

ENROLLMENT PACK

PARTICIPANT INFORMATION FORM

RETURN

FULL NAME: _____

MAILING ADDRESS (permanent): _____

HOME #: _____ ALTERNATE #: _____

DATE OF BIRTH: _____ AGE: _____ GENDER: Male Female

OCCUPATION: _____ MARITAL STATUS: _____

PASSPORT NUMBER: _____ ORIGIN OF PASSPORT: _____

The following must be completed honestly by the applicant without any guidance from other sources:

If you have ever attended a similar course before, please list with which organization, where, and when:

What motivates you to apply for this course?

What do you hope to accomplish and experience during the course?

Do you believe you would be a successful participant in our course and why?

Describe your athletic or outdoor experience:

List your interests and skills:

How did you hear about this course?

SIGNATURE OF APPLICANT

DATE

RISK AND RESPONSIBILITY

You are going to participate in activities higher in risk than most people encounter in their daily routine. For your own personal safety and the well being of all participants in your course, you should start thinking about the importance of safety now. During the course, your instructor will frequently discuss with you the basic rules of wilderness safety and train you in the proper use of equipment, safety systems and procedures. Following those instructions and exercising common sense reduce danger. However, it is impossible to eliminate all hazards or to guarantee against all risks. As a member of an adventure group, you must promote personal responsibility for your own safety and the safety of the other participants on your course by following instructions, acting prudently, and exercising good judgment. To emphasize these critically important points, we ask that you (and for those of you under the age of 21, your parents or guardian) read, sign, and return to us the following description of activities and the acknowledgment of risk.

Although COSTA RICA RAINFOREST OUTWARD BOUND SCHOOL (CRROBS) has taken reasonable steps to provide you with appropriate equipment and skilled instructors so you can enjoy an activity for which you may not be skilled, we wish to remind you this activity is not without risk. Certain risks 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 your equipment, accidental injury, illness, or in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for this activity, but we do think it is important for you to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those activities and risks

As a participant on any CRROBS course, you may, but are not limited to, participation in the following activities: transportation to and from course area by bus, van, jeep, or small airplane; cooking over gas stoves or open fires; eating food prepared by local villagers; sleeping in the outdoors, at the homes of villagers or in improvised shelters; drinking water treated with iodine, boiled/filtered, or, should you choose, untreated; carrying your own gear and equipment needed by your crew; hiking across rugged terrain, scrambling, balancing and climbing over rocks and along precipitous trails; crossing turbulent streams; performing daily strenuous activity for long periods of time; being exposed to rain, lightning, heat, cold, dryness, high altitudes, rock slides, falling rocks; living among trees, insects, wild plants and animals and possible natural hazards, risks and dangers inherent in wilderness environments. You will also be in remote areas, hours and sometimes days away from hospitals or other emergency medical facilities. Your instructor, certified in CPR and Advance First Aid, and equipped with an expedition first aid kit, will be your only care provider in the field and will make decisions about the need for emergency evacuations. You, your instructor and your group will make all decisions in the wilderness setting thereby facing risks associated with group and individual judgment and error. On most courses, you will participate in a solo exercise where you will remain in a designated area for one to three days with minimal food and periodic check-ups by instructors. You may also rock climb up steep rock faces and rappel down cliffs from as high as 200 feet.

During the white-water rafting portions of your expedition, you will paddle much of the day, be exposed to several major rapids and encounter powerful currents and river hydraulics. At various times, you and your crew members may take on the responsibility of captaining your boat through rapids and of working as a member of a group safety system. You will hike with a heavy pack at altitudes which may exceed 12,000 ft., climb peaks, passes or canyon trails with exposure to high, steep overhangs, use ropes to cross ravines, swift rivers and streams; and have the responsibility as part of a safety system. On most courses you will engage in a course phase without direct supervision of your instructor.

All the above activities have inherent risks including but not limited to serious burns, falls, bites, broken bones, dislocations, contusions, sprains, spinal injuries, concussions, frostbite, hypothermia, drowning, sunburn, disease, infections, cardiac arrest, strangulation, exhaustion, dehydration, chest and abdominal injuries, and psychological trauma. Your instructor, certified in WFR, CPR and Advanced First Aid, and equipped with a course first aid kit, will be your only care provider in the field. They will make decisions about the need for care and emergency evacuations. You therefore face risks associated with group and individual judgment and error.

