### Mississippi River Summer Adventure Camps

**2015**

**Introductory Camp**  
**July 20-24**  
(For students entering grades 7-9)  
**Hall Check-In:** July 20  
1:30 p.m. - 2:30 p.m.  
*Note: A bus will accommodate students from Milwaukee.*  
**Bus departs on Monday, July 20**  
9:00 a.m. MATC downtown campus State & N. 6th St.  
9:30 a.m. Escuela Vieau, 823 So. 4th St.  
**Bus returns on Friday, July 24**  
5:30 p.m. MATC downtown campus, State & N. 6th St.  
6:00 p.m. Escuela Vieau, 823 So. 4th St.

**Advanced Camp**  
**July 26-July 31**  
(For students entering grades 10-12)  
**Bus departs July 26**  
A bus will accommodate students from Milwaukee.  
**Bus departs on Sunday, July 26**  
9:00 a.m. MATC downtown campus State & N. 6th St.  
9:30 a.m. Escuela Vieau, 823 So. 4th St.  
**Bus returns on Friday, July 31**  
5:30 p.m. MATC downtown campus, State & N. 6th St.  
6:00 p.m. Escuela Vieau, 823 So. 4th St.

### Please include a copy of the student’s grades for the 2014-2015 school year (minimum GPA requirement is 3.0)

### SAFETY & SUPERVISION

We have persons on staff who are certified water safety instructors and experienced with teaching safe boating and canoeing techniques. The program allows for non-swimmers and inexperienced boaters to interact safely and positively in all activities. Individual and group safety procedures will be taught and stressed throughout.

### STUDENT TO STAFF RATIO

Student to staff ratio will be 4 to 1 or better. University undergraduates and graduate students will facilitate all cooperative leaning small groups and supervise students at all times during the program. The staff includes trainers in the study and practice of non-violence and community building. The student staff reflects diversity in culture, gender and background. All staff are experienced in working with young adults.

### PROFESSIONAL STAFF

Professional staff members from the UW-La Crosse Office of Multicultural Student Services will oversee all activities:

- **Monica Yang**, Precollege Director, has a Master’s Degree in Public Policy. She enjoys interacting with camp participants during the summer. Monica looks forward to camping, hiking and other outdoor adventures with precollege students.
- **Chelsea Ophime**, Camp Director, has a recent UW-L graduate, and is currently working towards obtaining her master’s degree in Students Affairs Administration. This is her second year working in the Office of Multicultural Student Services.

### COST:

Students who qualify for free or reduced school lunch and GEAR-UP students are eligible for full scholarships of up to $700. Students who do not qualify for full scholarships are encouraged to inquire about partial aid.

### COST COVERS:

- Supervised transportation to and from UW-La Crosse from selected geographic areas.
- Lodging and food for the week  
  (Participants receive three meals a day, beginning with dinner on Day 1, and ending with lunch on Day 6. Students in the Introductory Camp will stay in a UW-L residence hall.)
- Admission charges to all field trip events
- All program material

Return completed application to:  
Office of Multicultural Student Services | 1101 Centennial Hall | University of Wisconsin - La Crosse | 1725 State Street | La Crosse, WI 54601 | (608) 785-8225
MRA Check List

Incomplete applications will not be considered. Please ensure you have all required forms completed before submitting your application.

MRA Introductory:

☐ Registration Form (make sure you select your t-shirt size)
☐ Copy of 2014-2015 Transcript or Report Card
☐ Camp/Event Consent Form
☐ Participant Contract
☐ Consent of Medication Administration
☐ Health Questionnaire
☐ DPI Scholarship Application (if family qualifies for free and reduced lunch)
☐ Personal Statement

MRA Advanced:

☐ Registration Form (make sure you select your t-shirt size)
☐ Copy of 2014-2015 Transcript or Report Card
☐ Camp/Event Consent Form
☐ Participant Contract
☐ Consent of Medication Administration
☐ Health Questionnaire
☐ DPI Scholarship Application (if family qualifies for free and reduced lunch)
☐ Personal Statement
☐ Physical Activity Questionnaire
STUDENT INFORMATION
Student Name: ________________________________
Address: __________________________ City _____________ State ______ Zip ________
Date of Birth: ________________ Gender: [ ] Male [ ] Female Grade Level Fall 2015: _______
Name of School Currently Attending: ________________________________

