



**ADVENTURE SPORTS  
LEADERSHIP & MANAGEMENT  
PROGRAM APPLICATION**



640 Bay Road  
Queensbury, NY 12804-1498  
Telephone: 518.743.2250

Dear Adventure Sports Applicant,

Thank you for considering Adventure Sports at Adirondack Community College as your future course of study. Please complete all ACC admissions materials prior to completing this application. The *Adventure Sports: Leadership and Management* program requires that you complete a supplemental application to be considered for admission into the program. Completion of the application does not guarantee acceptance into the program. Your acceptance into the program is contingent upon completion of the application, in which we assess your ability to successfully complete the physical and academic demands of the program. Enclosed you will find:

- An Adventure Sports program application
- A Health Form to be completed by your physician
- An Insurance Verification Form.

Please pay careful attention to these items, and take time to read over and complete the Adventure Sports application packet. Submit the completed packet to the Adventure Sports Office no later than July 31<sup>st</sup>. Admission into the program will be on a first-come-first-served basis, and the enrollment will be limited to 20 first year students. Thank you for considering ACC and Adventure Sports for your future course of study. Please contact me for additional assistance or to answer any questions.

Sincerely,

Rick Dawson  
Director of Adventure Sports

**ADIRONDACK COMMUNITY COLLEGE  
ADVENTURE SPORTS: LEADERSHIP & MANAGEMENT**

Application for Enrollment into Adventure Sports: Leadership & Management

---

Adirondack Community College is an open enrollment college, however the *Adventure Sports: Leadership and Management* program requires a program application, essay questions, a health form and three letters of recommendation. Admissions decisions will be made once a semester. Please attach your letters of recommendation and your response to the Application Questions on separate sheets of paper.

---

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Current School \_\_\_\_\_

Anticipated Semester Start \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

---

**For Adventure Sports Use Only**

Initial Review OK       Detailed Review OK       Need More Information

Date \_\_\_\_/\_\_\_\_/\_\_\_\_      Reviewer Initials \_\_\_\_\_

## Application Questions

The purpose of the following question is to provide an opportunity to get to know you as a candidate for enrollment in the Adventure Sports: Leadership & Management Program. The answers to these questions are considered as part of your overall application.

1. **Describe your outdoor experiences.** Whether on your own, with family or friends, or as part of an organized group (i.e. Camp, NOLS, Outward Bound, High School Physical Education, Club Activities), describe where, when and to what extent you have been involved in these activities. Consider hiking, backpacking, rock climbing, challenge course, canoeing, kayaking, skiing, etc.
2. **Describe important educational experiences** that have been significant to your personal growth and development. These experiences can include outdoor or wilderness experiences, school, family, employment, etc. Describe the experiences and why they are significant to who you are today.
3. **What area of concentration(s) will you choose?** Each Adventure Sports student is required to select at least one area of concentration. The A.A.S minimum required credits in an area of concentration is 8. The Certificate minimum required credits in an area of concentration is 5. Many students choose more than one concentration area. Describe your perspective concentration area(s), and explain your interest in that area(s). Describe how coursework in this area(s) will support your academic and professional development. The concentration areas include:
  - Challenge Course: Facilitation & Management
  - Snow Sports: Instruction & Mountain Operations
  - Whitewater Paddle Sports: Guiding, Instruction & River Operations
4. **What are your professional goals after completing the program?** Describe your career goals, the type of career you are preparing for and professional areas of interest. This will help faculty and your advisor to support your professional ambitions.

**ADIRONDACK COMMUNITY COLLEGE  
ADVENTURE SPORTS: LEADERSHIP & MANAGEMENT**

**HEALTH FORM**

---

Adventure Sports Applicant,

Please complete this form prior to an appointment with a medical provider. Bring this form to the physical exam. Consider the questions carefully. Answering "Yes" does not automatically cancel an applicant's enrollment in the program. We will contact the applicant should we have additional questions. Completion of this health form is a program requirement; your detailed comments are vital to our review process. Please check YES or NO for each item and answer additional questions for all YES answers.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Age

\_\_\_\_\_  
Anticipated Start

---

**Information for the Medical Professional**

The Adventure Sports: Leadership & Management (ASLM) Program at Adirondack Community College engages students in learning expeditions designed to develop leadership and management competencies in adventure sports. These expeditions are a vital component of the ASLM curriculum and student development, and are a program requirement. Expeditions vary in length from 2 days to 2 weeks. Expeditions operate in remote backcountry areas where weather conditions can be extreme and evacuation to medical facilities may take several days.