Extra luggage and valuables may be stored at the CRROBS base for the duration of your course. Although due care will be taken, CRROBS assumes no liability for your luggage or valuables while stored at the CRROBS base or elsewhere. It may be possible for you to obtain personal insurance to cover such risks if desired. Vehicles may be stored at the CRROBS base while you are on course.

CRROBS RELEASE OF LIABILITY AND ACKNOWLEDGEMENT OF RISK

I have read the description of activities and risks contained herein and am aware that ADVENTURE TRAVEL CAN BE DANGEROUS and includes many risks and dangers, including, but not limited to, the hazards of traveling by raft, air, horse, ox-cart, jeep, bus, van, power boat, on foot or by other unconventional means, accident or illness in remote places without medical facilities, dangers of wild animals, forces of nature, acts of God, extreme weather conditions, physical exertion for which I may not be prepared, and evacuation difficulties, should I be injured or disabled. I have been informed and am aware of these and other inherent risks of the proposed trip and I accept them and acknowledge that the enjoyment of adventuring beyond the normal safety of home and work is in part the reason for my participation on this course

In full recognition of the foregoing and in consideration of being granted a reservation and acceptance for my participation in an adventure vacation under the auspices of COSTA RICA RAINFOREST OUTWARD BOUND SCHOOL (CRROBS) legally known as Fundación Costa Rica Escuela de Aventura y Conservacion, a private non-profit foundation in the country of Costa Rica, its agents, associates, assigns, employees, officers, licensees, contractors, trip-chaperones, and successors in interest (hereafter CRROBS), I hereby agree as follows:

I HEREBY RELEASE, WAIVE, INDEMNIFY, AND AGREE NOT TO SUE CRROBS for all or any liability to me, my personal representatives, heirs, assigns and next of kin, for any and all losses, damages or injuries or any claim or demand on account of any injury to my person or property, or on account of my death resulting from any cause, including negligence of CRROBS or others, while I am participating in a CRROBS expedition/course. I further agree that I will assume the risk and release CRROBS from/of all liability for any injury or damage to my body or property or my death due to any negligent failure to obtain or administer appropriate rescue operations in the event of injury or mishap, including failure to obtain adequate medical services, to evacuate or to supply treatment, medicine, or trained rescue personnel.

I FURTHER AGREE that if I am injured or become ill, CRROBS may, at my cost, arrange or supply medical treatment, evacuation or any other emergency services on my behalf as CRROBS deems necessary or appropriate for my safety and well-being.

I EXPRESSLY ACKNOWLEDGE AND AGREE THAT ADVENTURE TRAVEL INCLUDING THE CRROBS TRIP IN WHICH I AM PARTICIPATING CAN BE DANGEROUS and involves serious and unpredictable risks of bodily injury, property damage and death and that I intend the foregoing waiver and release of CRROBS to be as broad and inclusive as permitted by law; that I am not relying on any oral, written representation of CRROBS regarding safety, and that I am entering this agreement of my own free will.

I HAVE READ AND UNDERSTAND ALL OF THE TERMS OF THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK ON THE PREVIOUS PAGE AND AGREE TO IT OF MY OWN FREE WILL AND WITHOUT RESERVATION.

 APPLICANT SIGNATURE

DATE

 PARENT / LEGAL GUARDIAN SIGNATURE *(If applicant is under the legal age)*

DATE

Medical Form Directions: Part I and II are to be completed by the applicant and returned promptly. Part III is to be completed and signed by a Physician, Licensed Nurse Practitioner or Physician's Assistant.

Part I: General Information (to be completed by applicant)

Name: _____ Course Name: _____

Male: _____ Female: _____ Birth date (mm/dd/year): _____

Height: _____ m / ft (circle) Weight: _____ kg / lbs (circle)

Physician name: _____ Physician's Phone: (____) _____

Physician's address: _____

Student Insurance Information:

Each participant is responsible for any medical expenses and should be covered by his/her own health care and accident insurance. Please be aware that CRROBS generally does not seek pre-authorization before finding medical care for students.