Race/Ethnicity – Please answer both a and b. Check ALL that apply.
a. Is the student Spanish/Hispanic/Latino/a?
[ ] No, not Spanish/Hispanic/Latino/a [ ] Yes, Puerto Rican [ ] Yes, Mexican American, Chicano
[ ] Yes, Cuban [ ] Yes, other Spanish/Hispanic/Latino/a – print group ________________
b. What is the student’s race? Please check ALL that apply.
[ ] American Indian/Alaska Native – please specify principal WI or Other tribe & reservation
[ ] Asian Indian [ ] Guamanian or Chamorro [ ] Native Hawaiian [ ] White
[ ] Black or African American [ ] Hmong [ ] Samoan
[ ] Cambodian [ ] Japanese [ ] Vietnamese
[ ] Chinese [ ] Korean [ ] Other Asian – please specify ________________
[ ] Filipino [ ] Laotian [ ] Other race – please specify ________________

Camp Information:
Program you are registering for: (check one) Introductory Camp [ ] Advanced Camp [ ]
I have attended a previous UW-L Camp or Academic Year program [ ] Yes [ ] No [ ]
Roommate Preference for camp (if any): ________________
T-Shirt Size Youth (Circle One): S [ ] M [ ] L [ ] XL [ ] XXL

CUSTOM PARENT INFORMATION (Parent(s) you are living with at the time of camp)
Please Print
Primary Contact’s First & Last Name: ________________________________ How can we best reach you? ______________________
Relationship [ ] Mother [ ] Father [ ] Other ________________
Street Address: ________________________________ City/State/Zip: ________________
Home Phone Number: ________________________________ Cell Phone: ________________________________
Work Phone Number: ________________________________ E-mail: ________________________________

Has the FEMALE head of household earned a bachelors degree from a 4-year college or university? [ ] No [ ] Yes
Has the MALE head of household earned a bachelors degree from a 4-year college or university? [ ] No [ ] Yes

The following information will be used to determine eligibility for scholarship:

Does your family receive Free or Reduced lunches? [ ] Yes [ ] No [ ] Unsure
If “No” or “Unsure”, please circle how many persons are in your household: 1 2 3 4 5 6 7 8 9 or more
If “No” or “Unsure”, what is your total annual household income? ________________________________

Does your family receive any other forms of state or federal support (TANF, food stamps, etc.)? [ ] Yes [ ] No

____________________________ (student’s name) has my permission to participate in the Precollege Programs sponsored by the University of Wisconsin-La Crosse and the Wisconsin Department of Public Instruction. I certify that the above information is true and correct to the best of my knowledge. I agree to the release of my child’s school records to the UW-La Crosse Office of Multicultural Student Services - Precollege Programs and to the Wisconsin Department of Public Instruction. I understand that all information provided will be used solely for program evaluation and program eligibility purposes and will be kept confidential.

Parent Signature ________________________________ Date ________________
Mississippi River Summer Adventure
CAMP/EVENT CONSENT FORM

TO THE PARENT(S) OR LEGAL GUARDIAN:
If your son, daughter or ward will be under the age of 18 years while participating in the Mississippi Summer Adventure Program, it is program policy to secure parental/guardian consent for the following circumstances.

☐ MEDICINE DISTRIBUTION/MEDICAL DEVICES
Parental/Guardian consent must be given for medicine distribution and medical devices, specifically, whether medication and/or medical devices brought by your son, daughter, or ward is to be self-administered or administered by the program health supervisor. Therefore, do you wish your son, daughter, or ward to be responsible for their own medication?

YES _____ NO _____

If NO, all medications brought to camp by a camper shall be: (a) in containers which identify the medications and the name of the camper, (b) kept in a locked unit, and (c) administered by the camp health staff as prescribed by a licensed physician with a record of treatment maintained.

☐ EMERGENCY MEDICAL TREATMENT
If your son, daughter, or ward will be under the age of 18 years while at our program, it is our policy to secure consent for medical treatment. In case of illness or injury, permission is granted to treat the participant at an appropriate medical facility. Furthermore, as a participant in the program/event, I hereby state that I am aware of and accept the risk inherent in the program activity.

