



## 2009 Odyssey Registration Form

Please Print

Student Last Name \_\_\_\_\_ First \_\_\_\_\_ M

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone #: \_\_\_\_\_  
(including area code)

Cell Phone #: \_\_\_\_\_ Gender (Circle One):    M    F  
(including area code)

E-Mail: \_\_\_\_\_ Shirt Size \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ SS# \_\_\_\_\_

1. Do you have any dietary restrictions?
2. List any major injuries you have had in the last 5 years.
3. List any allergies you have. (You will need to bring appropriate medication with you)
4. Are you currently taking any other medications? If so, please list and explain why.
5. Do you have any conditions that you think may affect you in a wilderness environment?

<p>_____ I have read and signed the Liability Release Form</p> <p>_____ I have enclosed a check for \$400</p>	<p><b>Please make checks payable to: "SUNY Plattsburgh"</b></p> <p>Mail to:    Odyssey               c/o The Adirondack Experience               SUNY Plattsburgh               101 Broad Street               Plattsburgh, NY 12901</p>
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