Is applicant covered by a hospitalization/medical care policy? Yes: No:

Insurance company name: _____ Policy # : _____

Address: _____

Does the insurance company require pre-authorization? Yes: No:

If yes, phone: (____) _____

Statement of Medical Consent – signature is required below

Section 1: If I am a parent or guardian, I hereby give consent for the participant to attend a Costa Rica Rainforest Outward Bound School (CRROBS) course.

Section 2: I hereby grant permission for any emergency anesthesia, operation, hospitalization or other treatment which might become necessary.

Section 3: I understand that the program is physically and mentally challenging and requires travel in remote wilderness areas far from modern facilities. I have been made aware of the importance of conditioning myself before attending course.

Section 4: I understand that many students with a variety of medical or psychological difficulties have successfully completed a CRROBS course, but that CRROBS must be aware of these conditions in advance for my safety. Failure to disclose such information could result in serious harm to me and/or my fellow students. I understand all medical information will remain confidential.

Section 5: If I arrive with a pre-existing condition or injury which is not indicated on my medical form, and I am subsequently forced to leave the course because of that condition, I will be charged an evacuation fee and will not receive any refund of tuition.

Parent/Guardian (If applicant is under legal age) _____ Date _____

Applicant's Signature _____ Date _____

Part II: History of Past and Present Medical Concerns (to be completed by applicant) RETURN

Directions: Please fill in every blank. Use additional pages for explanations as necessary. If any of the following information changes before your course begins, you must inform CRROBS immediately.

Conditions and Symptoms: Do you have now, or have had in the past, any of the following symptoms?

