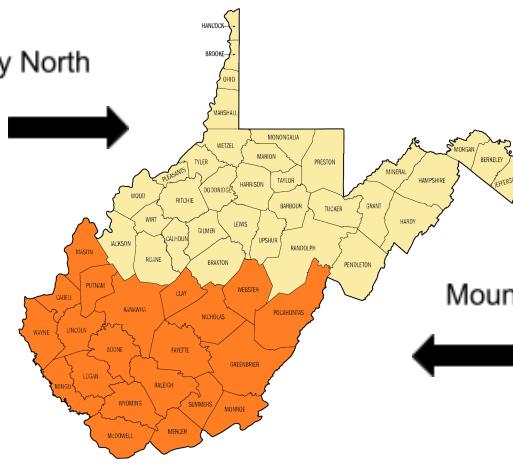


**APPLICATION GUIDELINES**

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 North  
 Attn: Admissions  
 PO Box 586  
 Kingwood WV 26537



Mountaineer Challenge Academy South  
 Attn: Admissions  
 PO Box 177  
 Montgomery WV 25136

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
- 3. Release of School Records – Sign and return. MCA will process with school.
- 4. Release of Legal Records
- 5. Acknowledgments
- 6. Emergency Notification and Authorized Transportation List

C. Participate in an **Orientation – Processing – Interview (OPI)** event.

1. OPI is a LONG DAY starting PROMPTLY at 10:00 am and ending at 3:30 pm.
2. A letter with the OPI date will be mailed or emailed to the Applicant after MCA receives the application.
3. The Applicant AND a Parent/Legal Guardian must attend OPI to sign forms.
4. You will be required to submit the following documents no later than your scheduled orientation.

- Official Birth Certificate
- Social Security Card OR proof of application OR request for duplicate card
- Custody paperwork - if applicable
- Medical Insurance Card - front and back
- Current Immunization Records including:
  - Adult Tdap (Tetanus, Diphtheria, Pertussis)
  - TB (Tuberculosis)
  - Meningitis

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.



## Mountaineer ChalleNGe Academy

### APPLICATION

**Do not leave any questions blank. Do not FAX your application.**

Full Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Race \_\_\_\_\_

Physical Address \_\_\_\_\_

County \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

□ Male      □ Female

Height \_\_\_\_\_ Weight \_\_\_\_\_

Color Hair \_\_\_\_\_ Color Eyes \_\_\_\_\_

Who do you live with? \_\_\_\_\_

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

Father \_\_\_\_\_

Step-Father \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Progress Report  Yes  No      News Release  Yes  No

News Release  Yes  No

Mother \_\_\_\_\_

Step-Mother \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Progress Report  Yes  No      News Release  Yes  No

News Release  Yes  No

Who is your legal guardian? \_\_\_\_\_

Additional Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Physical Custody       Legal Custody

Physical Custody       Legal Custody



Mountaineer ChalleNGe Academy

**EDUCATION / EMPLOYMENT / LEGAL REVIEW**

Do not leave any questions blank. Name \_\_\_\_\_

Date You Quit School / Last Attended \_\_\_\_\_  Still Enrolled

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

Yes  No

Ticket? 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



## Mountaineer ChalleNGe Academy

### MEDICAL HISTORY REVIEW (page 1 of 2)

This review of the applicant's health history does NOT require a doctor's visit, well child appointment, or physical exam.

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

#### FAMILY HEALTH HISTORY

**BIOLOGICAL PARENTS, SIBLINGS, GRANDPARENTS HAVE/HAD:** (If yes, what is the relationship to the Cadet?)

<input type="checkbox"/> HEART DISEASE (< AGE 55)	<input type="checkbox"/> TUBERCULOSIS	<input type="checkbox"/> SUICIDE
<input type="checkbox"/> HIGH BLOOD PRESSURE	<input type="checkbox"/> ASTHMA	<input type="checkbox"/> EATING DISORDERS
<input type="checkbox"/> ELEVATED CHOLESTEROL	<input type="checkbox"/> THYROID PROBLEM	<input type="checkbox"/> OBESITY
<input type="checkbox"/> KIDNEY PROBLEM	<input type="checkbox"/> EYE DISORDERS	<input type="checkbox"/> DRUG / ALCOHOL ABUSE
<input type="checkbox"/> DIABETES	<input type="checkbox"/> ALLERGIES	<input type="checkbox"/> CHRONIC COUGH UNK ORIGIN
<input type="checkbox"/> CANCER	<input type="checkbox"/> SUDDEN UNEXPLAINED DEATH	<input type="checkbox"/> FAINTING DURING EXERCISE
<input type="checkbox"/> BLOOD DISORDER	<input type="checkbox"/> MENTAL ILLNESS	<input type="checkbox"/> FOSTER/ADOPTED-UNK FAMILY HISTORY
<input type="checkbox"/> SEIZURES	<input type="checkbox"/> MENTAL RETARDATION	

