



Student application for Field Studies at SAIL Courses

Applicant Name (please print) _____

Course Number and Title: _____

Instructor: _____

Trip Dates: _____

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 (students only):

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 \$500 (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. 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: _____