By signing below you are giving your consent in advance for medical treatment.

☐ PHOTO CONSENT
By signing below, I understand that the University may take photographs of camp participants and activities. I agree that the University of Wisconsin-La Crosse shall be the owner of and may use such photographs relating to the promotion of future camps. I relinquish all rights that I may claim in relation to the use of said photographs.

☐ FIELD TRIP CONSENT
By signing below, I give my child/ward permission to attend the Mississippi River Summer Adventure Program, under the supervision of the staff of the Mississippi River Summer Adventure Program and participate in field trips during that period. Specific trips for the Introductory Camp may include: Goose Island, Canoe and Camping Trips, and Trips in the Marshlands of La Crosse and surrounding areas. The Advanced Camp will be traveling north to the Upper Peninsula of Michigan, Lake Superior and the Porcupine Mountains; and traveling to UW Institution for a college visit.

☐ We also need the following information on the swimming ability of your child (V check one):
___ Excellent Swimmer  ___ Good Swimmer  ___ Fair Swimmer  ___ Poor Swimmer (does not know how to swim)

Knowing how to swim is not a requirement. This information is needed to be able to place your child with other swimmers on the canoe trips and water safety activities.

The undersigned does hereby give consent to all of the above and agrees to hold harmless and indemnify the State of Wisconsin, the Board of Regents of the University of Wisconsin System, and the University of Wisconsin La Crosse, their officers, agents, and employees, from any and all liability, loss, damages, costs, or expenses which are sustained, incurred, or required arising out of the actions of my dependent in the course of the program.

____________________________________________________________________________________
Parent’s/Guardian Signature Date

____________________________________________________________________________________
Parent’s/Guardian Name (Please PRINT) Participant Name (Please PRINT)
Mississippi River Adventure Introductory Camp Rules

RESPECT, BUILDING COMMUNITY, CONSEQUENCES

1. No smoking, drinking, drugs, theft, or sexual contact are permitted while on campus or as a member of Mississippi River Camp. Anyone who violates these expectations will immediately be sent home.

2. No unruly behavior in the dorms or at our activities. Respect for the property of University must be maintained at all times. We will not tolerate dangerous or destructive behavior. Repair or replacement fees will be charged to the camper for any damaged property.

3. Lights out at 10:30 pm.

4. Girls are not allowed on the boys’ hall at any time and, similarly, boys are not allowed on the girls’ hall at any time. This also applies to camping and male/females in each other’s tents. Girls and boys may meet and socialize in the basement meeting rooms.

5. You are required to check-in with your counselor during off-campus functions. Your counselor should be aware of your location at all times.

6. A lost key should be reported to your counselor immediately so that they may contact the Hall for a replacement. Remember to keep your room locked at all times. Key replacements are $90 and must be paid by the camper. Please keep your keys attached to the lanyards provided.

7. You are not allowed to roam campus on your own. UW La Crosse University is not an insulated environment and therefore is subject to crime. Going off campus w/out a counselor is strictly forbidden.

8. It is of utmost importance that each camper eat breakfast and keep a water jug/bottle with them at all times. This will reduce the incidence of fatigue and heat stroke on the trips.

9. Be courteous and respectful to your counselors, peers, and teachers at all times. Bullying will NOT be tolerated.

10. Please be aware of your language—we ask everyone to NOT USE swear words or derogatory terms toward others.

11. Headphones, I Pods and other electronics must be left in Secure Box during all activities.

12. Cell phones will be left with your counselor at 10:00 PM, and will be made available to you again the following day upon completion of the day’s activities.

Any camper whose conduct is not in accordance with the rules of the Mississippi River Camp will be required to participate in the following disciplinary procedure:

1) Staff-Student one-to-one: Any individual (s) who violates camp rules—disrespect, poses a problem for our camp community, or is non-cooperative will meet with his/her counselor to discuss: a) the behaviors that are causing problems, b) what changes in behavior will be expected and how we will know the changes have occurred, and c) the strategies (action plans) that, when put into action, will produce the changes in behavior.

2) Meeting with Senior Staff member: If the individual continues to violate camp rules or engage in additional behavior that is disrespectful he/she will meet with his/her counselor and a senior staff member. His/her parents and or guardian may be contacted at this point as determined by the staff. Also, consequences for the inappropriate behavior may be determined and an individual contract may be required.

