



## 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.  
Mountaineer Challenge Academy  
PO Box 586  
Kingwood, WV 26537
- B. Complete the **Application Packet** in blue ink. (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 Health Check
  - 3. Release of School Records
  - 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 OPI. 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](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.

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

# FREQUENTLY ASKED QUESTIONS ABOUT MENTORING

### 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?

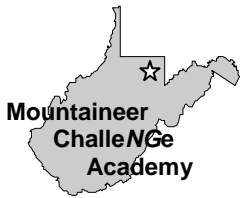
Multiple training sessions are available at different times on different days. Time is set aside to meet with Cadets. Parents may not attend.

### 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.



**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 \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Progress Reports  Yes  No News Release  Yes  No

Step-Father \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 News Release  Yes  No

Mother \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Mother's Maiden Name \_\_\_\_\_  
 Progress Reports  Yes  No News Release  Yes  No

Step-Mother \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 News Release  Yes  No

Who is your legal guardian? \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Physical Custody  Legal Custody

Additional legal guardian \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_  
 Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Physical Custody  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 ticket?    Yes    No

Any pending legal issues?    Yes    No

Explain all charges \_\_\_\_\_

Are you currently on probation or an improvement plan?    Yes    No

Explain why: \_\_\_\_\_

Have you ever been on probation or an improvement plan?    Yes    No    Date Ended \_\_\_\_\_

Explain why: \_\_\_\_\_

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 Health Check (Page 1 of 2)**

**IDENTIFYING INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ MCA Class # \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Responsible Adult: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Insurance \_\_\_\_\_

**FAMILY HEALTH HISTORY**

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

<input type="checkbox"/> HEART DISEASE	<input type="checkbox"/> SEIZURES	<input type="checkbox"/> MENTAL ILLNESS
<input type="checkbox"/> HIGH BLOOD PRESSURE	<input type="checkbox"/> TUBERCULOSIS	<input type="checkbox"/> MENTAL RETARDATION
<input type="checkbox"/> ELEVATED CHOLESTEROL	<input type="checkbox"/> ASTHMA	<input type="checkbox"/> SUICIDE
<input type="checkbox"/> KIDNEY PROBLEM	<input type="checkbox"/> THYROID PROBLEM	<input type="checkbox"/> EATING DISORDERS
<input type="checkbox"/> DIABETES	<input type="checkbox"/> EYE DISORDERS	<input type="checkbox"/> OBESITY
<input type="checkbox"/> CANCER	<input type="checkbox"/> EARLY USE OF GLASSES	<input type="checkbox"/> DRUG / ALCOHOL ABUSE
<input type="checkbox"/> BLOOD DISORDER	<input type="checkbox"/> ALLERGIES	<input type="checkbox"/> CIGARETTE / CIGAR USE
		<input type="checkbox"/> SMOKELESS TOBACCO

