

Applicant's Signature & Date

Parent/Legal Guardian & Date