3) If any individual refuse to cooperate or resolve conflict between the camp and him/herself, he/she will be sent home after contact with his/her parent or guardian.

Additional Expectations for Campers:

1) Campers must always be accompanied by staff when leaving campus and during any activities outside campus.
2) Campers need to be aware of their personal belongings and may store valuables in safe box when desired.
3) Everyone is expected to wear appropriate clothing at all times.
4) We expect everyone to help so that we can leave the environment we use in the same condition (or better!) than when we arrived.
Mississippi River Adventure Camp Advanced Camp Rules

RESPECT, BUILDING COMMUNITY, CONSEQUENCES

1. No smoking, drinking, drugs, theft, or sexual contact are permitted while you are a member of Mississippi River Camp. Anyone who violates these expectations will immediately be sent home.

2. No unruly behavior at our activities. Respect for all persons and property must be maintained at all times. We will not tolerate dangerous or destructive behavior or intimidation of others. Repair or replacement fees will be charged to the camper for any damaged property.

3. Lights out at 11:00 pm.

4. Girls are not allowed in the boys’ tents at any time and, similarly, boys are not allowed in the girls’ tents or hall at any time. Girls and boys may meet and socialize in “common areas.”

5. You are not allowed to roam on your own or simply “take off for a while.” Rather, we expect each person to communicate to a staff member prior to separating from the group. Solo activities are potentially extremely dangerous especially in water or in wilderness areas.

6. It is of utmost importance that each camper eat breakfast and keep a water jug with them at all times. This will reduce the incidence of fatigue and heat stroke on the trips.

7. We ask all campers to participate fully during activities. Give a “good effort” and try all activities, even those that at first may not interest you.

8. Be courteous and respectful to each other, your counselors and facilitators at all times. Bullying will NOT be tolerated.

9. Please be aware of your language—we ask everyone to NOT USE swear words or derogatory terms toward others.

10. Headphones and I-Pods must be left in Secure Box during all activities.

11. Cell phones will be left with your counselor, and will be made available to you at designated times each day.

Any camper whose conduct is not in accordance with the rules of the Mississippi River Camp will be required to participate in the following disciplinary procedure:

1) Staff-Student one-to-one: Any individual (s) who violates camp rules—disrespect, poses a problem for our camp community, or is non-cooperative will meet with his/her counselor to discuss: a) the behaviors that are causing problems, b) what changes in behavior will be expected and how we will know the changes have occurred, and c) the strategies (action plans) that, when put into action, will produce the changes in behavior.

2) Meeting with Senior Staff member: If the individual continues to violate camp rules or engage in additional behavior that is disrespectful he/she will meet with his/her counselor and a senior staff member. His/her parents and or guardian may be contacted at this point as determined by the staff. Also, consequences for the inappropriate behavior may be determined and an individual contract may be required.

3) If any individual refuses to cooperate or resolve conflict between the camp and him/herself, he/she will be sent home after contact with his/her parent or guardian.

Additional Expectations for Campers:

1) Campers need to be aware of their personal belongings and may store valuables in safe box when desired.

2) Everyone is expected to wear appropriate clothing at all times.

3) We expect everyone to help so that we can leave the environment we use in the same condition (or better!) than when we arrived.
PARTICIPANT CONTRACT
UW-L MISSISSIPPI RIVER ADVENTURE

I, the participant, agree to abide by the rules of respect for persons and property set by the Mississippi River Adventure and the program staff.

I, the participant, further agree to promptly attend all commitments including activities, meals and lights out and wake up times; and abide by all Residence Hall and camp ground rules and regulations.

Finally, I, the participant, commit to fully participate in all scheduled activities. This includes:

1) Canoeing
2) Camping and Hiking
3) River Studies Activities
4) Evening Activities
5) Career Exploration
6) Admissions Sessions
7) Small Group Meeting
8) Work Assignments/Community Service
9) Afternoon and Evening Option Times
10) Final Evaluations
11) Clean Up and Check Out

I hereby agree to cooperate in the above specifics and any additional manner as requested by the staff of the Mississippi River Adventure.

