

Atlantic Challenge USA Summer Expeditions 2021 Application

Please sign and email to atlanticchallengeusa@gmail.com

Or mail to: Atlantic Challenge USA PO BOX 481 Belfast, Maine 04915

Your full name _____ Preferred first
name _____

Your email address _____

Select which week(s) you are signing up for:

July 11-17, 2021

July 18-24, 2021

Your primary phone number: _____

Home Address: _____

Date of Birth: _____

Gender: _____

Citizenship: _____

Emergency Contact name and relationship to you _____

Emergency Contact phone number(s) _____

Emergency Contact email _____

Emergency Contact home address _____

Health Insurance Carrier (if applicable) _____

Health Insurance Policy Number _____

Are there any physical or medical conditions that would affect your ability to participate fully in rowing and/or sailing? _____

Please list any medical conditions you have, and any medications you are taking _____

Please list any dietary restrictions/needs: _____

What is your height (feet and inches) and weight (pounds)? _____

Health History: Do you currently have or have you ever been treated for any of the following? Please check all that apply.

- Diabetes
- Do you use an insulin pump?
- Hypertension (high blood pressure)
- Adult or congenital heart disease/heart attack/chest pain/heart murmur/coronary artery disease.
- Any heart surgery or procedure.
- Family history of heart disease or any sudden heart-related death of a family member before age 50.
- Stroke/TIA
- Asthma/reactive airway disease
- Lung/respiratory disease

- COPD
- Ear/eyes/nose/sinus problems
- Muscular/skeletal condition/muscle or bone issues Head injury/concussion/TBI Psychiatric/psychological or emotional difficulties Neurological/behavioral disorders
- Blood disorders/sickle cell disease
- Fainting spells and dizziness
- Kidney disease
- Seizures or epilepsy
- Abdominal/stomach/digestive problems
- Thyroid disease
- Skin issues
- Obstructive sleep apnea/sleep disorders

Please list all allergies and reactions you have to food, plants, medications, and/or insect bites and stings?

Do you use an epinephrine injector?

Do you use an asthma inhaler?

List any other medical conditions or pertinent medical history not covered above:

Have you received the Covid-19 vaccination?

Are you currently a Venture Scout, Boy Scout or Sea Scout?

What do you hope to gain from this experience?

How did you find out about Atlantic Challenge?

Payment information. Please select your sliding scale tuition rate based on your total annual household income(s).

Total Household Income	Program Cost	Description
Up to \$29,000	\$507	This amount reflects a 40% discount from the baseline cost to run our program.
\$30,000 - \$49,000	\$634	This amount reflects a 25% discount from the baseline cost to run our program.
\$50,000 - \$99,000	\$845	This amount reflects the baseline cost to run our program.
\$100,000 - \$184,000	\$1,056	You will be supporting the baseline costs to run the program, and allowing greater accessibility to other participants.
\$185,000 or more	\$1183	You will be supporting the baseline costs to run the program, and allowing greater accessibility to other participants.

\$100 deposit is due at this time in order to hold your place in the program. Please select your payment method:

- Pay by check. Make check to Atlantic Challenge USA PO Box 481 Belfast, Maine 04915
- Pay online
- Waive deposit fee

Thank you! We'll be in touch shortly to ask you any questions, and let you know the status of your acceptance to this program, and how to proceed with getting on our Sea Scouts roster. Do you have any questions at this time?
