

# Program Application

## Leadership, Learning, Service Retreat in *Italy* –

July 8-17, 2014

Please Print All Information Clearly

Your Full Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Student ID# \_\_\_\_\_  
(if applicable)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_ SS# \_\_\_\_\_ (for insurance purposes)

US Passport Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  Not a US Citizen (check visa requirements)

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**\*Program Cost: Includes all Housing, Excursions, In-Country Transportation, Breakfast and Dinner, and International Health Insurance.**

### Accommodation and Travel Preferences:

1. Are you interested in a single room accommodation at an additional cost of \$200?  YES  No
2. Are you interested in roundtrip Coach transport from Milwaukee to Chicago Airport at a cost of \$51?  YES  No
3. Are you considering an airline schedule that differs from the group travel dates?  YES  No

If yes, please provide your intended dates of travel. From: \_\_\_\_\_ To: \_\_\_\_\_

### Academic Information:

All participants have the opportunity to enroll in a directed study course, Course EDUC 688 Current Issues in Leadership (1 Graduate credit) or to participate for no credit. Please see the program brochure for details. The cost is \$515 and the enrollment deadline is May 2, 2014.

Are you interested in enrolling in EDUC 688?  YES  No

All participants have the opportunity to enroll in Course EDP 848 Observational Research (1-2 Ph.D. credits) or to participate for no credit. Please see the program brochure for details. The cost is \$710 and the enrollment deadline is May 2, 2014.

Are you interested in enrolling in EDP 848?  YES  No

Contact Dr. Kris Hipp [kahipp@stritch.edu](mailto:kahipp@stritch.edu) for academic information and pricing.

### Program Requirements

- Applicants must submit a complete and timely program application with a **\$1,500 deposit** to the Cardinal Stritch University International Education Office by **May 1, 2014**. Program balance will be paid closer to departure date. You may scan and send application documents per e-mail to: [sreegarden@stritch.edu](mailto:sreegarden@stritch.edu). Checks may be written to Cardinal Stritch University and mailed to the International Education Office (6801 N Yates Road, #335, Milwaukee, WI 53217). Payments may also be made by credit card online at <https://commerce.cashnet.com/strichevents?itemcode=EVT-ITALY13>.
- We request that all participants complete an international health history disclosure form which should be discussed with your personal physician. These forms will be kept confidential by the program coordinator.
- Participants must be capable of carrying their own luggage over uneven terrain and up and down stairways. Participants should be relatively fit being able to walk at least a mile at a time over uneven terrain. Handicapped accommodations are not readily available. Program includes walks around steep medieval cities.
- Participants must be capable of adjusting their personal and social behavior to accommodate the needs of the travel group. Participants will be expected to conduct themselves in a culturally-sensitive manner that is conducive to group learning and to be a credit to Cardinal Stritch University and the Stritch community.
- Participants should be aware that program fees are based upon double occupancy accommodations.



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- Participants must possess a [valid passport](#) which will not expire in the timeframe of travel. Participants requiring a passport are expected to submit a passport application in as early as possible.
- Applicants are encouraged to review the US State Department travel report on Villa Pieve, Italy ([www.travel.state.gov/travel](http://www.travel.state.gov/travel)) before registering for this program.

**Program Withdrawal Policy**

Participants are financially responsible for withdrawing from the program after submitting a signed program application whether prior to departure or while participating in the program abroad.

- For the July program, withdrawal after May 1 but before May 30, 2014 will forfeit an administrative fee of \$250 in addition to any of the program costs already incurred on your behalf. Withdrawal after May 31<sup>st</sup> would forfeit your entire program cost.

*I confirm that I understand the program requirements, withdrawal policy and that I am aware that confidential information may be shared with the Stritch International Education Office, the Dean of Students, the Program Coordinator and the Stritch Wellness Center. I guarantee my timely payment of the program deposit when submitting this application as well as paying the remaining program balance. Post program photos and videos which I submit may be used in future Stritch International Education print materials or on the Stritch website.*

Name of Applicant (Please Print)

Applicant Signature

Date (mm/dd/yyyy)

**Release and Waiver of Liability**

**Program Name:** Leadership Retreat in Italy

**Program Dates (mm/dd/yyyy):** July 8-17, 2014

I hereby acknowledge that my participation in this approved international university program experience and all related activities associated with the program are completely voluntary and are in no way required by Cardinal Stritch University, its employees or representatives. Representatives of Cardinal Stritch University include, but are not limited to, the individual organizations and individuals who compose the planning coalition on the Cardinal Stritch campus.

I understand that Cardinal Stritch University, its employees, and representatives are not in any way responsible for insuring the safety of any activities I choose to undertake. Any decisions I make regarding participation are my own responsibility.

I am fully aware that international travel may be dangerous and involve risks and dangers of my being seriously injured or hurt, including my being killed. In addition to physical injury, I am fully aware that international travel involves risks and dangers of financial injury and loss. I am further aware that such risks of physical and financial injury exist in the university program. Despite such risks of injury involved in the international university program experience, I freely choose to be involved, assuming the risks of injury.

Because I am not required to participate in this program, and because I understand that Cardinal Stritch University, its employees, and representatives have no duty to insure my safety, and because I understand and assume the risks of injury involved in this university program, I hereby waive any and all legal claims that I, my assignees, heirs, distributees, guardians, legal representatives and/or successors may have against Cardinal Stritch University, its employees and representatives for any and all injuries or damages that I incur as a result of my participation in this university program experience. Such injuries or damages for which I am releasing liability may result from the negligence of Cardinal Stritch University, its employees or representatives; my own negligence; or the negligence of any third party while I am participating in the university program experience.