**CHILD'S HEALTH HISTORY**

**HAS CHILD HAD:**

<input type="checkbox"/> MEASLES	<input type="checkbox"/> PHYSICAL ABUSE / NEGLECT
<input type="checkbox"/> MUMPS	<input type="checkbox"/> EYE OR VISION PROBLEMS
<input type="checkbox"/> RUBELLA	<input type="checkbox"/> ROTAVIRUS (SUDDEN SEVERE DIARRHEA & VOMITING)
<input type="checkbox"/> CHICKEN POX	<input type="checkbox"/> URINARY TRACT INFECTION
<input type="checkbox"/> HEPATITIS	<input type="checkbox"/> FREQUENT CONSTIPATION
<input type="checkbox"/> MENINGITIS	<input type="checkbox"/> FREQUENT DIARRHEA
<input type="checkbox"/> EXPOSURE TO TB	<input type="checkbox"/> UPPER RESPIRATORY INFECTION
<input type="checkbox"/> HEART MURMUR _____	<input type="checkbox"/> HIGH OR LOW BLOOD PRESSURE _____
<input type="checkbox"/> RHEUMATIC FEVER	<input type="checkbox"/> ARTHRITIS, RHEUMATISM, BURSITIS _____
<input type="checkbox"/> SEIZURE _____	<input type="checkbox"/> GALL BLADDER TROUBLE OR STONES _____
<input type="checkbox"/> ASTHMA _____	<input type="checkbox"/> CHRONIC COUGH OR COLDS
<input type="checkbox"/> EAR INFECTION	<input type="checkbox"/> SHORTNESS OF BREATH
<input type="checkbox"/> STREP THROAT	<input type="checkbox"/> HIGH BLOOD LEAD LEVEL
<input type="checkbox"/> CONJUNCTIVITIS	<input type="checkbox"/> HEAD INJURY, FAINTING, MEMORY LOSS, CONCUSSION(S) _____
<input type="checkbox"/> KIDNEY STONES	<input type="checkbox"/> RUPTURE OR HERNIA
<input type="checkbox"/> DIABETES _____	<input type="checkbox"/> LOSS OF FINGERS OR TOES _____
<input type="checkbox"/> SKIN DISEASE	<input type="checkbox"/> TUMOR, CYST, CANCER _____
<input type="checkbox"/> SCARLET FEVER	<input type="checkbox"/> THYROID TROUBLE _____
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> PAIN (CIRCLE): FOOT ANKLE
<input type="checkbox"/> KNEE _____	

**CHILD'S DEVELOPMENTAL HISTORY**

<input type="checkbox"/> MENSES	<input type="checkbox"/> PENILE DISCHARGE	<input type="checkbox"/> CHILDREN _____
<input type="checkbox"/> CONTRACEPTION		<input type="checkbox"/> TESTICULAR PROBLEM

\_\_\_\_\_

**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 Health Check (Page 2 of 2)**

**CHILD'S PSYCHOSOCIAL HISTORY**

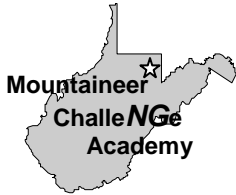
HAS CHILD HAD PROBLEM WITH:

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

**CHILD'S CURRENT HEALTH ASSESSMENT**

DIAGNOSIS FROM EDUCATIONAL TESTING: \_\_\_\_\_  
\_\_\_\_\_  
CURRENTLY HAS I-E-P OR 504 PLAN \_\_\_\_\_  
EVALUATED FOR SPECIAL EDUCATION SERVICES \_\_\_\_\_  
PROFESSIONAL COUNSELING FOR \_\_\_\_\_  
DEPRESSION DIAGNOSED: DATE \_\_\_\_\_  
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) \_\_\_\_\_  
\_\_\_\_\_  
SURGERIES (List) \_\_\_\_\_  
\_\_\_\_\_  
BROKEN BONES (List) \_\_\_\_\_  
HAS REGULAR DOCTOR: DR \_\_\_\_\_ DATE OF LAST SCREEN: \_\_\_\_\_  
CURRENT HEALTH COMPLAINT(S) \_\_\_\_\_  
CURRENT MEDICATION(S): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
CURRENT HEALTH STATUS:  GOOD  FAIR  POOR

NAME OF INDIVIDUAL COMPLETING FORM: \_\_\_\_\_ DATE: \_\_\_\_\_



**Mountaineer Challenge Academy**

**CONSENT FOR RELEASE OF SCHOOL RECORDS**

**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.

<p>Previous standardized test scores – WVEIS Report 771</p> <p>Grade transcript and credit history</p> <p>Permanent health record w/immunizations</p> <p>Individual Education Plan and Psychological Evaluation with recommendations if you received OR were tested for Special Education services</p> <p>504 Plan with Psychological Evaluation and recommendations</p>	<p align="center"><b><u>APPLICANTS</u></b></p> <p>Preference: Submit photocopies of the identified items and send them in as part of your application.</p> <p align="center"><b>OR IF NECESSARY</b></p> <p>Give a <u>photocopy</u> of this signed form to your school and have them send items directly to the MCA. FAX 304-329-2429</p> <p align="center"><b>ORIGINAL FORM GOES TO MCA</b></p>
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**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: \_\_\_\_\_

