

TORNADO CAMP

APPLICATION SUMMER 2008

TBD: PROBABLY EARLY MAY, 2-3 WEEKS

Name	<input type="text"/>		
Email Address	<input type="text"/>	U-M ID #	<input type="text"/>
Current phone	<input type="text"/>	Cell phone	<input type="text"/>
Permanent Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>

Please check one:

Freshman Sophomore Junior Senior

LIABILITY RELEASE FORM

The University of Michigan's Tornado Camp is an exciting learning opportunity, but can also be personally challenging. Therefore, before participating in the program it is important that you agree to abide by the Tornado Camp rules, goals and standards. Although the Tornado Camp has taken precautions to provide the proper organization, supervision, instruction and equipment, it is impossible to guarantee absolute safety. While it is the aim of the program and the facilitators to provide you with an enjoyable, educational and safe experience, you must realize that there is a degree of risk and personal responsibility for safety when you participate in the Tornado Camp. By consenting to participation in the Tornado Camp you assume responsibility for your own safety and needs during the program and for all risks, including the possibility of illness and serious injury. Signing this form indicates that you understand your responsibilities and that you release the University of Michigan, Tornado Camp and its employees and agents from all claims and liabilities for injury or damage arising from your participation in the field program.

Please confirm with your signature that:

1. You have read this release form.
2. You understand your responsibilities as a participant, and will obey all rules.
3. You assume all risks incidental to this program.
4. You have provided us with all medical information requested.
5. You agree to follow instructions and directions given by your instructors
6. You authorize the use of photographs in which you appear while participating in this program.

Signature	<input type="text"/>	Date	<input type="text"/>
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TORNADO CAMP

HEALTH INSURANCE 2008

Student Name	<input type="text"/>	Birthdate	<input type="text"/>
Policyholder's Name	<input type="text"/>	Relationship to student	<input type="text"/>
Policyholder's Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>
Phone (home/work)	<input type="text"/>		
Policyholder's Employer	<input type="text"/>	Job title	<input type="text"/>
Insurance Company	<input type="text"/>	Policy #	<input type="text"/>
		Group #	<input type="text"/>
Contract #	<input type="text"/>	Effective date of policy	<input type="text"/>
Insurance Company billing address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>

Commercial Health Insurance is not required to attend the Tornado Camp program, but is highly recommended.

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HEALTH HISTORY 2008

Name Birthdate

Emergency contact person Phone (home/work)

List all regular medication (Please bring to Camp with you)

Allergies, including allergies to medications, insects etc.

Past surgical procedures/ hospitalizations (including dates)

Do you have any special dietary requirements?

Do you suffer from any type of eating disorder?

Please list any foods that you cannot or will not eat.

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HEALTH HISTORY 2008

Please indicate if you are currently, or have in the past suffered from any of these conditions.

- asthma difficulty hearing diabetes headaches dizziness/balance problems
vision problems not corrected with glasses shortness of breath chest pain/pressure
back problems menstrual problems difficulty walking do you wear any braces/prosthetics
motion sickness hypo/hypertension problems with digestion/appetite
injury/pain in joints or spine sexually transmitted disease depression/anxiety
weakness/fainting seizures/epilepsy Other

If you checked any of the above conditions please comment. Also list any other personal/medical concerns that might affect your participation.

Please return completed forms to:

Perry Samson
c/o Sandra Pytlinski
University of Michigan
Dept. of Atmospheric, Oceanic, & Space Sciences
1549 SRB