#### CHILD'S HEALTH HISTORY

**HAS CHILD HAD:**

<input type="checkbox"/> ANEMIA	<input type="checkbox"/> PHYSICAL ABUSE / NEGLECT
<input type="checkbox"/> FREQUENT HEADACHES	<input type="checkbox"/> EYE OR VISION PROBLEMS
<input type="checkbox"/> EAR INFECTION	<input type="checkbox"/> URINARY TRACT INFECTION
<input type="checkbox"/> MISSING ORGANS	<input type="checkbox"/> FREQUENT CONSTIPATION
<input type="checkbox"/> HEPATITIS	<input type="checkbox"/> FREQUENT DIARRHEA
<input type="checkbox"/> MENINGITIS	<input type="checkbox"/> HIGH BLOOD LEAD LEVEL
<input type="checkbox"/> EXPOSURE TO TB	<input type="checkbox"/> HIGH OR LOW BLOOD PRESSURE
<input type="checkbox"/> HEART MURMUR	<input type="checkbox"/> ARTHRITIS, RHEUMATISM BURSITIS
<input type="checkbox"/> RHEUMATIC FEVER	<input type="checkbox"/> GALL BLADDER TROUBLE OR STONES
<input type="checkbox"/> SEIZURE	<input type="checkbox"/> HERNIA
<input type="checkbox"/> ASTHMA	<input type="checkbox"/> HEAD INJURY, MEMORY LOSS, CONCUSSION(S)
<input type="checkbox"/> CHRONIC COUGH OR COLDS	<input type="checkbox"/> FAINTING (IF YES, DURING EXERCISE?)
<input type="checkbox"/> SHORTNESS OF BREATH	<input type="checkbox"/> DIZZINESS OR NEAR FAINTING
<input type="checkbox"/> KIDNEY STONES	<input type="checkbox"/> LOSS OF FINGERS OR TOES
<input type="checkbox"/> DIABETES	<input type="checkbox"/> TUMOR, CYST, CANCER
<input type="checkbox"/> SKIN DISEASE	<input type="checkbox"/> THYROID TROUBLE
<input type="checkbox"/> MENSES <input type="checkbox"/> REGULAR	<input type="checkbox"/> PAIN (CIRCLE): FOOT ANKLE KNEE
<input type="checkbox"/> HEAVY	LEG HIP BACK WRIST ELBOW
<input type="checkbox"/> PROBLEMS	SHOULDER NECK
<input type="checkbox"/> STD	<input type="checkbox"/> CURRENT BMI
<input type="checkbox"/> CHILDREN OF OWN	<input type="checkbox"/> CURRENT VITAMIN D LEVEL
<input type="checkbox"/> PREGNANCIES (#)	<input type="checkbox"/> ACTIVITY LEVEL <input type="checkbox"/> NO REGULAR ACTIVITY
<input type="checkbox"/> OTHER	<input type="checkbox"/> OCCASIONAL LIGHT EXERCISE
<input type="checkbox"/> OTHER	<input type="checkbox"/> REGULAR EXERCISE

#### 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) \_\_\_\_\_



## Mountaineer ChalleNGe Academy

### MEDICAL HISTORY REVIEW (page 2 of 2)

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

HAS CHILD HAD A PROBLEM WITH:

- MOTOR SKILLS
- ACCIDENT PRONE
- SLEEPING
- NIGHTMARES
- BEDWETTING (AFTER 6 YEARS) \_\_\_\_\_
- SLEEPWALKING
- VICTIM OF MENTAL ABUSE \_\_\_\_\_
- VICTIM OF SEXUAL ABUSE \_\_\_\_\_
- HEARING
- SUPPOSED TO USE HEARING AID \_\_\_\_\_
- CURRENTLY USES HEARING DEVICE \_\_\_\_\_
- VISION
- SUPPOSED TO WEAR GLASSES \_\_\_\_\_
- CURRENTLY USES GLASSES OR CONTACTS \_\_\_\_\_

- FIRE SETTING
- DESTROYS PROPERTY
- TORTURES ANIMALS
- APPROPRIATE EXPRESSION OF ANGER
- GETTING ALONG WITH CHILDREN/PEERS
- GETTING ALONG WITH SIBLINGS
- GETTING ALONG WITH PARENTS/ADULTS
- SEXUAL ACTING OUT
- CONCENTRATION
- HYPERACTIVITY
- ISOLATION
- LEARNING
- SPEECH