Physical demands include carrying a backpack weighing 50 – 85lbs, prolonged exposure to environmental elements, ascending and descending steep mountain slopes, paddling heavy loads in whitewater conditions and climbing steep cliffs. With or without reasonable accommodations, students considering the ASLM Program must be able to navigate difficult and varying terrain in the mountain, aquatic, challenge course, and alpine environments. Participants must lift and carry heavy loads that exceed 50 pounds over difficult, changing and strenuous terrain. Walk, paddle, climb, and hike long distances carrying heavy loads. Assist in rescue efforts that may include lifting, swimming, climbing and carrying substantial weight over difficult and varying terrain. Physical conditioning and a healthy mental attitude are necessary part of the program. The program is physically and emotionally demanding.

## General Medical History

Does the applicant have a history of:

1. Respiratory problems including asthma?  YES  NO  
Is the Asthma manageable with an inhaler or other meds?  YES  NO

**If yes, applicant will need to bring inhaler on all expeditions.**

Indicate what triggers an attack, last episode, and any history of hospitalization?

---

---

---

---

2. Gastrointestinal problems?  YES  NO  
3. Diabetes?  YES  NO

Comments: \_\_\_\_\_

---

---

---

4. Blood/Bleeding Disorder or Anemia?  YES  NO  
5. Hepatitis or Liver Disease?  YES  NO

Comments: \_\_\_\_\_

---

---

---

6. Neurological Problems?  YES  NO  
7. Epilepsy?  YES  NO  
8. Seizures?  YES  NO  
9. Traumatic Brain Injury?  YES  NO  
10. Dizziness/Fainting?  YES  NO  
11. Migraines?  YES  NO

If YES, describe medications, frequency, severity, and last episode.

---

---

---

---

12. Genito-urinary Problems?  YES  NO  
13. Incapacitating Gynecologic Problems?  YES  NO

If YES, any treatment/medications?

---

---

---

---

14. Hypertension, cardiac problems, undiagnosed chest pain and heart murmur?  YES  NO

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Cardiac Screening/Stress ECG?  YES  NO

**CARDIAC SCENING/STRESS ECG IS STRONGLY ENCOURAGED FOR APPLICANTS WHO ARE:**

<ol style="list-style-type: none"><li>1. Over 35 w/ 2 cardiac risk factors</li><li>2. Over 50 w/ 1 cardiac risk factor</li><li>3. Over 50 w/ limited physical activity</li><li>4. Any age with a heart condition</li></ol>	<p style="text-align: center;"><b><u>RISK FACTORS</u></b></p> <ul style="list-style-type: none"><li>• High Blood Pressure</li><li>• Diabetes</li><li>• Cardiovascular Disease</li><li>• High Cholesterol</li><li>• Family History of Heart Disease</li><li>• Smoker</li></ul>
--	---

**Muscle/Skeletal Injuries**

Knee, Hip, Ankle, Shoulder, Arm, or Back Injuries or Abnormalities?

16. History within 3 years?  YES  NO

17. Type of injury, when, describe surgery and effect on applicant's activity level?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Full Range of Motion? Full Strength?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. History of significant head Injury or complications?  YES  NO

If YES, any complications and effect on activity level?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal History – Counseling, Psychiatric, Learning Disabilities**

20. Does the applicant have any physical, cognitive, sensory or emotional condition that requires special teaching accommodations?  YES  NO

If YES, please describe the condition, the accommodation, and its effect on the applicant. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. History of Mental Health?  YES  NO  
If YES, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. History of Hospitalization?  YES  NO  
If YES, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Current Medications?  YES  NO  
If YES, please specify. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergies**

24. Food Allergies?  YES  NO  
25. Dietary Restrictions (i.e. vegetarian, vegan)  YES  NO  
If YES, describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26. Allergies to insect bites?  YES  NO  
Local or Systemic Reaction  
If YES, ensure applicant has sufficient epinephrine.  
If YES, describe reaction.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

27. Other allergies?  YES  NO  
If YES, describe allergy and any medication. \_\_\_\_\_

---

---

---

28. Iodine may be used to disinfect water, any problems with iodine or shell fish?  YES  NO

**Medications**

29. Allergies to medications?  YES  NO  
If YES, describe. \_\_\_\_\_

---

---

---

30. Is the applicant taking any prescription or non-prescription medication?  YES  NO

If YES, please list:

Medication	Dosage	Side Effects/Restrictions	Prescribed by	For What

**All students who take prescription medications must be able to do so without additional supervision. Students must understand the use of, and self monitor, any prescription**

**Surgical and Hospitalization History**

31. Surgical History?  YES  NO

32. History of Hospitalizations?  YES  NO

If YES, please describe and provide dates.