In the event of my failure to abide by any part of this contract, I realize that a meeting will be set with myself and program staff. My parent(s) will also be contacted. If at that time a proper commitment and an appropriate change in behavior or attitude are not forthcoming, I recognize that I will be asked to leave the Mississippi River Adventure at my own expense.

__________________________  ________________________
Signature of Student/Participant          Date

__________________________  ________________________
Signature of Parent          Date
University of Wisconsin-La Crosse

PART ONE:
CONSENT FOR MEDICATION ADMINISTRATION
and MEDICAL TREATMENT

TO THE PARENT(S) OR LEGAL GUARDIAN:

If your son, daughter, or ward will be under the age of 18 while at the University of Wisconsin-La Crosse, it is camp policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device can be self-administered or be administered by the Camp Health Supervisor.

All medications must be in a medicine bottle and labeled with the camper’s name, doctor’s name and phone number, medication name, and dosage. You must also complete the form below:

_____ No medication has been brought to camp.

_____ I want the medication or medical devices self-administered. (Age 14 and above only.)

_____ I want the medication or medical device administered by the Camp Health Supervisor. However, a limited amount of medication for life threatening conditions may be carried by my child/ward. (i.e. bee sting kits, inhalers).

Name of Medication(s)  Prescribing Doctor  Doctor’s Phone #

Amount to be taken  How is it taken?  When to be administered

Day(s) to be taken  Special Instructions

• If your son, daughter, or ward will be under the age of 18 years while at our camp, it is our policy to secure your consent for medical treatment.
• By signing below you are giving your consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
• By signing below you are stating that you are aware of and accept the risk inherent in the program activity.
• By signing below you agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin-La Crosse, their officers, employees and agents, from any and all liability, loss, damages, or expenses which are sustained, or required arising out of the actions of your dependent in the course of the camp/event.

Participant Name (Please Print)

Signature of Parent or Guardian  Date
**PART TWO: HEALTH HISTORY QUESTIONNAIRE**

<table>
<thead>
<tr>
<th>Full Participant Name:</th>
<th>Social Security Number:</th>
<th>Name of Camp/Event</th>
<th>Camp Dates</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Mississippi River Summer Adventure</td>
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<tr>
<th>Full Home Address:</th>
<th>Home Telephone Number:</th>
<th>Date of Birth: <em><strong>/</strong></em>/_____</th>
<th>Sex: M F</th>
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<tr>
<th>Parent/Guardian Name:</th>
<th>Relationship:</th>
<th>Does participant have allergic reactions to:</th>
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<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐ Penicillin</td>
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<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐ Other Antibiotics</td>
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<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐ Other Medicine (type) ____________</td>
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<td></td>
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<td>Yes ☐ No ☐ Insect Bites/Stings ____________</td>
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</tbody>
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<tr>
<th>Address (if different than above)</th>
<th>Home Telephone Number: (if different than above)</th>
<th>Parent/Guardian Work Telephone:</th>
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**Alternate contact in the event that the Parent/Guardian cannot be contacted during an injury or illness. (Name, Relationship, Address, and Telephone Number)**

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<tr>
<th>Physician:</th>
<th>Telephone:</th>
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<tr>
<th>Insurance Co.:</th>
<th>Policy No.:</th>
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**Immunization Record**

- MMR (measles, mumps, rubella)
  - Dose 1-Immunization at age 1 ☐ Yes ☐ No
  - Dose 2 ☐ Yes ☐ No

- Tetanus-Diphtheria ☐ Yes ☐ No

- Year of last tetanus boost (must be within last 10 years)

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<tr>
<th>Has participant ever had major surgery or been hospitalized?</th>
<th>☐ Yes ☐ No</th>
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**Health History**

- Please explain any significant operations, accidents or illnesses, and last medical attention and reason:

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<tr>
<th>Does the participant have any physical condition(s) requiring special considerations? Explain.</th>
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A physical examination within 24 months of the camp/event is recommended. Date of participant’s last physical examination: _____
INSTRUCTIONS TO THE STUDENT AND PARENT/GUARDIAN:
Read instructions below. DO NOT MAIL YOUR APPLICATION TO
THE DPI/WEOP OFFICE. This will only prolong the child from applying
for the DPI Precollege Scholarship and it is based on a first-come first-
serve through the college.

INSTRUCTIONS FOR COLLEGE USE ONLY:
Mail application to: Enter name and address of college or institution.