Full Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Applicant's Signature / Date: \_\_\_\_\_

Parent / Legal Guardian Signature / Date: \_\_\_\_\_

Most Recent School _____	Previous School _____
School Address: _____	School Address: _____
City/State/Zip: _____	City/State/Zip: _____
School Phone: _____	School Phone: _____
School FAX: _____	School FAX: _____

\_\_\_\_\_  
Date of Withdrawal OR Date Last Attended

\_\_\_\_\_  
Name of School Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

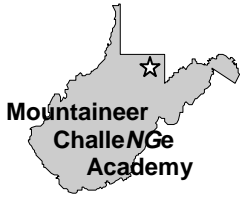
\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
FAX #

**MAIL OR FAX TO:**

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

**FAX Preferred: 304-329-2429**



**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 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 facilitate my post-residential placement, 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** including the National Guard Youth Challenge electronic database. This includes Personal Identifiable Information and information necessary for training in the Program's 8 Core Components, Post Residential Placement, academic testing, 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**.

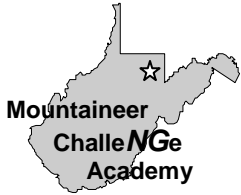
**4. SCHOOL ENVIRONMENT**

I understand that the **Mountaineer Challenge Academy** is a quasi-military school. The **Academy** is voluntary and deals with 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. It is not a rehabilitation facility. It does not have a therapeutic component. The **Academy** is not equipped to cure or deal with issues that require therapeutic or addiction care or criminal behavior.

Signature of Parent/Legal Guardian / Date

Signature of Applicant / Date





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

## 5. EDUCATIONAL DEVELOPMENT AND CREDENTIALS

The **Mountaineer Challenge Academy** is recognized as a Special Alternative Education Program and is an approved Option Pathway site for all of West Virginia. By achieving all required criteria (the high school equivalency assessment, KeyTrain certification at Level 4 and successfully completing the NGYCP Career and Technical Education course work), I will receive a high school diploma from the home high school upon completion of the program. I understand that receiving a high school diploma or a high school equivalency diploma is not guaranteed but based on my individual test performance. Educational credentials are not a requirement for graduation from the **Academy**. 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.

## 6. SUBSTANCE ABUSE TESTING

I acknowledge that the **Academy** is a drug-free program. The **Academy** is free of alcohol, tobacco and other illegal substances. I will be tested 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.

## 7. 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.

## 8. 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 and medications. 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 understand that 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 or belongings.

\_\_\_\_\_  
Signature of Parent/Legal Guardian / Date

\_\_\_\_\_  
Signature of Applicant / Date



**Mountaineer ChalleNGe Academy**

**MENTOR PROSPECTS**

**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 prospective Mentors and I will discuss with them the opportunity of serving as a volunteer Mentor.

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

\_\_\_\_\_  
Signature of Parent /Legal Guardian / Date

\_\_\_\_\_  
Signature of Applicant / Date



**Mountaineer Challenge Academy**

**EMERGENCY NOTIFICATION / AUTHORIZED TRANSPORTATION**

**PLEASE PRINT CLEARLY**

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

1. The **Academy** will call down the list until one person has been notified in emergency situations.
  2. List all parents/legal guardians who may be notified of an emergency situation and/or who is authorized to transport this Cadet.
  3. Provide 3 additional names and phone numbers from different households who may be contacted in an emergency and/or may transport this Cadet.
  4. Only those persons over the age of twenty-one (21), authorized by the parent/legal guardian and with a valid driver's license/photo ID may transport the Cadet.
- NOTE: Cadets will not be released to anyone suspected of being under the influence of alcohol or drugs.

	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
6						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

\_\_\_\_\_  
 Signature of Parent / Legal Guardian / Date