APPLICATION GUIDELINES

A. Submit **ORIGINAL** Application Packet (original signatures are required) and copies of documents to the MCA. Please do not FAX.

   Mountaineer ChalleNGe Academy
   PO Box 586
   Kingwood, WV  26537

B. Complete the **Application Packet** in blue ink. Answer all questions, leave nothing blank. State appointed guardians must sign all documents if the applicant is in State custody. Use this checklist:

   - 1. Application and Education / Employment / Legal Review
   - 2. Medical History Review
   - 4. Mentor Prospects
   - 5. Emergency Notification and Authorized Transportation List
   - 6. Acknowledgments

C. Submit a **COPY** of these documents with the Application OR bring to the Orientation event. Use this checklist:

   - 1. Official Birth Certificate – not the hospital copy
   - 2. Social Security Card OR proof of application OR request for duplicate card
   - 3. Medical Insurance Card – front and back
   - 4. Current Immunization Records including:
     - Adult Tdap (Tetanus, Diphtheria, Pertussis)
     - TB (Tuberculosis)
     - Meningitis

D. Attend an **Orientation – Processing – Interview** (OPI) event.

   1. OPI is a LONG DAY starting PROMPTLY at 10am and ending at 4pm.
   2. A letter with the OPI date will be mailed to the applicant after MCA receives the application.
   3. The Applicant AND a Parent/Legal Guardian must attend OPI to sign forms.

E. A **Mentor** is required for each Cadet. Start the process of finding your Mentor now. Visit www.wvchallenge.org and click on MENTORS to learn more about this unique part of the Program and download a Mentor Application. Submit your Mentor Application with your Cadet Application if possible. If you have questions, please call the RPM Assistant for your county.

The information provided on the application and forms required by the Mountaineer ChalleNGe Academy must be accurate and truthful. If pertinent information is withheld OR false information is provided regarding the applicant, both the safety and well-being of the applicant could be jeopardized. If pertinent information is withheld OR false information is provided regarding the applicant, the applicant would no longer be considered for admission OR could be disenrolled from the program upon discovery of such information. This program is voluntary and deals with discipline, honor and confidence. The program is not equipped to cure or deal with issues that require therapeutic or addiction care or criminal behavior.
1. **Are Mentors Required?**
   Mentors are required for every Cadet, no exceptions.

2. **What is a Mentor?**
   Most dictionaries define a Mentor as “a wise and trusted teacher or counselor”. The required Mentoring relationship is crucial to the success of the Cadet and to ChalleNGe. Mentors accept the challenge to help provide a link between the Cadet and the Academy, during both the Residential and the Post Residential Phase of the program.

3. **Where do I find a Mentor?**
   The best place to find a Mentor is from people you know: family friends, teachers, police officers, pastors / churches, neighbors, counselors, military personnel, Boys and Girls Clubs, extended family, etc. It is the family's responsibility to identify a Mentor.

4. **How many times does the Mentor have to come to the Academy?**
   Only one time! Mentors are only required to come to the Academy to attend Mentor Training and/or Matching Ceremony. All Mentors are welcomed and encouraged to attend graduation ceremonies.

5. **When is Mentor Training scheduled?**
   Multiple training sessions are available at different times on different days. Time is set aside to meet with Cadets. Parents may not attend.

6. **What are the qualifications for a mentor?**
   1. Complete the Mentor Application
      a. At least 25 years of age or older
      b. Same gender as the Cadet if possible
      c. Live in close geographic proximity to the Cadet
   2. Complete the Mentor Training
   3. Submit fingerprints for background check
      a. No felony convictions
      b. No sex offense charges
      c. No domestic battery charges
      d. No alcohol and/or substance abuse charges in the past five (5) years
   4. Limitations
      a. Not an immediate family member of the Cadet
      b. Not living in the same household as the Cadet
      c. Not the parent of a Cadet in the same class
      d. Not a current MCA Staff Member or their spouse
      e. Not more than one Cadet per class per Mentor