	Y N		Y N		Y N
1. High blood pressure	<input type="checkbox"/> <input type="checkbox"/>	23. Circulation problems	<input type="checkbox"/> <input type="checkbox"/>	48. Foot Problem	<input type="checkbox"/> <input type="checkbox"/>
2. Heart disease	<input type="checkbox"/> <input type="checkbox"/>	24. Active bedwetting	<input type="checkbox"/> <input type="checkbox"/>	49. Currently Pregnant	<input type="checkbox"/> <input type="checkbox"/>
3. Heart murmur	<input type="checkbox"/> <input type="checkbox"/>	25. Headaches	<input type="checkbox"/> <input type="checkbox"/>	50. Special Diet	<input type="checkbox"/> <input type="checkbox"/>
4. Irregular heartbeat	<input type="checkbox"/> <input type="checkbox"/>	26. Head injury with	<input type="checkbox"/> <input type="checkbox"/>	51. Learning Disability	<input type="checkbox"/> <input type="checkbox"/>
5. Tuberculosis	<input type="checkbox"/> <input type="checkbox"/>	neurological impairment		52. Medical Equipment	<input type="checkbox"/> <input type="checkbox"/>
6. Recent exposure to	<input type="checkbox"/> <input type="checkbox"/>	27. Stomach ulcers	<input type="checkbox"/> <input type="checkbox"/>	Devices	<input type="checkbox"/> <input type="checkbox"/>
active TB		28. Intestinal problems	<input type="checkbox"/> <input type="checkbox"/>	53. Other _____	<input type="checkbox"/> <input type="checkbox"/>
7. History of TB	<input type="checkbox"/> <input type="checkbox"/>	29. Jaundice	<input type="checkbox"/> <input type="checkbox"/>	54. Chest Pain /	<input type="checkbox"/> <input type="checkbox"/>
8. Positive TB test	<input type="checkbox"/> <input type="checkbox"/>	30. Heatstroke	<input type="checkbox"/> <input type="checkbox"/>	Pressure at rest	<input type="checkbox"/> <input type="checkbox"/>
9. Active hepatitis	<input type="checkbox"/> <input type="checkbox"/>	31. Bladder infection	<input type="checkbox"/> <input type="checkbox"/>	55. Heart Palpitations	<input type="checkbox"/> <input type="checkbox"/>
10. History of hepatitis	<input type="checkbox"/> <input type="checkbox"/>	32. Difficulty urinating	<input type="checkbox"/> <input type="checkbox"/>	56. Unexplained	<input type="checkbox"/> <input type="checkbox"/>
11. Seizure disorder	<input type="checkbox"/> <input type="checkbox"/>	33. Kidney problems	<input type="checkbox"/> <input type="checkbox"/>	Sweating	<input type="checkbox"/> <input type="checkbox"/>
12. Seizure w/in the	<input type="checkbox"/> <input type="checkbox"/>	34. Thyroid problems	<input type="checkbox"/> <input type="checkbox"/>	57. Frequent Shortness	<input type="checkbox"/> <input type="checkbox"/>
past year		35. Endocrine problems	<input type="checkbox"/> <input type="checkbox"/>	of Breath	<input type="checkbox"/> <input type="checkbox"/>
13. Bleeding	<input type="checkbox"/> <input type="checkbox"/>	36. Hearing impairment	<input type="checkbox"/> <input type="checkbox"/>	58. Frequent Dizziness	<input type="checkbox"/> <input type="checkbox"/>
disorder/anemia		37. Vision impairment	<input type="checkbox"/> <input type="checkbox"/>	59. Frequent Fainting	<input type="checkbox"/> <input type="checkbox"/>
14. Epilepsy	<input type="checkbox"/> <input type="checkbox"/>	38. Motion sickness	<input type="checkbox"/> <input type="checkbox"/>	60. Heartburn	<input type="checkbox"/> <input type="checkbox"/>
15. Asthma	<input type="checkbox"/> <input type="checkbox"/>	39. Sleep walking	<input type="checkbox"/> <input type="checkbox"/>	61. Muscle Cramps	<input type="checkbox"/> <input type="checkbox"/>
16. Diabetes	<input type="checkbox"/> <input type="checkbox"/>	40. Broken bones	<input type="checkbox"/> <input type="checkbox"/>	62. Intolerance to warm	<input type="checkbox"/> <input type="checkbox"/>
17. Hypoglycemia	<input type="checkbox"/> <input type="checkbox"/>	41. Neck problems	<input type="checkbox"/> <input type="checkbox"/>	temperatures	<input type="checkbox"/> <input type="checkbox"/>
18. Anorexia nervosa	<input type="checkbox"/> <input type="checkbox"/>	42. Back problems	<input type="checkbox"/> <input type="checkbox"/>	63. Intolerance to cold	<input type="checkbox"/> <input type="checkbox"/>
19. Bulimia	<input type="checkbox"/> <input type="checkbox"/>	43. Arm problem	<input type="checkbox"/> <input type="checkbox"/>	temperatures	<input type="checkbox"/> <input type="checkbox"/>
20. Cancer	<input type="checkbox"/> <input type="checkbox"/>	44. Shoulder problem	<input type="checkbox"/> <input type="checkbox"/>	64. PMS or menstrual	<input type="checkbox"/> <input type="checkbox"/>
21. Skin Problem	<input type="checkbox"/> <input type="checkbox"/>	45. Knee Problem	<input type="checkbox"/> <input type="checkbox"/>	Problems	
22. Frostbite	<input type="checkbox"/> <input type="checkbox"/>	46. Ankle Problem	<input type="checkbox"/> <input type="checkbox"/>		
		47. Leg Problem	<input type="checkbox"/> <input type="checkbox"/>		

If you marked YES for any of the above, please provide details and date of the condition:

Current Medication: List all medication currently being taken (including inhalers). Please bring a copy of your prescription or the prescription bottle along with two extra doses of each medication.

Medication	Dosage	Side Effects/Restrictions	Prescribed by?	For what conditions?

Allergies: List all allergies below. All allergy medication is required on course.

Special Dietary Requirements: Please be specific.

Personal History:

- 1. Have you been in counseling with a psychiatrist, psychologist, or other counselor within the past two years? Yes No
- 2. Are you currently in counseling/treatment? Yes No
- 3. Reason for counseling: Depression Family issues Academic/Career
 Substance Abuse Divorce Suicide Eating Disorder
 Other: _____
- 4. Please arrange for a release of information with your counselor so that we may contact him/her. Have you done so? Yes No

Name of recent counselor: _____

Address: _____

Phone: () _____ E-mail: _____

Lifestyle:

- 1. Do you use alcohol? Yes No If yes, how much/how often? _____
- 2. Do you use tobacco? Yes No If yes, how much/how often? _____
- 3. Are you currently dependent on or abusing any substances/chemicals (drugs, alcohol, etc.)?
 Yes No If yes, please describe: _____
- 4. Do you have a history of substance/chemical dependency or abuse? Yes No
- 5. Last substance/chemical used and when: _____

Exercise Activity: Please list current exercise activities.

