

## 2012 Cranberry Lake Biological Station PRE-REGISTRATION FORM

Print out all three pages of this form and complete. **Bring completed forms along with non-refundable deposit check for \$100** (payable to SUNY-ESF) to **Illick 12 on January 25, 2012 from 8 AM – Noon**. (NOTE: This form will not become available until 8 AM, January 25, 2012.) All later applications should be returned to 102 Bray Hall by March 9. After this date, remaining places will be advertised to other local colleges. **You are strongly advised to RESERVE YOUR PLACE AS SOON AS POSSIBLE.**

### PLEASE PRINT

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ ID#: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_ SEX: \_\_\_\_\_

COMPLETE ADDRESS WHERE YOU WILL RECEIVE MAIL IN MAY:

\_\_\_\_\_  
Street City State Zip

HOME (EMERGENCY) ADDRESS: \_\_\_\_\_

PHONE NUMBERS: LOCAL: \_\_\_\_\_ HOME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CURRENT UNIVERSITY & MAJOR: \_\_\_\_\_

COLLEGE RANK: Post... FRESH \_\_\_ SOPH \_\_\_ JR \_\_\_ SR \_\_\_ GRAD \_\_\_ OTHER \_\_\_

HAVE YOU BEEN A LEGAL RESIDENT OF NEW YORK FOR THE PAST YEAR?

YES \_\_\_\_\_ NO \_\_\_\_\_

DIETARY RESTRICTIONS (FOR FOOD SERVICE PLANNING):

ARE YOU: STRICTLY VEGETARIAN \_\_\_\_\_ VEGAN \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

## Instructions

1. For those EFB students required to take EFB 202, please select first (1) and second (2) preference between Sessions A and C.
2. For the elective classes in Sessions B and D, please rank (1-5) preferences, as you may not be placed in your first choice of class.
3. Print out all three pages of this form and complete. **Bring completed forms along with non-refundable deposit check for \$100** (payable to SUNY ESF) to **Illick 12 on January 25, 2012 from 8 AM – Noon**. (NOTE: This form will not become available until 8 AM, January 25, 2012.) All later applications should be returned to 102 Bray Hall by March 9. After this date, remaining places will be advertised to other local colleges. **You are strongly advised to RESERVE YOUR PLACE AS SOON AS POSSIBLE.**

### Session A: May 27 – June 15

EFB 202	Ecological Monitoring and Biodiversity Assessment	Staff	
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### Session B: June 17th – June 29

EFB 337	Field Ethnobotany	Kimmerer	
EFB 496/796	Field Ornithology	Shriver	
EFB 496/796	Wildlife Techniques	Frair	
EFB 496	Ecology of Adirondack Aquatic Ecosystems	Gillette	
EFB 498	Research Problems	Staff	

### Session C: July 8 – July 27

EFB 202	Ecological Monitoring and Biodiversity Assessment	Staff	
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### Session D: July 29 – August 10

EFB 327	Adirondack Flora	Leopold/Musselman	
EFB 496/796	Ecology of Adirondack Insects	Hager	
EFB 388	Adirondack Fishes	Farrell	
EFB 496/796	Philosophy and Environmental Writing	Patinelli-DuBay/Whitmore	
EFB 345	Forest Health	Teale/Castello	
EFB 498	Research Problems	Staff	

## Cranberry Lake Biological Station Voluntary Medical Disclosure Form

Name: \_\_\_\_\_

Our goal is to ensure your summer of studying at a Cranberry Lake Biological Station is enjoyable. For your safety and comfort we would like to know if there are any special circumstances that should be taken into consideration in your attendance at CLBS. The information is voluntary but our knowing may help you in the event of an emergency.

Special circumstances might include such things as, acute allergy to bee stings, allergies to medications, food allergies (we will notify the kitchen), medications that need refrigeration (we can store them for you), or physical restrictions. Please describe below if you have any concerns.

I have medication that needs refrigeration. YES \_\_\_\_ NO \_\_\_\_

I have allergies (including food allergies) to \_\_\_\_\_

I am allergic to bees. YES \_\_\_\_ NO \_\_\_\_

If YES do you have an epi-stick? YES \_\_\_\_ NO \_\_\_\_

I have diabetes. YES \_\_\_\_ NO \_\_\_\_

If YES, is it controlled by diet or medication (circle response)?

If you control by diet the kitchen will do their best to accommodate your needs.

I have asthma. YES \_\_\_\_ NO \_\_\_\_

I am taking medication and/or carry an inhaler (circle response).

I have other health concerns:

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In case of emergency please contact my physician.

Physician's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

The above information is confidential, for our records only, and as your professors are part of CLBS we feel they need to be made aware of such conditions as physical limitations, allergies, asthma and diabetes for safety reasons while in the field. This information will not, otherwise, be released without your permission outside *CLBS*.