



MAN CAMP 2020 APPLICATION

PARTICIPANT INFORMATION

NAME:		DATE OF BIRTH:
HEIGHT:	WEIGHT:	GENDER:

CONTACT INFORMATION

PHONE:	EMAIL:
ADDRESS:	CITY/STATE/ZIP:

EMPLOYMENT INFORMATION

EMPLOYER:	POSITION:
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	DO YOU HAVE WEEKENDS OFF? <input type="checkbox"/> YES <input type="checkbox"/> NO

PHYSICAL FITNESS STANDARDS

Much of what we will be doing during Man Camp will involve a certain level of physical activity. Please answer the following questions to the best of your knowledge.

DO YOU EXERCISE REGULARLY? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY DAYS A WEEK DO YOU EXERCISE? <input type="text"/>
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WHAT DOES YOUR TYPICAL PHYSICAL ACTIVITY/EXERCISE ENTAIL?

DO YOU HAVE ANY PHYSICAL CONDITIONS THAT MAY BE AGGRAVATED BY AN INCREASE IN PHYSICAL ACTIVITY? (JOINT ISSUES, REPLACEMENTS, FUSIONS, ETC.) IF SO, PLEASE SPECIFY:

Are you able to complete the following tasks as you are in your current physical state?

RUN A MILE IN 11 MINUTES	COMPLETE 20 PUSH UPS	COMPLETE 20 SIT UPS	WALK 2 MILES WITH A 20LB PACK FOR 40 MINUTES
<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

INTERESTS/HOBBIES

WHAT ARE YOUR CURRENT INTERESTS AND HOBBIES?

DO YOU HAVE EXPERIENCE WITH HUNTING/FISHING? ☐ YES ☐ NO

CERTIFICATIONS/TRAINING/SKILLS BACKGROUND

DO YOU CURRENTLY HAVE ANY MEDICAL TRAINING? (EMT, CRP, ETC). IF YES, SPECIFY:

DO YOU HAVE ANY MILITARY BACKGROUND? IF YES, PLEASE SPECIFY:

DO YOU HAVE EXPERIENCE/TRAINING WITH FIREARMS? IF YES, PLEASE SPECIFY:

WERE YOU EVER IN THE SCOUTS? IF YES, PLEASE SPECIFY:

ARE YOU/HAVE YOU PARTICIPATED IN ANY OTHER TRAINING COURSES? (MARTIAL ARTS, ROCK CLIMBING, SCUBA ETC):

TELL US THE MOST INTERESTING THING ABOUT YOURSELF AND WHY YOU THINK YOU WOULD BE A GREAT ADDITION FOR MAN CAMP 2020:

HEALTH HISTORY

PRIMARY CARE PROVIDER:

PROVIDER PHONE:

HAVE YOU EVER BEEN DIAGNOSED WITH ANY SERIOUS MEDICAL/MENTAL CONDITION (TREATED OR UNTREATED)? IF YES, PLEASE SPECIFY:

DO YOU CURRENTLY SUFFER FROM ANY ALLERGIES? (SEASONAL, FOOD, INSECTS, MEDICATIONS ETC). IF YES, SPECIFY WHAT AND REACTION THAT OCCURS:

ARE YOU CURRENTLY TAKING ANY MEDICATION? IF YES, PLEASE STATE MEDICATION AND ITS PURPOSE:

PAYMENT INFORMATION

The total cost of the man camp experience is \$5,250.00. A discount is available of \$250.00 for any participant willing to pay their enrollment fees in full. We do offer payment plans at either 3 month or 6 month installments. Information regarding method of payment will be provided upon your acceptance to the group. Payment in full or payment plan agreement must be completed before starting the group. Please complete the information below to indicate how to expect to finalize your enrollment if selected:

☐ I PLAN TO PAY MY FEES IN FULL (SEE BELOW)

TOTAL COST: \$5,250.00

-DISCOUNT \$250.00

FINAL COST: \$5,000.00

☐ I PLAN TO ENTER A PAYMENT PLAN (SEE BELOW)

☐ 3 MONTH PLAN

3 INSTALLMENTS OF \$1,750.00

☐ 6 MONTH PLAN

6 INSTALLMENTS OF \$875.00