Such injuries and damages for which I am releasing liability may result from, but are not limited to, the following activities: any accident, whether by motor vehicle or airplane, during my transportation to, within, or from my foreign destination; any political or civil unrest in a foreign country; any criminal assault or abduction while participating in the university program; any illness or disease contracted while in the foreign country; and any theft, destruction, or other loss of my personal property while on the international university program.

I acknowledge that this Release and Waiver of Liability is being relied upon by Cardinal Stritch University in allowing me to participate in this university program.

**I CONFIRM THAT I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND CARDINAL STRITCH UNIVERSITY, AND SIGN IT OF MY OWN FREE WILL.**

Printed Name of Participant

Signature of Participant

Date (mm/dd/yyyy)



# STRITCH INTERNATIONAL HEALTH SELF-DISCLOSURE FORM (PAGE ONE)

Traveling abroad can be an enriching but also a physically and mentally challenging experience. Mild or pre-existing health concerns can become serious while transitioning into an unfamiliar environment. For your health and safety, we require full self-disclosure of your health status.

**Please discuss this completed form with either your personal health care provider or the personnel in the Stritch Student Health Center and return it along with your program application.**

Please be aware that this form will be shared with the Stritch Wellness Center, and the International Education Office. Program Coordinators of short-term group-based programs and personnel from Stritch host organizations abroad may also have access to this information. Additional information may be requested in order to help you develop a health management plan appropriate for your international experience.

Family/Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

International Destination(s) \_\_\_\_\_

Program Dates \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Telephone # \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

HEALTH CONDITIONS (Check where applicable)			
<input type="checkbox"/> Alcoholism/Drug Addiction	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Asthma
<input type="checkbox"/> Cancer	<input type="checkbox"/> Chronic Kidney Disease	<input type="checkbox"/> Compromised Immune System	<input type="checkbox"/> Currently Pregnant
<input type="checkbox"/> Depression	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Epilepsy/Seizures
<input type="checkbox"/> Fainting/Dizziness	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Insomnia (Sleep disorder)	<input type="checkbox"/> Migraines	<input type="checkbox"/> Specific Psychological Disorder	<input type="checkbox"/> Walking/Lifting Impairments
<input type="checkbox"/> Vision or Hearing Loss	<b>Other conditions of which Coordinators should be aware while arranging logistics or in case of emergency?</b>		

## MEDICATIONS CURRENTLY BEING USED: PLEASE CHECK AND LIST MEDICATION AND DOSAGE

- None
- Over the Counter: \_\_\_\_\_
- Prescriptions including oral contraceptives: \_\_\_\_\_
- Vitamins/Herbal: \_\_\_\_\_
- Sleep Aids: \_\_\_\_\_
- Other: \_\_\_\_\_

**DIETARY RESTRICTIONS (religious or otherwise)** \_\_\_\_\_

**SEVERE ALLERGIES (include physical reactions):** \_\_\_\_\_



# STRITCH INTERNATIONAL HEALTH SELF-DISCLOSURE FORM (PAGE TWO)

- A. Has your physical activity been restricted during the past 5 years? If yes, provide reasons and duration below.  No  Yes
- B. In the last 5 years, were you treated by a physician, psychiatrist/psychologist, drug/alcohol counselor, or other health practitioner (excluding routine check-ups)? If yes, provide details including any medications prescribed below.  No  Yes
- C. In the last 5 years, have you been hospitalized? If yes, provide details below.  No  Yes
- D. Have you ever had a serious acute illness? If yes, provide details below  No  Yes
- E. Do you have any chronic/recurrent illness or any permanent/chronic injury or physical limitation? If yes, provide details below.  No  Yes
- F. Have you had any serious physical reaction to a prescription, over-the-counter medicine or immunizations? If yes, provide details below.  No  Yes
- G. Do you have a history of asthma or any other respiratory ailment? If yes, provide details below.  No  Yes
- H. Are you currently receiving antigen/immunotherapy injections or prescription medication for an allergy? If yes, provide details below  No  Yes
- I. Have you ever experienced a period of depressed, anxious or irritable mood that lasted nearly every day for weeks? If yes, provide details below.  No  Yes
- J. Have you ever experienced a time in which you were unable to attend school or work because of stress, anxiety or depression? If yes, provide details below.  No  Yes
- K. Have you ever been so upset that you have harmed yourself, or been afraid that you might harm yourself? If yes, provide details below.  No  Yes

**Health Details: (use back as needed)**

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As an applicant to a Cardinal Stritch University international program, in the event of an emergency, I hereby authorize the release of this medical record or any medical information pertaining to me to Cardinal Stritch University personnel, to the host organization personnel as well as to emergency medical personnel in the hosting country. In the event of an emergency, I also authorize the release by Cardinal Stritch University of my medical records or other medical information pertaining to me to my designated emergency contact.

Although in most cases administration of an anesthetic, treatment of an injury, or surgery upon an individual cannot be conducted without consent of the patient, in order to prevent a dangerous delay in an emergency situation where Cardinal Stritch University is either unable to contact my designated emergency contact, or if I am unconscious or otherwise unable to give my consent, I hereby authorize the Cardinal Stritch University representative and the host organization representative to secure whatever medical treatment is deemed necessary, including administration of an anesthetic and surgery.

By signing this form I hereby verify that all of the information contained in this form (page 1-2) is accurate and complete. I acknowledge that any failure to provide accurate and complete information, including notification to Cardinal Stritch University of changes in the health information contained in this form, may result in my dismissal from the program and the corresponding costs relating to this program change. I agree to notify Cardinal Stritch University of any material changes in my health that occur prior to the start of the program or during the program period.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