7. **When are Mentor Applications due?**
   Mentor applications must be received no later than Opening Day.
<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name</td>
<td>______________________________</td>
</tr>
<tr>
<td>Social Security Number</td>
<td>______________________________</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>______________________________</td>
</tr>
<tr>
<td>Age</td>
<td>________</td>
</tr>
<tr>
<td>Race</td>
<td>______________________________</td>
</tr>
<tr>
<td>Physical Address</td>
<td>______________________________</td>
</tr>
<tr>
<td>City</td>
<td>______________________________</td>
</tr>
<tr>
<td>County</td>
<td>______________________________</td>
</tr>
<tr>
<td>State</td>
<td>______________________________</td>
</tr>
<tr>
<td>Zip</td>
<td>______________________________</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>______________________________</td>
</tr>
<tr>
<td>City</td>
<td>______________________________</td>
</tr>
<tr>
<td>State</td>
<td>______________________________</td>
</tr>
<tr>
<td>Zip</td>
<td>______________________________</td>
</tr>
<tr>
<td>Home Phone</td>
<td>______________________________</td>
</tr>
<tr>
<td>Male</td>
<td>□</td>
</tr>
<tr>
<td>Female</td>
<td>□</td>
</tr>
<tr>
<td>Height</td>
<td>________</td>
</tr>
<tr>
<td>Weight</td>
<td>________</td>
</tr>
<tr>
<td>Color Hair</td>
<td>______________________________</td>
</tr>
<tr>
<td>Color Eyes</td>
<td>______________________________</td>
</tr>
<tr>
<td>Who do you live with?</td>
<td>________________________________________________________________________</td>
</tr>
<tr>
<td>Have you been a resident of the State of West Virginia for thirty (30) days or longer?</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Father</td>
<td>______________________________</td>
</tr>
<tr>
<td>Address</td>
<td>______________________________</td>
</tr>
<tr>
<td>City/State/Zip</td>
<td>______________________________</td>
</tr>
<tr>
<td>Home Phone</td>
<td>______________________________</td>
</tr>
<tr>
<td>Work Phone</td>
<td>______________________________</td>
</tr>
<tr>
<td>Cell Phone</td>
<td>______________________________</td>
</tr>
<tr>
<td>E-mail</td>
<td>______________________________</td>
</tr>
<tr>
<td>Progress Reports</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>News Release</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Mother</td>
<td>______________________________</td>
</tr>
<tr>
<td>Address</td>
<td>______________________________</td>
</tr>
<tr>
<td>City/State/Zip</td>
<td>______________________________</td>
</tr>
<tr>
<td>Home Phone</td>
<td>______________________________</td>
</tr>
<tr>
<td>Work Phone</td>
<td>______________________________</td>
</tr>
<tr>
<td>Cell Phone</td>
<td>______________________________</td>
</tr>
<tr>
<td>E-mail</td>
<td>______________________________</td>
</tr>
<tr>
<td>Progress Reports</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>News Release</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Who is your legal guardian?</td>
<td>______________________________</td>
</tr>
<tr>
<td>Additional legal guardian</td>
<td>______________________________</td>
</tr>
<tr>
<td>Address</td>
<td>______________________________</td>
</tr>
<tr>
<td>City/State/Zip</td>
<td>______________________________</td>
</tr>
<tr>
<td>Home Phone</td>
<td>______________________________</td>
</tr>
<tr>
<td>Work Phone</td>
<td>______________________________</td>
</tr>
<tr>
<td>Cell Phone</td>
<td>______________________________</td>
</tr>
<tr>
<td>E-mail</td>
<td>______________________________</td>
</tr>
<tr>
<td>□ Physical Custody</td>
<td>□ Legal Custody</td>
</tr>
<tr>
<td>□ Physical Custody</td>
<td>□ Legal Custody</td>
</tr>
<tr>
<td>Date App Received</td>
<td>______________________________</td>
</tr>
<tr>
<td>OPI Date</td>
<td>______________________________</td>
</tr>
</tbody>
</table>
Do not leave any questions blank. Name ________________________________