Activity	Frequency	Distance	Effort Level (moderate, intense, etc)

Swimming Ability: If you currently lack swimming ability, we advise you to practice before your course.

- Non-swimmer Cannot swim more than 100 yards (4 pool lengths)
- Strong swimmer Possess current lifesaving certificate

Signature Required Below: The information provided above is a complete and accurate statement of the physical and psychological factors which may affect my participation in a Costa Rica Rainforest Outward Bound School (CRROBS) course. I realize that the failure to disclose such information could result in serious harm to myself and fellow students, and agree to indemnify and hold CRROBS harmless if all relevant information is not disclosed. I also agree to notify CRROBS should there be any change in my health status prior to beginning my course.

I understand that during my participation in a CRROBS course, I will be exposed to above normal risks and that although CRROBS has taken precautions to provide equipment and qualified instructors for each course, it is impossible for the school to guarantee absolute safety. I assume responsibility for my safety on the course. I agree to comply with the instructions of CRROBS staff members during the course.

Parent/Guardian (If applicant is under legal age) Date

Applicant's Signature Date

Part III: Physician Section

To the Examining Physician:

Costa Rica Rainforest Outward Bound School (CRROBS) operates physically-demanding outdoor adventure wilderness courses, from 8 up to 85 days long. Students sleep in tents, in village homes or under improvised shelters. CRROBS provides suitable equipment and ample meals, and is able to meet special dietary requirements. Some programs include a solo exercise of up to three days with a minimum of food (but with adequate water intake daily checked by instructor). Students are expected to refrain from using tobacco, alcohol, or drugs other than prescribed medication. Strenuous activity may include:

- Hiking on uneven terrain at altitude
- White-water kayaking and rafting
- Portaging (lifting and carrying) rafts
- Carrying 45 LB packs
- Surfing in the open ocean

As the applicant's Examining Physician, you are in a position to evaluate and advise the applicant on medical issues. Your input is vital to the student's safety. To ensure the student's safety while on course, please summarize and evaluate any currently active medical problems that can affect the applicant on a CRROBS course, and describe other medical information that you feel we should know.

Any individual 14 years or older with normal physical and mental capacity can usually expect to complete any CRROBS course, but preliminary conditioning is strongly advised. Courses are designed for participants of average physical abilities.

Thank you for your assistance.

Procedure

1. Please Review Part II--Student History of the attached Student Confidential Medical Record. Please review it for accuracy and completeness and make any necessary corrections or additions.
2. After reviewing Part II--Student History and after completing your exam, use the space below to list any currently active attention to heart, lung, and musculo-skeletal issues.
3. If you feel that any further tests, immunizations, or specialty referrals are required before the applicant comes to CRROBS, please indicate on the section provided on the next page.

Physical Recommended Tests

1. *Stress EKG Tests:* If one or more of the following conditions apply to your patient, we strongly suggest and may require a Stress EKG Test be administered prior to the course:
 - High Blood Pressure
 - Current or prior cardiovascular diseases
 - Diabetic over age 40
 - Long-term Sedentary Lifestyle
 - Overweight or Obesity
 - Unexplained chest pain, shortness of breath, palpitations, sweats or weak spells
 - Smoke more than 1 pack per day and have at least one other risk factor on this list

Directions: To be completed and signed by a Physician, Licensed Nurse Practitioner or Physician's Assistant. The above cannot be an immediate family member. This form MUST be used. Alternate forms will not be accepted.

Physical Exam: The Physical exam must take place within one year of course start date.

Patient's Name: _____

Height: _____ ft/mt _____ in/cm

Weight: _____ lb/kg If over-weight, by: _____ lb/kg If under-weight, by: _____ lb/kg

Blood Pressure: _____ / _____

If BP is over 150/90, please repeat: _____ Second Reading: _____ / _____

Pulse rate: _____ Pulse irregularities: Yes: No:

Exam: Check if normal Describe ONLY if abnormal

Exam:	Check if normal	Describe ONLY if abnormal
Eyes		
Nose		
Throat & Mouth		
Heart		
Heart murmur (if present)		
Peripheral Vessels		
Abdomen		
Hernia		
Genitals		
Back		
CNS		
Lymph Nodes		
Skin		
Scars		
Extremities		
Shoulder		
Feet		
Ankles		
Knees		
Other		

Summary of Active Medical Problems and Restrictions and Current Medications (Use additional pages if needed) NONE or list below:

Physical Recommended Tests (continued)

Do you feel a Stress EKG Test is needed? Yes: No:

If yes, date administered: _____ / _____ / _____

Please forward copy of Stress Test Report. If a test has been administered, acceptance to an CRROBS course will require a "normal" stress EKG.

