

Glen Canyon Field School

2017 Courses

Discover Glen Canyon National Recreation Area

October 27 - November 2

November 5 - 11

7 Days 6 Nights * Glen Canyon National Recreation Area * Limit: 6

Total occupancy of four: \$3,113 per person

Total occupancy of five: \$2,491 per person!

Total occupancy of six: \$2,076 per person

Glen Canyon possesses unrivaled beauty on both land and water. Explore the shores and hidden canyons with renowned photographer and geologist, Gary Ladd. Travel by houseboat to weathered sandstone ridges, fantastic stone structures, and tranquil coves to discover some of Lake Powell's more remote treasures. Enjoy small class sizes and expert firsthand instruction accompanied by daily scenic hiking opportunities.

A note on houseboat based trip occupancy

Travel by houseboat provides the optimum viewing platform when visiting Glen Canyon. A fully stocked kitchen, on board bathrooms, and private bedrooms offer guests the comforts of home while the pleasures of the wilderness beckon just outside. Spend a day hiking and exploring the beauty of Lake Powell and its many canyons, then return to the convenience of freshly prepared meals and a warm shower or a swim in the crystal clear waters just off deck. Relaxation and adventure go hand in hand.

The houseboats operated on Glen Canyon Field School trips follow a layout allowing for best accommodation of participants. Each houseboat holds a maximum of six passengers. The two upper cabins will comfortably house two occupants while the two lower berths cater to single registrants with limited storage space.

These sleeping configurations are acceptable:

- Four single occupants
- Two shared sleeping groups of two, one berth with single occupant, one berth open for equipment for a total of five
- Three shared sleeping groups of two leaving one berth open for equipment for a total of six

A second boat may be procured for each trip. A minimum of four occupants is required.



GLEN CANYON NATURAL HISTORY ASSOCIATION

Field School Registration Form

Please print and mail to (check or credit card):
Glen Canyon Natural History Association
Attn: Field School
PO Box 1835
Page, AZ 86040

Questions, or to register by telephone?
(928) 640-3900

Contact us by email:
FieldSchool@GlenCanyonNHA.org

Your registration will be official once it has been confirmed by our staff; confirmation of your registration will be sent to you via mail and/or email. If the desired course is full, we will notify you by email or telephone.

PERSONAL INFORMATION

First Name:

Last Name:

Address:

Address:

City:

State/Province:

Zip/Postal Code:

Country:

Telephone (Day):

Telephone (Evening):

Email Address:

Date of Birth:

PERSONAL INFORMATION (Additional Participant, if applicable on Houseboat-based courses)

First Name:

Last Name:

Telephone (Day):

Telephone (Evening):

Email Address:

Date of Birth:



GLEN CANYON NATURAL HISTORY ASSOCIATION

2017 COURSE REGISTRATION

Course Title (Prices based on per person registration)	Dates	Quantity	Tuition	Total
<input type="checkbox"/> Discover Glen Canyon NRA	10.27-11.2		\$3,113.00	\$
<input type="checkbox"/> Discover Glen Canyon NRA	11.5-11.11		\$3,113.00	\$
				\$
Total Tuition Due:				\$

If you are participating with others enrolled in this class, please provide their names: _____

Registrant prices are based on minimum occupancy of 4 single participants. Each houseboat features two upper berths suitable for two occupants in a single bed and two lower berths with room for single occupants. In the event that five or six registrants participate, partial refunds will be provided to each registrant accordingly. Participants will be notified of impending returned funds.

PAYMENT INFORMATION

Payment Type: Enclosed Check (payable to Glen Canyon NHA) Credit Card

Cardholder Name:

Card Number:

Card Expiration Date:

Cardholder Signature:

CANCELLATION AND REFUND POLICY

Registration payments are fully refundable, less a \$35 per course processing fee, if cancellation takes place at least 30 days before the course. No refunds will be made for cancellations received fewer than 30 days before the start of the course. We reserve the right to cancel a course up to 30 days before the first class day. If we cancel, you will receive a full refund.

We regret that we cannot make exceptions to the refund policy for any reason, including, but not limited to, illness, travel delays, emergencies, or weather. We strongly urge you to take out accident, baggage, and trip cancellation insurance through a travel agent. Travel insurance can help protect you against financial loss if you must cancel or interrupt your trip.