Date you quit school / last attended ________________________________
Reason for leaving school ___________________________________________
Have you ever been expelled or suspended from school? Yes No
Please explain: ___________________________________________________________________
Highest grade completed________ Highest grade attempted________ Credits Earned #________
Most recent school attended: ______________________ Previous school attended: ______________________
Address ______________________________________ Address: _________________________________
School phone: ________________________________ School phone: _____________________________

Most recent employment:___________________________________________ How Long?____________
Job Duties_______________________________________________________ Rate of Pay?___________
Can you return to this job? Yes No Would you like to pursue similar work? Yes No
List two possible careers for your future (1) _______________________ (2) ______________________

Have you ever been charged for anything other than a traffic ticket? Yes No
Any pending legal issues? Yes No
Explain all charges ___________________________________________________________________
Have you ever been on Probation? Yes No
Start Date:____________________ End Date:___________________
Reason for Probation:___________________________________________

Have you been on an Improvement Plan? Yes No
Start Date:____________________ End Date:___________________
Reason for Improvement Plan: _____________________________________________
Name of Probation Officer __________________________________ Phone____________________

The information provided in this application is complete, accurate and truthful.

Signature of Parent/Legal Guardian / Date ___________________________ Signature of Applicant / Date ___________________________
This review of the applicant's health history does NOT require a doctor's visit, well child appointment, or physical exam.

### IDENTIFYING INFORMATION

| Name: ____________________________ | DOB: ____________ | MCA Class # ____________________________ |
| Address: _________________________ | Age: ____________ | Responsible Adult: ______________________ |
| City/State/Zip: __________________ | Insurance: __________________ |

### FAMILY HEALTH HISTORY

**PARENTS, SIBLINGS, GRANDPARENTS HAVE/HAD:**

- □ HEART DISEASE
- □ HIGH BLOOD PRESSURE
- □ ELEVATED CHOLESTEROL
- □ KIDNEY PROBLEM
- □ DIABETES
- □ CANCER
- □ BLOOD DISORDER
- □ SEIZURES
- □ TUBERCULOSIS
- □ ASTHMA
- □ THYROID PROBLEM
- □ EARLY USE OF GLASSES
- □ ALLERGIES
- □ HIGH BLOOD PRESSURE
- □ MENTAL ILLNESS
- □ MENTAL RETARDATION
- □ SUICIDE
- □ EATING DISORDERS
- □ OBESITY
- □ DRUG / ALCOHOL ABUSE
- □ SMOKELESS TOBACCO

**HAS CHILD HAD:**

- □ MEASLES
- □ MUMPS
- □ RUBELLA
- □ CHICKEN POX
- □ HEPATITIS
- □ MENINGITIS
- □ EXPOSURE TO TB
- □ HEART MURMUR
- □ RHEUMATIC FEVER
- □ SEIZURE
- □ ASTHMA
- □ EYE OR VISION PROBLEMS
- □ ROTAVIRUS (SUDDEN SEVERE DIARRHEA & VOMITING)
- □ URINARY TRACT INFECTION
- □ FREQUENT CONSTIPATION
- □ FREQUENT DIARRHEA
- □ UPPER RESPIRATORY INFECTION
- □ HIGH OR LOW BLOOD PRESSURE
- □ ARTHRITIS, RHEUMATISM, BURSITIS
- □ GALL BLADDER TROUBLE OR STONES
- □ CHRONIC COUGH OR COLDS
- □ SHORTNESS OF BREATH
- □ HIGH BLOOD LEAD LEVEL
- □ HEAD INJURY, FAINTING, MEMORY LOSS, CONCUSSION(S)
- □ RUPTURE OR HERNIA
- □ LOSS OF FINGERS OR TOES
- □ TUMOR, CYST, CANCER
- □ THYROID TROUBLE
- □ PAIN (CIRCLE): FOOT ANKLE KNEE SHOULDER NECK
- □ OTHER

### CHILD’S NUTRITIONAL HISTORY

- □ ALLERGIES TO MEDICATION (List) ____________________________
- □ ALLERGIES TO FOOD (List) ____________________________
- □ ALLERGIES TO ENVIRONMENT (List) ____________________________
- □ SPECIAL DIET/NUTRITIONAL NEEDS ____________________________
- □ HISTORY OF EATING DISORDERS (List) ____________________________

---

MCA FORM 022A
EFFECTIVE DATE: 04/27/1998
REVISED DATE: 07/28/2016
This review of the applicant’s health history does NOT require a doctor’s visit, well child appointment, or physical exam.

### CHILD’S PSYCHOSOCIAL HISTORY

<table>
<thead>
<tr>
<th>Has Child Had Problem With:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Motor Skills</td>
<td>□ Fire Setting</td>
</tr>
<tr>
<td>□ Accident Prone</td>
<td>□ Destroys Property</td>
</tr>
<tr>
<td>□ Sleeping</td>
<td>□ Tortures Animals</td>
</tr>
<tr>
<td>□ Nightmares</td>
<td>□ Appropriate Expression of Anger</td>
</tr>
<tr>
<td>□ Bedwetting (After 6 Years)</td>
<td>□ Getting Along with Children / Peers</td>
</tr>
<tr>
<td>□ Sleepwalking</td>
<td>□ Getting Along with Siblings</td>
</tr>
<tr>
<td>□ Hearing</td>
<td>□ Getting Along with Parents / Adults</td>
</tr>
<tr>
<td>□ Supposed to Use Hearing Aid</td>
<td>□ Sexual Acting Out</td>
</tr>
<tr>
<td>□ Currently Uses Hearing Device</td>
<td>□ Concentration</td>
</tr>
<tr>
<td>□ Vision</td>
<td>□ Hyperactivity</td>
</tr>
<tr>
<td>□ Supposed to Wear Glasses</td>
<td>□ Isolation</td>
</tr>
<tr>
<td>□ Currently Uses Glasses or Contacts</td>
<td>□ Learning</td>
</tr>
<tr>
<td>□ Speech</td>
<td></td>
</tr>
</tbody>
</table>

### CHILD’S CURRENT HEALTH ASSESSMENT

<table>
<thead>
<tr>
<th>Evaluated for Special Education Services</th>
<th>□ Yes □ No</th>
<th>Date or Year:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently Has I-E-P or 504 Plan</td>
<td>□ Yes □ No</td>
<td>Reason(s) for IEP or 504:</td>
</tr>
</tbody>
</table>

Diagnosis From Educational/Psycho-Education Testing (Examples: IQ, ADD, ADHD, ODD, SLD, LD, BD, ETC):  
_____________________________________________________________________________________________________________________

Professional Counseling for  
Mental Health Diagnosis (Examples: Depression, Anxiety, Personality Disorder, ETC):  
_____________________________________________________________________________________________________________________

Treated for Depression: DR  
Attempted Suicide: Date  
Treated for Suicide Attempt: DR  
Nervous Trouble of Any Sort  
Smoking/Tobacco  
Drug / Alcohol Use  
Chronic, On-Going Illnesses (List)  
History of Hospitalizations (List all Medical, Mental Health, Behavioral)  
_____________________________________________________________________________________________________________________

Surgeries (List)  
_____________________________________________________________________________________________________________________

Broken Bones (List)  
_____________________________________________________________________________________________________________________

Has Regular Doctor: DR Date of Last Screen:  
Current Health Complaint(s):  
Current Medication(s):  
_____________________________________________________________________________________________________________________

Name of Parent or Legal Guardian: Date:  
_____________________________________________________________________________________________________________________

MCA FORM 022B  
Effective Date: 04/27/1998  
Revised Date: 01/31/2017
I authorize the Board of Education in ____________________________ County to assist the Academy in evaluating my child’s eligibility by providing a complete and confidential report containing all applicable documents.

**Previous standardized test scores – WVEIS Report 771**

Grade transcript and credit history

Permanent health record w/immunizations

Individual Education Plan and Psychological Evaluation with recommendations if you received OR were tested for Special Education services

504 Plan with Psychological Evaluation and recommendations

**APPLICATIONS**

Preference: Submit photocopies of the identified items and send them in as part of your application.

**OR IF NECESSARY**

Give a photocopy of this signed form to your school and have them send items directly to the MCA. FAX 304-329-2429

**ORIGINAL FORM GOES TO MCA**

**SCHOOL STAFF:** If this request cannot be completed at the local level, please identify the contact person where the request was forwarded.

Forwarded to: _____________________________ By: _____________________________

Phone: _____________________________ Date: _____________________________

**Most Recent School** _____________________________ **Previous School** _____________________________

School Address: _____________________________ School Address: _____________________________

City/State/Zip: _____________________________ City/State/Zip: _____________________________

School Phone: _____________________________ School Phone: _____________________________

School FAX: _____________________________ School FAX: _____________________________

Full Name of Applicant: _____________________________

Date of Birth: _____________________________ Social Security Number: _____________________________

Street Address: _____________________________

City/State/Zip: _____________________________

**Signature of Parent/Legal Guardian / Date**

**Signature of Applicant / Date**

**MAIL OR FAX TO:**

Mountaineer ChalleNGe Academy
1001 Army Road – Camp Dawson
Post Office Box 586
Kingwood, WV 26537

FAX Preferred: 304-329-2429

**FOR SCHOOL OFFICIALS ONLY**

Date of Withdrawal OR Date Last Attended

Name of School Official

Title Date

Telephone # FAX #
1. TRUTHFUL DISCLOSURE

I do hereby swear or affirm that the information I provide on the application and forms required by the Mountaineer ChalleNGe Academy are accurate, complete and truthful to the best of my knowledge. I understand that if I withhold pertinent information or provide false information regarding my child that not only can I jeopardize my child’s safety and well being but that my child may be disenrolled from the Program upon discovery of such information.

2. PRIVACY ACT RELEASE

I understand that the Mountaineer ChalleNGe Academy operates under the authority of Public Law 102-484, Sec. 1091e(2). In order to evaluate my application for admission, to assess my progress during residential training and to assist with my post-residential placement goals, I authorize the Academy to collect and use the personal data necessary at the program, state and national level. I understand that these disclosures are voluntary; however, if I do not authorize this action, I will not be selected for enrollment in the Academy.

3. RELEASE OF INFORMATION

I consent, under applicable State and Federal Laws, to the release of information concerning my participation in the Mountaineer ChalleNGe Academy. I understand that such information may be obtained from my initial application as well as any documentation generated by the Mountaineer ChalleNGe Academy and will be recorded electronically. This includes Personal Identifiable Information, training documentation for the 8 Core Components, academic training and testing, Post Residential Placement, Mentoring, and medical care. I understand this includes photographs, news releases and interviews with the Media. I consent to the release of my information as it pertains to my enrollment and training with the Academy.

4. SCHOOL ENVIRONMENT

I understand that the Mountaineer ChalleNGe Academy is a quasi-military school. The Academy is voluntary and develops academic skills, self-discipline, honor and confidence. The Academy is a hands-off program, which uses verbal control to maintain structure and discipline. It is not a juvenile detention facility and does not “lock down” Cadets. The Academy does not treat issues that require therapeutic intervention, addiction care or criminal behavior modification.

5. ELIGIBILITY

I understand the requirements for enrollment. This applicant does not have a high school diploma or equivalency certificate. This applicant is no longer attending WV public school or is academically at-risk.

Signature of Parent/Legal Guardian / Date  Signature of Applicant / Date
6. EDUCATIONAL DEVELOPMENT AND CREDENTIALS

I may receive a high school diploma from my WV home high school by achieving all required criteria; successful completion of the high school equivalency assessment, WIN certification training and the NGYCP Career and Technical Education course work. I understand that receiving a high school diploma or a high school equivalency diploma is not guaranteed but based on my individual test performance. Progress in all of the program’s 8 Core Components is required for successful completion. Educational credentials are not required for graduation from the Academy. The Mountaineer ChalleNGe Academy is recognized as a Special Alternative Education Program and is an approved Option Pathway site for all of West Virginia. I understand that if the high school diploma or high school equivalency diploma is not achieved during the Residential Phase, I may return to the high school under the Option Pathway and / or with Credit Recovery in some counties to complete the diploma. Educational backgrounds other than WV public schools (home school, private school, cyber school, etc.) will be handled on a one-to-one basis in accordance with state directives.

7. SUBSTANCE ABUSE TESTING

I acknowledge that the Academy is a drug-free program. The Academy is free of alcohol, tobacco and other illegal substances or illegally used substances. I will be screened by qualified individuals for illegal substances as a condition of my enrollment, following leave, randomly, “For Cause”, or “For Reasonable Suspicion”. If I test positive at any time, I will be immediately terminated from the Academy. I consent to these tests.

8. SECURITY SYSTEM USE

I understand that the Academy uses surveillance cameras in the buildings to facilitate the safety and security of the Cadets and Staff. The cameras are located in all areas: classrooms, gym, DFAC, hallways, living areas, and latrine. Cameras in the latrine areas are used in the case of an incident and are protected by a command lockout available only to the Director or Deputy Director. The Mountaineer ChalleNGe Academy has notified me of the use of security cameras.

9. FINANCIAL RESPONSIBILITIES

I understand that the Mountaineer ChalleNGe Academy is free to the teenagers selected to participate. However, I could incur expenses during my enrollment. I am responsible for any expenses resulting from routine medical care, medications, over the counter items, haircuts, and/or stamps. I understand that I am responsible for the clothing items and training gear issued to me by the Academy even if I do not graduate. If these items are misplaced, lost, damaged, destroyed or stolen, I am required to pay for them. I am responsible for the replacement or repair of any property that is damaged or destroyed because of my behavior. I understand that the Academy is NOT liable or responsible for my personal property.

____________________________________  _____________________________________
Signature of Parent/Legal Guardian / Date  Signature of Applicant / Date

MCA Form 006B
Effective Date:  04/20/1998
Revised Date:  01/30/2017
PLEASE PRINT CLEARLY             CADET NAME: ___________________________________

- I understand that Mentors are a requirement of the National Guard Youth ChalleNGe Program and MCA.
- I understand that the best, strongest relationships are built with positive adults in the Cadet’s life.
- I understand that more information will be provided to the Cadet and family during Orientation.
- I am identifying the following persons as possible/prospective Mentors and will discuss this opportunity with them.

<table>
<thead>
<tr>
<th>NAME/ADDRESS</th>
<th>TELEPHONE</th>
<th>GENDER M/F</th>
<th>OVER 25 Y/N</th>
<th>RELATIONSHIP TO CADET</th>
<th>NOT IMMEDIATE FAMILY</th>
<th>LIVE IN SAME HOUSEHOLD AS CADET Y/N</th>
<th>IN MILES - HOW FAR DO YOU LIVE FROM CADET</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HOME:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>WORK:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CELL:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HOME:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>WORK:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CELL:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HOME:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>WORK:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CELL:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>HOME:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>WORK:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CELL:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of Parent /Legal Guardian / Date                          Signature of Applicant / Date

MCA Form 003
Effective Date: 05/30/2013
Revised Date: 07/27/2016
**Mountaineer ChalleNGe Academy**

**EMERGENCY NOTIFICATION / AUTHORIZED TRANSPORTATION**

**PLEASE PRINT CLEARLY**

**CADET NAME:** ______________________________

Prioritize who may be notified in case of emergency and/or who is authorized to transport.
1. List ALL parents/legal guardians
2. Provide 3 additional names and contact numbers from different households

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>HOME PHONE</th>
<th>WORK PHONE</th>
<th>CELL PHONE</th>
<th>EMERGENCY</th>
<th>TRANSPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. I acknowledge that the Academy will call down the list until one person has been notified.
2. I acknowledge that only authorized persons over the age of twenty-one (21) with a valid drivers license may transport Cadets.
3. I acknowledge that Cadets will not be released to anyone suspected of being under the influence of drugs or alcohol.

MCA Form 004
Effective Date: 04/09/1998
Revised Date: 07/28/2016

Signature of Parent/Legal Guardian / Date