

## Aldersgate Center Challenge Camp Supplemental Application

We want your week to be safe, fun, and exciting for you and the other members of your expedition. The questions below will help your director ensure that you are qualified and ready for the experience. Remember that although a place is being held for you. You are not fully registered until this supplemental application is received back to Aldersgate. Please call us if you have any questions at (973) 383-5978 or e-mail at [aldersgate@tellurian.net](mailto:aldersgate@tellurian.net).

Name \_\_\_\_\_ Event \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

1. What medications will be taking during your week? Please list them here. \* \_\_\_\_\_  
\_\_\_\_\_
2. For what conditions are you currently under the care of a physician, psychiatrist, or psychologist? \*  
\_\_\_\_\_  
\_\_\_\_\_
3. Do you have any physical conditions for which we should prepare? \_\_\_\_\_
4. Do you hold any of the following certifications? Please list the site at which you received training.  
\_\_\_\_ Standard First Aid      \_\_\_\_ CPR      \_\_\_\_ Watercraft      \_\_\_\_ Basic Rescue  
\_\_\_\_ Lifeguarding (ARC or Boy Scout)      \_\_\_\_ WSI      \_\_\_\_ Swimming Badges
5. Can you swim twenty yards under water?      \_\_\_\_ yes      \_\_\_\_ no
6. Have you swam fifty yards or more on the surface of water that is six feet or deeper? \_\_\_\_yes \_\_\_\_no
7. Do you have experience in handling a canoe, sailboat, or rowboat? If so, how much or what kind?  
\_\_\_\_\_
8. Please indicate the amount of hiking experience you have had, noting the length of your longest trip.
9. If yours is a biking week (Cape Cod) please indicate the amount of biking experience you have had, noting the length of your longest trip. \_\_\_\_\_  
\_\_\_\_\_
10. What other skills, abilities, gifts or talents do you have that will amuse, aid, educate, comfort, or encourage the other members of your group? \_\_\_\_\_  
\_\_\_\_\_

*\*You **must** notify the Aldersgate office before the day of registration if the answers to these questions change. Failure to do so will cause the applicant to be ineligible for the event. Aldersgate Center will not allow the Event Director to administer drugs or supervise behaviors for which he/she is unprepared.*

Please return this to:                      Aldersgate Center  
    PO Box 122  
    Swartswood, NJ 07877

Please remember that your application is on hold until this form is returned!!!