### I. STUDENT INFORMATION

<table>
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<tr>
<th>Name Last</th>
<th>First</th>
<th>Middle Initial</th>
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<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<th>Date of Birth</th>
<th>Sex</th>
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**Check only one (For Statistical Purposes)**

- [ ] Hispanic or Latino  
- [ ] Not Hispanic or Latino  
- [ ] American Indian or Alaska Native  
- [ ] Asian  
- [ ] Black or African-American  
- [ ] Native Hawaiian/Other Pacific Islander  
- [ ] White

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<tr>
<th>Current Grade Level</th>
<th>Anticipated Year of High School Graduation</th>
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<tr>
<th>School Presently Attending</th>
<th>School District Name</th>
<th>College Program</th>
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I HEREBY AUTHORIZE release of my child’s verification of Free or Reduced Price School Meals eligibility to the Precollege Campus and DPI.

Signature of Parent/Guardian: ____________________________ Date Signed: __________ Mo./Day/Yr.

### II. VERIFICATION AND RECOMMENDATION

Instructions to the Principal, Food Services Authorized Representative, or DPI/WEOP Staff Member:

Verify that this student is eligible for Free or Reduced Price School Meals and forward this application form to the college or university where the student has applied for admission to a DPI Precollege Program.

Is this student eligible for Free or Reduced Price School Meals?  
[ ] Yes  [ ] No  

I HAVE VERIFIED that this student is eligible for Free or Reduced Price School Meals and I recommend this student for a DPI Precollege Scholarship.

Name of Authorized Representative: ________________________ Title: ________________________ Telephone Area/No.: ________________________ Date Signed: __________ Mo./Day/Yr.
Personal Statement

In the space provided, please explain why you are interested in participating in MRA, and the skills you hope to develop by attending this camp. For returning students, please describe your previous experience(s) with MRA, and how you will apply the skills and knowledge you gained from past years to this summer’s camp.

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Physical Activity Questionnaire  
For MRA Advanced Camp Participants ONLY!

Please answer the following questions to the best of your ability.

1) How would you rate your overall physical health? (Circle one.)
   1—Poor               2—Fair               3—Average               4—Good               5—Excellent

2) How often do you engage in the following activities in the past week? If yes, check how many times.

<table>
<thead>
<tr>
<th>Activity</th>
<th>No</th>
<th>1-2</th>
<th>3-4</th>
<th>5-6</th>
<th>7 times or more</th>
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<tbody>
<tr>
<td>Walking for exercise</td>
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<tr>
<td>Bicycling</td>
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<td>Jogging or running</td>
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<tr>
<td>Aerobics</td>
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<tr>
<td>Swimming</td>
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<tr>
<td>Sports (baseball, football, soccer, etc.)</td>
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<td>Other (please specify):</td>
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3) In the past week, how often were you very active (playing hard, running, jumping, throwing)? (Check one only.)
   □ Hardly ever
   □ Sometimes
   □ Quite often
   □ Always

4) How comfortable are you with a 15-20 mile hike up the Porcupine Mountains? (Keep in mind, you will be carrying a backpack filled with necessary supplies and items). (Circle one.)
   1- Very Uncomfortable   2- Fairly uncomfortable   3- Comfortable   4- Fairly comfortable   5- Very comfortable

5) How will you prepare for the two day hike? Please describe your fitness plan.
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Tips to Help Students Prepare for MRA Camp

MRA Introductory:
- Bring a water bottle (or two)!!!!
- Bring a pair of sturdy tennis shoes
- Practice putting up a tent (and sleeping in one) if possible
- Limit the amount of luggage (only bring necessary items)
- Label your belongings to help keep track of them
- Come with an open mind and positive attitude

MRA Advanced:
- Start walking, or jogging, on a regular basis 3-4 weeks before camp starts
- Drink water (keep hydrated)
- Bring a water bottle (or two)!!!!
- Practice putting up a tent (and sleeping in one) if possible
- Bring a pair of hiking boots - students should not be hiking in sneakers!
- Limit the amount of luggage (only bring necessary items)
- Label your belongings to help keep track of them
- There will be limited access to running water, a ‘working’ toilet (just a porta potty), and cell phone service up north.
- Come with an open mind and positive attitude