---

---

---

---

**Environmental Injuries**

33. History of Frostnip or Frostbite?  YES  NO

Describe severity and date of occurrence. \_\_\_\_\_

---

---

---

34. History of heat stroke or heat related injuries?  YES  NO  
Describe severity and date of occurrence. \_\_\_\_\_

---

---

---

**General Fitness**

35. Please comment on the applicant's level of fitness. \_\_\_\_\_

---

36. Does the applicant exercise regularly?  YES  NO

37. If YES, at what level?  Easy  Moderate  Competitive

38. Does the applicant use tobacco products?  YES  NO

39. If YES, how much \_\_\_\_\_

**Smoking or the use of smokeless tobacco is not permitted while engaged in Adventure Sports field activities or expeditions. It is recommended that a medical professional discuss quitting.**

40. Swimming ability:  Non-Swimmer  Recreational  Competitive

**Physical Examination**

\*Note to Medical Professional – Please complete a physical examination and record results below.

---

Blood Pressure	Pulse	Height	Weight
----------------	-------	--------	--------

---

	Normal	Abnormal Findings
--	--------	-------------------

Eyes/Ears/Nose/Throat

Lymph Nodes

Heart

Lungs

Abdomen

Skin

---

	Normal	Abnormal Findings
--	--------	-------------------

Neck

Back

Shoulder/Arm

Elbow/Forearm

Wrist/Hand

Hip/Thigh

Knee

Leg/Ankle

Foot

**Immunizations**

- 39. Are Immunizations Current?  YES  NO
- 40. Last Tetanus? \_\_\_\_\_
- 41. Last Hepatitis B? \_\_\_\_\_

Notes & Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Professional's Information**

_____		
Examiner's Name	Phone	
_____		
Address	State	Zip
_____		
Signature	Date	

**By signing this form, you confirm that all information provided on this Health Form is correct and \_\_\_\_\_ is medically cleared to**

Applicant Name

**participate in all Adventure Sports: Leadership & Management field activities and expeditions described in general on page 1.**

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the student(s) and Adirondack Community College shall respect the confidential nature of all information that they have access to, including but not limited to patients' personal health information provided to them orally, contained in patient medical records or maintained on the College's electronic information system.

**ADIRONDACK COMMUNITY COLLEGE  
ADVENTURE SPORTS: LEADERSHIP & MANAGEMENT**

**INSURANCE FORM**

---

*Adventure Sports: Leadership and Management (ASLM)* requires that all students enrolled in the program have health insurance. Participants in this program are responsible for maintaining adequate health insurance coverage. The purpose of this form is to verify health insurance coverage and to document you insurance provider in case of an injury or medical emergency. If you do not have health insurance, we suggest Adirondack Community College's Student Accident and Sickness Insurance.

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the student(s) and Adirondack Community College shall respect the confidential nature of all information that they have access to, including but not limited to patients' personal health information provided to them orally, contained in patient medical records or maintained on the College's electronic information system.

---

---

Student Name

Date of Birth

**Carrier Information**

---

Name

Phone

---

Address

**Insurance Provider Information**

---

Name

Policy #

---

Group #

Other

---

If Group Insurance, provide the name of the group (employer, union, school, etc.)

**Contact Info:**

Rick Dawson  
Adirondack Community College  
Adventure Sports  
640 Bay Road  
Queensbury, NY 12804  
Phone: 518.743.2250  
Fax: 518.745.1433  
Email: [dawsonr@sunyacc.edu](mailto:dawsonr@sunyacc.edu)

**For Adventure Sports Use Only**

Initial Review OK       Detailed Review OK       Need More Information

Date \_\_\_\_/\_\_\_\_/\_\_\_\_      Reviewer Initials \_\_\_\_\_

March 2007