Further Tests: If you feel further tests are required prior to coming to CRROBS, please schedule and provide results including TB Skin Test, medication blood levels, and any other tests.

Test	Date	Check if Normal	Abnormal Results (describe)

REQUIRED IMMUNIZATION

Courses ONLY in Costa Rica: Tetanus is the only required immunization for courses in Costa Rica. Cholera, yellow fever, and malaria prophylactics are not required. **Please check with your country's consulate before coming to Costa Rica, as this information is subject to change. All students are responsible for knowing the exact immunization requirements for their respective countries.

Tetanus (Must be no more than 10 years prior to course starting date)

Year of Last Tetanus Immunization: _____

Note to students: You may consider a rabies vaccine and a cholera vaccine, although contracting cholera is extremely rare and the vaccine is not 100% effective. Speak to your health care professional about Malaria tablets (chloroquine); the CDC lists the province of Bocas del Toro, Panama as a malaria risk area; however, we have not encountered problems in the specific areas we visit. Use your best judgment. Also, we recommend considering Hepatitis A & B for any global travel (consult your physician and be aware of time considerations).

Physician Signature

Date

For office use only:

Reviewed by Student Administrator: _____ **Date** _____

Approved by Medical Staff: _____ **Date** _____

Approved by Program Director: _____ **Date** _____

The applicant and parent/guardian (if applicant is under the legal age) must read carefully:

I understand that my attitude and behavior are critical to the success of my Costa Rica Rainforest Outward Bound School (CRROBS) course, for myself and my fellow group members. I understand that breaking this code of conduct can be grounds for removal from course without a refund or course credit. Therefore, I agree to abide by the following:

- I will respect the places and people I encounter.
- I understand that the use of alcohol, cigarettes or drugs will not be tolerated, and that usage during the course may result in my removal.
- I will be responsible for my personal belongings and equipment and will not hold CRROBS responsible for their loss or damage due to my negligence or neglect.
- I will treat equipment provided by CRROBS and all CRROBS' property with care. I understand that I will be assessed for any damages in the event that my use is negligent or abusive.
- In respect for other participants, I will refrain from the use of profanity while on course.
- I realize that my participation is voluntary. I will try my best, engage in new activities with an open mind, contribute positively to my team and follow all instructions, especially where safety is a concern. I agree to assume my share of daily responsibilities as they are required by this course.
- I will comply with the procedures and backcountry practices explained by my instructors. Students who, through misconduct or unsafe practices, pose a danger to themselves or others may be removed from course.
- While staying in any CRROBS facility before, during, and/or after any CRROBS course, I understand that I must comply with all procedures and regulations as outlined by this Code of Conduct. This includes and is not limited to zero tolerance for smoking, drugs, and alcohol.
- I understand that all costs or charges involved in my removal or voluntary withdrawal from course due to misconduct will be my responsibility.

PARTICIPANT SIGNATURE

Date

As the parent/ legal guardian of the participant, I understand and agree with the above responsibilities and expect the participant to abide by said responsibilities while on course.

PARENT / LEGAL GUARDIAN SIGNATURE

Date

I, _____ (*print name*), hereby authorize and give full consent to the Costa Rica Rainforest Outward Bound® School (CRROBS) to copyright or use all photographs, videotapes and films in which I appear or any written statements that I make while enrolled as a student in any and all of their programs and courses. I further agree that CRROBS may transfer, use, or cause to be used these photographs, videotapes, films and statements for any and all exhibitions, public displays, publications, commercials, art and advertising purposes without limitation or reservation.

Participant Signature *Date*

Parent/Legal Guardian (if under the legal age) *Date*

We wish to recognize as much as possible students who complete a CRROBS course. Please indicate names and addresses of local papers to which we might send a press release upon course completion.

