



## Student application for Field Studies at SAIL Courses

Applicant Name (please print) \_\_\_\_\_

Course Title: \_\_\_\_\_

Instructor: \_\_\_\_\_

### ***Applicant Information:***

Current Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ G number: \_\_\_\_\_

GMU Student, Yes \_\_\_ No \_\_\_

Major: \_\_\_\_\_

Class Standing (please circle one): Fresh. Jr. Sr. Grad. Other \_\_\_\_\_

### ***Medical Information*** (CONFIDENTIAL and will only be used in case of medical emergency):

Sex (please circle one): Male Female

Weight (charter flights only): \_\_\_\_\_

Date of Birth (MM/DD/YEAR): \_\_\_\_\_

Do you have any allergies to food or Medicines?: No \_\_\_ Yes \_\_\_

If "yes" please list all allergies: \_\_\_\_\_

Are you currently undergoing medical treatment (physical or psychological): No \_\_\_ Yes \_\_\_

If "yes" please explain: \_\_\_\_\_

Are you pregnant, or believe you may be? No \_\_\_ Yes \_\_\_

Are you currently taking medication? No \_\_\_ Yes \_\_\_

If "yes" please list all medications: \_\_\_\_\_

Blood type: \_\_\_\_\_ Do you have a current tetanus vaccination? Yes \_\_\_ No \_\_\_

Do you have any disabilities or injuries that would hinder your ability to participate in this field course? No \_\_\_ Yes \_\_\_

If "yes" please explain: \_\_\_\_\_

Dietary Restrictions (if any): \_\_\_\_\_

### ***Emergency contact information:***

1. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_

I hereby certify that all personal and medical information I have provided is accurate and I have not withheld any information that could affect my performance in this field activity.

Print name: \_\_\_\_\_

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

***FS @ SAIL Payment and Refund Policy :***

I agree to abide by the following payment plan (if you are a student on financial aid, please contact FS):

1. I will make an initial, non-refundable deposit of \$750 (or amount specified) to reserve my spot in the course by the class reservation deadline. This payment will be made directly to the Field Studies @ SAIL in room 433 Enterprise Hall by cash or personal check made payable to "***George Mason University***". If you are not on the Fairfax campus you can mail your check to:

Center for Field Studies  
4400 University Dr. MS5D3  
Fairfax VA 22030

2. All subsequent payments will be made through your student account. (Everyone enrolled, including non-GMU students, will have a student account created as part of the registration process.) The course will appear on your student account after you have given the deposit and filled out all pertinent registration forms.

I understand my position in the course is confirmed once I make a deposit in the amount specified. I understand my deposit is **non-refundable**, except if the class is canceled. I further understand that any/all subsequent payments I make toward this trip are **non-refundable**, except if the class is canceled. If the class is canceled, I will receive a full refund. I understand I must make complete payment of all class fees prior to the trip departure date. I understand if I fail to pay in full before the start of the trip, I will forfeit my position in the class and all prior payments. By signing below, I understand and accept everything written in the above section "FS @ SAIL Payment and Refund Policy":

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