

**SCHOHARIE RIVER CENTER**  
**Environmental Study Team**  
**2047 Burtonsville Road,**  
**Esperance, New York 12066**  
**e-mail: schoharierivrcenter@juno.com**

**TEAM MEMBER INFORMATION APPLICATION**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_, **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:** \_\_\_\_\_ **Gender:** \_\_M, \_\_F

**City/State/ZIP** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Mailing Address (if different from above)** \_\_\_\_\_  
\_\_\_\_\_

**Grade:** \_\_\_\_\_, **School Attending** \_\_\_\_\_

**Parent/Guardian names** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_, **E-Mail** \_\_\_\_\_

**Strengths and Interest Assessment, please answer the following questions.**

**1. What do you like to do out doors?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. How well do you swim?** \_\_\_\_\_

**3. Do you like to hike?**

\_\_\_\_\_

**4. Have you ever used a microscope or a telescope?** \_\_\_\_\_

\_\_\_\_\_

**5. Do you like to draw, write, make up poetry, or song lyrics?** \_\_\_\_\_

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**6. What are your favorite sports?**

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**7. What are your favorite books?** \_\_\_\_\_

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**8. Can you play any musical instruments?** \_\_\_\_\_

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**9. Do you know how to use a camera? If so, what types of cameras have you used? Digital, Video. Are you interested in learning about photography?** \_\_\_\_\_

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**10. What is your Computer experience?** \_\_\_\_\_

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**11. Do you know how to use Power Point, Excel, Word?**

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**12. Have you ever had a job?** \_\_\_\_\_

**13. Who have you worked for?** \_\_\_\_\_

**14. Do you have a driver's license?** \_\_\_\_\_

**15. Do you belong to any other organizations, Teams, Clubs?**

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**16. Do you have any allergies or medical conditions (diabetes, seizures, for example) that may require emergency hospitalization?**

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**Do you take any medication?** \_\_\_\_\_

**17. What do you plan to do after high school?** \_\_\_\_\_

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**Please rate your experience and / or interest in the following activities or skills.**

**Skill / Activity                      past experience                      want to do / learn**

**a. compass/ Map  
reading, GPS**

**b. swimming**

**c. CPR / First Aid**

**d. Hiking**

**e. Fishing**

**f. Forestry / conservation**

**g. Entomology**

**h. Archeology**

**i. Geology**

**j. Sailing**

**k. Building / construction**

**l. Photography / video**

**m. Cross country skiing**

**n. Snow shoeing**

**o. Public Speaking / Acting**

**p. Other interests**

**Schoharie River Center  
Environmental Study Team  
Parental Permission**

**Name:** \_\_\_\_\_ **age** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **phone** \_\_\_\_\_

**List any medical problems:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Current medications:** \_\_\_\_\_

**Parent Agreement:** *My son/daughter may attend and participate in all activities and programs of the Environmental Study Team (EST), a youth development Program of the Schoharie River Center.*

*I certify he/she is capable of participating in all activities. I understand that EST does not carry health or accident insurance and that I am responsible for health incurred costs.*

*I also grant the Environmental Study team and its agents full authority to take whatever action they deem necessary regarding my son's/daughter's health and safety; and I fully release the Environmental Study Team and the Schoharie River Center from any liability in connection with those decisions. I understand my son/daughter must comply with the Environmental Study Team's rules and standards of conduct. I agree the Environmental Study Team adult leaders and supervisors have the right to enforce appropriate standards of conduct.*

*Further, I give consent for the use of photographs, slides, video and audio recordings which may include my son/daughter to be used by the SRC environmental Study Team for promotional/historical materials.*

**PARENT AUTHORIZATION FOR TREATMENT:**

*In the event I cannot be reached in an EMERGENCY, I give permission for the trip leader selected by the Environmental Study Team to hospitalize and secure treatment for my son/daughter.*

*This health history is correct to the best of my knowledge, and my son/daughter, whom is named above has my permission to engage in all EST activities except those noted by me on this form.*

**Print name: Parent / Guardian** \_\_\_\_\_

**Signature: Parent / Guardian** \_\_\_\_\_