

## New Student Orientation Information

Name \_\_\_\_\_ Grade \_\_\_\_\_

Do you have any previous experience in outdoor activities?

\_\_\_\_\_ NO

\_\_\_\_\_ YES (if yes, please explain)

Do you have any concerns that may affect your participation during outdoor activities?  
(outdoor allergies, sprains, strains, weak knees, etc.) Please explain below – this information is very important to us.

Do you have ANY specific food allergies? Please list below - this information is very important to us.