

Overnight Trip Application: Campbellsville University CIE

Trip Applying for: _____ Dates: _____

Full Name: (first, middle, last):		Social Security Number (last 4 digits):	
		Birthdate:	
Email Address (please provide the email address for the account you use regularly):			
Campus Address:		Dorm Phone:	
		Cell Phone:	
Permanent Home Address:		Home Phone:	
Academic Advisor:		Gender (Circle One): <div style="display: flex; justify-content: space-around; width: 100%;"> Male Female </div>	
Major:	Minor:		
GPA:	Class Standing (ESL,fr,so,jr,sr,Grad):		
Will your parent/spouse serve as your emergency contact? (Circle One): Yes No		Does your Parent/Guardian speak English?	
If no, please provide complete emergency contact details.		Parent/Guardian (or spouse) Email:	
Name:	Relation:	Can Campbellsville University provide personal information to your parent/guardian regarding your participation in the program? (Circle One):	
Phone:		Yes No	
Address:			

• **By signing below, I confirm that I**

- Understand that email will be the primary form of communication to me from the CIE office;
- Confirm that all information provided in this application is correct and accurate to the best of my knowledge and understand that it will be used for information and safety purposes for Center for International programs.
- Understand that in the case of an emergency my information may be shared with the necessary authorities on a need-to-know basis;
- Understand that in the case of an emergency/illness my emergency contact may be notified.

Student Signature

Date

Emergency Contact Information

I understand that in the case of an emergency, Campbellsville University officials or appropriate program personnel may notify my emergency contact.

Signature

Date

Student Information (if different from above)

Name: _____

Permanent Address: _____

Campus Phone: _____ Home Phone/Fax: _____

Email Address: _____

Emergency Contact Information Please provide complete & accurate information for all contacts listed. If this information changes at any point before or during the trip, please notify the CIE.

1st Emergency Contact: _____

Relationship: _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

Address (please provide physical address, *not* PO Box): _____

Email Address: _____

Medical Information Form

Please type or print legibly. All medical information is confidential and provided only to trip leaders on a need-to-know basis. The CIE reserves the right to require further review by a physician before acceptance to a trip is granted.

Name: _____ Program Date: _____
Program: _____

_____ Smoker _____ Non-smoker

1. Blood type: _____
 2. Do you have a disability, chronic illness (such as asthma), history of emotional disturbance, or any pre-existing condition of which the CIE should be made aware?
_____ YES (specify below) _____ No
-
-
-

3. Do you have any allergy or required diet that the CIE should be made aware of?
_____ YES (specify below) _____ No
-
-
-

4. Please list any medication you are currently taking. This information may be beneficial in the event of a medical emergency.
-
-
-

5. Please indicate any special dietary needs (circle one):

Vegetarian: yes no

Vegan: yes no

Diabetic: yes no

Other: yes no (if yes, please specify) _____

Please be aware that because of the nature of overnight excursions, you may be required to walk for extended periods during planned excursions.

If your medical profile changes prior to program departure, please notify the CIE office.

Signature of Participant

Date

Campbellsville University Overnight Excursion Release

*All participants must follow institutional rules as set forth in the Campbellsville University Student Handbook. **Possession or consumption of drugs or alcohol is NOT allowed, regardless of age.***

Any behavior that is considered disruptive by the trip leaders will result in the participant(s) return to Campbellsville University at their own expense and the appropriate punishment per the Campbellsville University Student Handbook. No refunds will be made.

The Center for International Education is not responsible for baggage damage or loss; loss of personal property, possessions or monies; personal illness; injury, death, arrest or conduct of any participant throughout the trip. Trip participants must carry appropriate documentation at all times (Passport with I-94 and visa and Health Insurance card).

All participants are responsible and personally liable for charges resulting from property damage, mistreatment of property and the lack of cleaning.

It is your responsibility to check with a medical doctor to see if you have any medical or physical conditions which might create a risk to yourself or to others who would depend on you during this trip. These conditions may include, but are not limited to: physical or medical disabilities; medication or drugs you may be taking; dietary restrictions; allergies or sensitivities to penicillin, insects, foods, etc. You should discuss any potential problems with the trip leader prior to departure.

The participant agrees to assume all risk of injury and loss that may arise as a result of participating in this trip and further agrees NOT to hold Campbellsville University, the Center for International Education and its agents liable for any injury or loss that arises as a direct or indirect act or omission of any third party.

The Center for International Education reserves the right to cancel the trip provided all monies collected will be returned in a reasonable amount of time.

I HAVE CAREFULLY READ THIS FORM AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, A WAIVER OF CLAIMS, AN AGREEMENT NOT TO SUE, AND A CONTRACT BETWEEN ME AND CAMPBELLSVILLE UNIVERSITY; I SIGN IT OF MY OWN FREE WILL.

Print Name

Trip Participating In

Signature

Date

Campbellsville University Verification of Good Standing

Part I: To be completed by the participant/student

As a condition of acceptance to participate in international programs through Campbellsville University, you are required to provide verification of good standing (financial and disciplinary) at Campbellsville University. Please read and sign the statement below and provide this form to the Business Office. The completed form should be returned to:

Ms. Laura Cromer
International Student Advisor
Campbellsville University
1 University Drive, UPO 796
Campbellsville, KY 42718

I, the undersigned, give my permission to provide verification of my standing (disciplinary and financial) to the Center for International Education at Campbellsville University.

Student Name (Printed)

Student Signature

Date

Part II: To be completed by business office

Name: _____ Phone: _____

Title: _____ Office: _____

Is the above named student in good standing (academically or financially) at CU? **Yes No**
If no, please explain below:

Part III: To be completed by Student Services (if applicable*)

**If you have received a fine or citation for any reason during your time at CU, this section must be completed by the Office of Student Services.*

Name: _____ Phone: _____

Title: _____ Office: _____

Has the above named student received a citation and/or fine at CU? **Yes No**
If yes, please explain below:

Has the above named student completed the community service and/or fines associated with their citation (if applicable)? **Yes No**
If no, please explain below: