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

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. Release of Legal Records
- 5. Acknowledgments
- 6. Mentor Prospects
- 7. Emergency Notification and Authorized Transportation List

C. Submit a **COPY** of these documents with the Application OR bring to the Orientation event. Use the 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 10:00am and ending at 3:30pm.
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](http://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.

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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 Mentor Visitation Day and the Graduation Ceremony.

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. MCA will contact the Mentor directly to schedule training.

6. What are the qualifications for a Mentor?  
A. Complete the Mentor Application  
   i. At least 25 years of age or older  
   ii. Same gender as the Cadet if possible  
   iii. Live in close geographic proximity to the Cadet  
B. Complete the Mentor Training  
C. Submit fingerprints for background check  
   i. No felony convictions  
   ii. No sex offense charges  
   iii. No domestic battery charges  
   iv. No alcohol and/or substance abuse charges in the past five (5) years  
D. Limitations  
   i. Not an immediate family member of the Cadet  
   ii. Not living in the same household as of the Cadet  
   iii. Not the parent of a Cadet in the same class  
   iv. Not a current MCA Staff member or their spouse  
   v. 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.
Do not leave any questions blank. Do not FAX your application.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>Age</td>
</tr>
<tr>
<td>Physical Address</td>
<td>County</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>State</td>
</tr>
<tr>
<td>City</td>
<td>Home Phone</td>
</tr>
<tr>
<td>Height</td>
<td>Weight</td>
</tr>
<tr>
<td>Color Hair</td>
<td>Color Eyes</td>
</tr>
</tbody>
</table>

Who do you live with? __________________________________________

Have you been a resident of the State of West Virginia for thirty (30) days or longer? □ Yes □ No

<table>
<thead>
<tr>
<th>Father</th>
<th>Step-Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>City/State/Zip</td>
<td>City/State/Zip</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Home Phone</td>
</tr>
<tr>
<td>Work Phone</td>
<td>Work Phone</td>
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<tr>
<td>Cell Phone</td>
<td>Cell Phone</td>
</tr>
<tr>
<td>Email</td>
<td>Email</td>
</tr>
<tr>
<td>Progress Report □ Yes □ No</td>
<td>News Release □ Yes □ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mother</th>
<th>Step-Mother</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Address</td>
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<tr>
<td>City/State/Zip</td>
<td>City/State/Zip</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Home Phone</td>
</tr>
<tr>
<td>Work Phone</td>
<td>Work Phone</td>
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<td>Cell Phone</td>
<td>Cell Phone</td>
</tr>
<tr>
<td>Email</td>
<td>Email</td>
</tr>
<tr>
<td>Progress Report □ Yes □ No</td>
<td>News Release □ Yes □ No</td>
</tr>
</tbody>
</table>

Who is your legal guardian? __________________________________________

<table>
<thead>
<tr>
<th>Additional Legal Guardian</th>
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<tbody>
<tr>
<td>Address</td>
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<td>City/State/Zip</td>
</tr>
<tr>
<td>Home Phone</td>
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<tr>
<td>Work Phone</td>
</tr>
<tr>
<td>Cell Phone</td>
</tr>
<tr>
<td>Email</td>
</tr>
<tr>
<td>□ Physical Custody □ Legal Custody</td>
</tr>
</tbody>
</table>

FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>DATE APP RECEIVED</th>
<th>OPI DATE</th>
</tr>
</thead>
</table>

MCA Form 019A
Effective Date: 04/27/1998
Reviewed Date: 02/03/2020
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 Charges 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 Ever 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

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
<th>MCA Class #</th>
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</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Age:</td>
<td>Responsible Adult:</td>
</tr>
<tr>
<td>City/State/Zip:</td>
<td>Insurance:</td>
<td></td>
</tr>
</tbody>
</table>

### FAMILY HEALTH HISTORY

**PARENTS, SIBLINGS, GRANDPARENTS HAVE/HAD:**
- [ ] HEART DISEASE
- [ ] HIGH BLOOD PRESSURE
- [ ] ELEVATED CHOLESTEROL
- [ ] KIDNEY PROBLEM
- [ ] DIABETES
- [ ] CANCER
- [ ] BLOOD DISORDER
- [ ] MENTAL ILLNESS
- [ ] MENTAL RETARDATION
- [ ] SUICIDE
- [ ] EATING DISORDERS
- [ ] OBESITY
- [ ] DRUG/ALCOHOL ABUSE
- [ ] Cigarette/Cigar Use
- [ ] SMOKELESS TOBACCO

### CHILD’S HEALTH HISTORY

**HAS CHILD HAD:**
- [ ] MEASLES
- [ ] MUMPS
- [ ] RUBELLA
- [ ] CHICKEN POX
- [ ] HEPATITIS
- [ ] MENINGITIS
- [ ] EXPOSURE TO TB
- [ ] HEART MURMUR
- [ ] RHEUMATIC FEVER
- [ ] SEIZURE
- [ ] ASTHMA
- [ ] EAR INFECTION
- [ ] STREP THROAT
- [ ] CONJUNCTIVITIS
- [ ] KIDNEY STONES
- [ ] DIABETES
- [ ] SKIN DISEASE
- [ ] SCARLET FEVER
- [ ] MENSES
- [ ] STD
- [ ] CHILDREN OF OWN
- [ ] 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)
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>Problem</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor Skills</td>
<td></td>
<td></td>
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<tr>
<td>Accident Prone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sleeping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nightmares</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bedwetting (after 6 years)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victim of Mental Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victim of Sexual Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supposed to use hearing aid</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currently uses hearing device</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supposed to wear glasses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currently uses glasses or contacts</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Child’s Current Health Assessment

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
<th>Date or Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevated for special education services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Currently has I-E-P or 504 plan</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Diagnosis from educational/psycho-education testing (Examples: IQ, ADD, ADHD, ODD, SLD, LD, BD, etc):

Mental health diagnosis (Examples: Depression, Anxiety, Personality Disorder, etc):

Professional counseling:

Treated for depression: Dr

Attempted suicide: Date

Treated for suicide attempt: Dr

Nervous trouble of any sort:

Smoking / Tobacco:

Drug / Alcohol use:

Chronic, ongoing illnesses (list):

History of hospitalizations / placements (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):

Signature of parent or legal guardian: ___________________________ Date: __________________

Mountaineer ChalleNGe Academy

MCA Form 022B
Effective Date: 04/27/1998
Reviewed Date: 02/03/2020
MCA WILL PROCESS THIS DOCUMENT WITH THE SCHOOL. APPLICATION CANNOT BE PROCESSED WITHOUT THIS DOCUMENTATION.

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

APPLICANTS
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
PO 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 # ____________________________

Effective Date: 04/20/1998 Reviewed Date: 02/03/2020
This form is required to do a background check on all Applicants. Even if you have never been involved with the court, documentation to verify that information is required. Application cannot be processed without this original signed document.

I authorize the Juvenile Probation Office(s) in ___________________________ County to assist the Academy in evaluating my child’s eligibility by providing a complete and confidential report containing all applicable documents.

**Current report status**

- Final orders for previous legal involvements
- Informal or Formal Improvement Plan requirements
- Informal or Formal Probation requirements
- Copies of court ordered Psychological Evaluations

**APPLICANTS**

Obtain photocopies of the identified items and send them in as part of your application.

OR

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

ORIGINAL FORM GOES TO MCA

---

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
PO Box 586
Kingwood WV 26537
FAX Preferred: 304-329-2429

FOR OFFICIAL USE ONLY

☐ REPORT ATTACHED ☐ NO RECORD FOUND

Name of Probation Officer: ____________________________

Title: ____________________________ Date: ____________________________

Telephone #: ____________________________ Fax #: ____________________________

---

MCA Form 008
Effective Date: 04/20/1998
Reviewed Date: 02/03/2020
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. I understand that I am required to notify the Academy if there are any changes to my child's application information, including but not limited to address, phone number, insurance information, custody/guardianship, physical/mental health, or legal status.

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  ____________________________  ____________________________

MCA Form 006A
Effective Date: 04/20/1998
Reviewed Date: 02/03/2020
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 an 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 for pre-existing medical conditions, 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 may be required to pay for them. I may be 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:  02/14/2020
- 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. NOTE: MUST HAVE AT LEAST ONE NAME.

<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 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>HOME:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WORK:</td>
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<tr>
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<td>CELL:</td>
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Signature of Parent / Legal Guardian / Date

Signature of Applicant / Date

MCA Form 003
Effective Date 05/30/2013
Revised Date 02/08/2019
**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 first
2. Provide 3 additional names and contact numbers

<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>
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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 driver’s 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.

__________________________
Signature of Parent/Legal Guardian / Date