Local Papers: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

School Newspaper: _____

Name: _____

Address: _____

Parent's Company Newsletter: _____

Name: _____

Address: _____

EMERGENCY CONTACT FORM**RETURN**

STUDENT NAME: _____ CELL PHONE: _____

PHONE (DAY): _____ PHONE (NIGHT): _____

E-MAIL ADDRESS: _____ FAX: _____

PERMANENT MAILING ADDRESS: _____

*Please provide information for 3 emergency contacts:***PRIMARY EMERGENCY CONTACT:** _____

RELATIONSHIP: _____ CELL PHONE: _____

PHONE (DAY): _____ (NIGHT): _____

ADDRESS: _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT 2: _____

RELATIONSHIP: _____ CELL PHONE: _____

PHONE (DAY): _____ (NIGHT): _____

ADDRESS: _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT 3: _____

RELATIONSHIP: _____ CELL PHONE: _____

PHONE (DAY): _____ (NIGHT): _____

ADDRESS: _____

E-MAIL ADDRESS: _____

INFORMATION FOR BOOKING FLIGHTS

- You should fly into the Juan Santamaría International Airport to San Jose, Costa Rica. Its airport code is “**SJO**”.
- You should be arriving the day **before** your course start date. You should be departing on the last day listed for your course.

For example, if you will be attending our Summer Semester course from June 22 – August 20, you should be arriving to Costa Rica on June 21st and departing on August 20th.

- You are responsible for booking your own flight. CRROBS can give you advice on how to do so, if requested. Our students successfully book flights from a variety of sources: directly from the airlines themselves, an online travel search engine (such as Travelocity.com), or a travel agent. Many of our students have had good experiences with STA Travel services (www.statravel.com), which specializes in discount student travel. You can also look into Exito (www.exitotravel.com), which specializes in travel to Latin America. Our best advice to you is to shop around while being mindful of flight change/cancellation policies and other services that each method offers.
- Keep in mind that there is a \$26 (subject to change) airport tax upon departure from Costa Rica. You must pay this in cash, either in colones or US dollars. Please plan accordingly.
- CRROBS provides airport transfers if you schedule your flight on the designated fly-in and fly-out dates. Please send us your flight information at least 15 days before your course begins.
- For more information about airport transfers, visa and passport requirements, immunizations, and more, please peruse the following pages on our website:
[Before You Get Here](http://www.crrobs.org/enrollment_info/before_get_here.html): http://www.crrobs.org/enrollment_info/before_get_here.html
[Getting to Costa Rica](http://www.crrobs.org/enrollment_info/getting_to_cr.html): http://www.crrobs.org/enrollment_info/getting_to_cr.html

Please fax the Custom Course Manager this completed form at 1-866-753-9646 as soon as your flight is booked. You should be flying to airport code "SJO". **CRROBS must receive this completed form at least 14 days before your course begins to arrange airport transfer.**

Name: _____

Course and Date: _____

1. FLIGHT SCHEDULE INFORMATION

Please provide information on your flights arriving to and departing from Costa Rica (NOT your connecting flight):

Airline Company: _____

ARRIVAL INFORMATION

DEPARTURE INFORMATION

Arrival Date: _____

Departure Date: _____

Arrival Time: _____

Departure Time: _____

Arriving from: _____

Departing To: _____

Flight Number: _____

Flight Number: _____

2. CONTACT PERSON INFORMATION

CRROBS staff members greet students at the airport if they are arriving on the designated fly-in date, unless otherwise arranged. We will then call or e-mail the person specified below within 2 hours of pick up. Pick up normally occurs 1 hour after scheduled landing time, but this may be greater due to flight arrival delays:

Name of person to contact: _____

Relation to student: _____

Phone Number(s) of contact person: _____

E-mail of contact person: _____

Preferred contact method: Phone E-mail

NO CONTACT NEEDED

Additional comments:

Although it is not required, we recommend that you forward custom@crrobs.org a copy of your flight itinerary from your airline or fax it with this Enrollment Pack. Students whose course itinerary also includes Nicaragua and/or Panama MUST bring a full copy with them to Costa Rica. This includes all semester students and Reef & Rainforest students.