



Mountaineer Challenge Academy

APPLICATION GUIDELINES

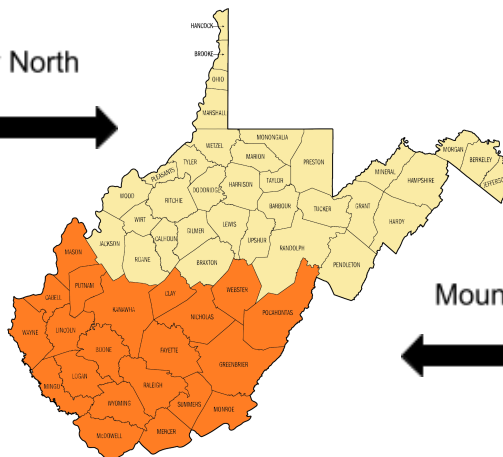
- A. Submit **ORIGINAL** Application Packet (original signatures are required) and copies of documents to the MCA. Please do not FAX or EMAIL.

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 _____	State _____ Zip _____
City _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone _____	Color Hair _____ Color Eyes _____
Height _____ Weight _____	
Who do you live with? _____	
Have you been a resident of the State of West Virginia for thirty (30) days or longer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Father _____
Address _____
City/State/Zip _____
Home Phone _____
Work Phone _____
Cell Phone _____
Email _____
Progress Report <input type="checkbox"/> Yes <input type="checkbox"/> No News Release <input type="checkbox"/> Yes <input type="checkbox"/> No

Step-Father _____
Address _____
City/State/Zip _____
Home Phone _____
Work Phone _____
Cell Phone _____
Email _____
News Release <input type="checkbox"/> Yes <input type="checkbox"/> No

Mother _____
Address _____
City/State/Zip _____
Home Phone _____
Work Phone _____
Cell Phone _____
Email _____
Progress Report <input type="checkbox"/> Yes <input type="checkbox"/> No News Release <input type="checkbox"/> Yes <input type="checkbox"/> No

Step-Mother _____
Address _____
City/State/Zip _____
Home Phone _____
Work Phone _____
Cell Phone _____
Email _____
News Release <input type="checkbox"/> Yes <input type="checkbox"/> No

Who is your legal guardian? _____
Address _____
City/State/Zip _____
Home Phone _____
Work Phone _____
Cell Phone _____
Email _____
<input type="checkbox"/> Physical Custody <input type="checkbox"/> Legal Custody

Additional Legal Guardian _____
Address _____
City/State/Zip _____
Home Phone _____
Work Phone _____
Cell Phone _____
Email _____
<input type="checkbox"/> Physical Custody <input type="checkbox"/> Legal Custody

FOR OFFICE USE ONLY	
DATE APP RECEIVED	OPI DATE



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"/> <input type="checkbox"/> HEAVY _____ | <input type="checkbox"/> LEG HIP BACK WRIST ELBOW _____ |
| <input type="checkbox"/> <input type="checkbox"/> PROBLEMS _____ | <input type="checkbox"/> 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) _____



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:

- | | |
|---|--|
| <input type="checkbox"/> MOTOR SKILLS | <input type="checkbox"/> FIRE SETTING |
| <input type="checkbox"/> ACCIDENT PRONE | <input type="checkbox"/> DESTROYS PROPERTY |
| <input type="checkbox"/> SLEEPING | <input type="checkbox"/> TORTURES ANIMALS |
| <input type="checkbox"/> NIGHTMARES | <input type="checkbox"/> APPROPRIATE EXPRESSION OF ANGER |
| <input type="checkbox"/> BEDWETTING (AFTER 6 YEARS) _____ | <input type="checkbox"/> GETTING ALONG WITH CHILDREN/PEERS |
| <input type="checkbox"/> SLEEPWALKING | <input type="checkbox"/> GETTING ALONG WITH SIBLINGS |
| <input type="checkbox"/> VICTIM OF MENTAL ABUSE _____ | <input type="checkbox"/> GETTING ALONG WITH PARENTS/ADULTS |
| <input type="checkbox"/> VICTIM OF SEXUAL ABUSE _____ | <input type="checkbox"/> SEXUAL ACTING OUT |
| <input type="checkbox"/> HEARING | <input type="checkbox"/> CONCENTRATION |
| <input type="checkbox"/> SUPPOSED TO USE HEARING AID _____ | <input type="checkbox"/> HYPERACTIVITY |
| <input type="checkbox"/> CURRENTLY USES HEARING DEVICE _____ | <input type="checkbox"/> ISOLATION |
| <input type="checkbox"/> VISION | <input type="checkbox"/> LEARNING |
| <input type="checkbox"/> SUPPOSED TO WEAR GLASSES _____ | <input type="checkbox"/> SPEECH |
| <input type="checkbox"/> CURRENTLY USES GLASSES OR CONTACTS _____ | |

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: _____

School Address: _____

City/State/Zip: _____

School Phone: _____

School FAX: _____

Previous School: _____

School Address: _____

City/State/Zip: _____

School Phone: _____

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:

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

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



Mountaineer ChalleNGe Academy

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



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



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 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.