#### CHILD'S CURRENT HEALTH ASSESSMENT

EVALUATED FOR SPECIAL EDUCATION SERVICES  YES  NO DATE OR YEAR: \_\_\_\_\_

CURRENTLY HAS I-E-P OR 504 PLAN  YES  NO REASON(S) FOR IEP OR 504: \_\_\_\_\_

DIAGNOSIS FROM EDUCATION/PSYCHO-EDUCATION TESTING (EXAMPLES: IQ, ADD, ADHD, ODD, SLD, LD, BD, ETC.): \_\_\_\_\_

MENTAL HEALTH DIAGNOSIS (EXAMPLES: DEPRESSION, ANXIETY, PERSONALITY DISORDER, ETC.): \_\_\_\_\_

PROFESSIONAL COUNSELING FOR: \_\_\_\_\_

TREATED FOR DEPRESSION: DR. \_\_\_\_\_

ATTEMPTED SUICIDE: DATE \_\_\_\_\_

TREATED FOR SUICIDE ATTEMPT: DR. \_\_\_\_\_

NERVOUS TROUBLE OF ANY SORT: \_\_\_\_\_

SMOKING/TOBACCO: \_\_\_\_\_

DRUG/ALCOHOL USE: \_\_\_\_\_

HISTORY OF HOSPITALIZATION/PLACEMENTS (LIST ALL MEDICAL, MENTAL HEALTH, BEHAVIORAL): \_\_\_\_\_

SURGERIES (LIST): \_\_\_\_\_

BROKEN BONES (LIST): \_\_\_\_\_

HAS REGULAR DOCTOR: \_\_\_\_\_

CURRENT MEDICATION(S): \_\_\_\_\_

RECENT TRAVEL OUTSIDE OF STATE/COUNTRY IN PAST 6 MONTHS  YES  NO WHERE \_\_\_\_\_ WHEN \_\_\_\_\_

SIGNATURE OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_



## Mountaineer ChalleNGe Academy

### CONSENT FOR RELEASE OF SCHOOL RECORDS

**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.

MCA-North Fax 304-329-2429  
MCA-South Fax 304-442-8849

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

**Mountaineer ChalleNGe Academy South**  
PO Box 177  
Montgomery WV 25136  
**FAX Preferred: 304-442-8849**

#### **FOR SCHOOL OFFICIALS ONLY**

\_\_\_\_\_

Date of Withdrawal OR Date Last Attended

\_\_\_\_\_

Name of School Official

Title \_\_\_\_\_

Date \_\_\_\_\_

Telephone # \_\_\_\_\_

Fax # \_\_\_\_\_



## Mountaineer ChalleNGe Academy

### CONSENT FOR RELEASE OF LEGAL RECORDS

By signing below, you are authorizing \_\_\_\_\_ County Juvenile Justice to verify and release your adjudication history. For youth currently supervised, you are authorizing Juvenile Justice to verify and release information or court orders, probation, or other conditions (terms of supervision) to the Youth Challenge program to determine your eligibility. Applicants must not be under indictment or ever convicted of a felony (or any crime that would be considered to be a felony if perpetrated by an adult), and not currently on parole or probation for other than juvenile status offenses or misdemeanors.

Current report status examples:

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

#### MAIL OR FAX TO:

**Mountainer Challenge Academy-North**  
PO Box 586  
Kingwood, WV 26537  
FAX Preferred: 304-329-2429

**Mountaineer Challenge Academy-South**  
PO Box 177  
Montgomery, WV 25136  
FAX Preferred: 304-442-8849

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**

#### FOR OFFICIAL USE ONLY

I, \_\_\_\_\_, juvenile probation officer or authorized Juvenile Justice Representative, for Youth Challenge program applicant above, declare that he/she is not currently under indictment, or ever convicted of a felony (or any crime that would be considered to be a felony if perpetrated by an adult), and not currently on parole or probation for other than juvenile status offenses or misdemeanors. If currently supervised, he/she does not have unresolved or pending felony charges, and I support their attendance.

Report Attached       No Record Found

\_\_\_\_\_  
Juvenile Justice Staff Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone Number



**ACKNOWLEDGEMENTS (page 1 of 2)**

CADET NAME: \_\_\_\_\_

**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. CADET SEARCHES**

Cadet searches can be performed during intake, return from pass, return from absence without leave, or in suspicious circumstances authorized by Senior Staff. Cadet searches will be performed under camera surveillance and will not require Cadets to disrobe to less than the minimum physical training (PT) uniform. Metal detecting wands can also be authorized to facilitate searches of a Cadet's person.

Signature of Parent/Legal Guardian / Date

Signature of Applicant / Date



## Mountaineer ChalleNGe Academy

### ACKNOWLEDGEMENTS (page 2 of 2)

CADET NAME: \_\_\_\_\_

#### 6. 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.

#### 7. 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 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.

#### 8. 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.

#### 9. 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.

#### 10. 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



Mountainer 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 first
2. Provide 3 additional names and contact numbers

	NAME	RELATIONSHIP	HOME PHONE	WORK PHONE	CELL PHONE	EMERGENCY	TRANSPORT
1						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.