GLEN CANYON NATURAL HISTORY ASSOCIATION

- I have read the Cancellation and Refund Policy and understand the terms and conditions of the policy.
- I have enclosed a completed Confidential Health Questionnaire for each participant. (Must be included for registration to be processed and official)
- I have enclosed a completed Assumption of Risk, Release of Liability, & Indemnification Agreement for each participant. (Must be included for registration to be processed and official)

Signature: _____ Date: _____



Confidential Health Questionnaire

To help us evenly match participants with the physical requirements of their chosen class, all participants must fill out the following questionnaire when enrolling in any class. Your responses will remain confidential. Your participation is subject to our receipt of this form and approval by GCNHA staff or the course instructor. Please review our course program, including physical demands, and feel free to give us a call if you have any questions.

Personal Information

Your Name: _____

Course Name & Date: _____

Birth Date: _____ Height: _____ Weight: _____ Occupation: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Telephone (Day): _____ Telephone (Evening): _____

Emergency contact (someone other than who you are traveling with)

Contact Name: _____

Contact Relationship: _____

Contact Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Telephone (Day): _____ Telephone (Evening): _____

Doctor's Name: _____ Telephone (Doctor) : _____

Insurance Information

Note: Each participant is responsible for any medical expenses incurred on this outing and should ensure coverage by his/her own health & accident insurance.

Are you covered by a hospitalization/medical care policy? Yes No

Insurance Plan Name: _____ Policy # _____

Insurance Carrier: _____ Telephone: _____

Require pre-authorization? Yes No If YES, telephone # _____

Medical Information (Please be forthright – for your protection and that of others)

Physical Condition (Describe your regular exercise activities): _____

Major Past and Present Medical Problems – ARE YOU CURRENTLY EXPERIENCING OR HAVE YOU TREATED IN THE LAST THREE YEARS FOR ANY OF THE FOLLOWING?

- | | | | |
|-------------------------------|--|--------------------------------|--|
| Heart problems/attack* | <input type="checkbox"/> Yes <input type="checkbox"/> No | Overweight (more than 20%) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Chest pain/pressure* | <input type="checkbox"/> Yes <input type="checkbox"/> No | Currently pregnant* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Frequent shortness of breath* | <input type="checkbox"/> Yes <input type="checkbox"/> No | Asthma/respiratory problems | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Frequent dizziness* | <input type="checkbox"/> Yes <input type="checkbox"/> No | Diabetes/blood sugar problems* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Frequent fainting* | <input type="checkbox"/> Yes <input type="checkbox"/> No | Recurrent/frequent headaches | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| High blood pressure* | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ulcer/stomach problems | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Musculo-Skeletal problems | <input type="checkbox"/> Yes <input type="checkbox"/> No | Seizures* | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Depression/Anxiety | <input type="checkbox"/> Yes <input type="checkbox"/> No | HIV Positive | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Smoker | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hepatitis | <input type="checkbox"/> Yes <input type="checkbox"/> No |



GLEN CANYON NATURAL HISTORY ASSOCIATION

Any other conditions that you feel could affect your participation in this class (hiking slowly with significant elevation over rough terrain, swimming, paddling a kayak for extended periods)? _____

If you answered “Yes” to any of the above with asterisks (*), you must include a note from your doctor showing that he/she has cleared you for the class.

Please list any hospitalization/surgery within the last 3 years that involve any of the above health issues that could limit your ability to participate actively and fully in this class? _____

List any allergies/anaphylaxes (including medications, foods, bites, and stings): _____

List any medications (including over-the-counter drugs) you are taking. **Be sure to tell your instructor:**

We ask these questions for good reason! Heat Illness – which can kill – is a key concern in the desert!

Those at higher risk for heat illness:

- Those who are not acclimatized
- Elderly folks or small children
- Diabetics or people with thyroid disease
- Obese people
- Athletes (over-exerters)

Some drugs that predispose people to heat illness:

- Antihistamines
- Lithium or tricyclic antidepressants
- Diuretics
- Beta Blockers or ACE inhibitors (blood pressure or heart disease)
- Alcohol

Diet - Do you have any dietary restrictions?

What do you eat? (Check any that apply): Omnivore Vegetarian Vegan No Red Meat

Do you have food ALLERGIES or other important diet restrictions? Yes No

Please explain: _____

I certify that the above information is truthful and complete.

Signature _____ Date: _____

PLEASE UPDATE ANY CHANGES PRIOR TO CLASS!