Candidate Application

Candidate First and Last Name: _____

Application for Class Starting: March 20___, October 20___

Mail/Fax Completed Application to:

Virginia Commonwealth Challenge Youth Academy
Attn: Admissions
Bldg. 253 C Street Camp Pendleton Virginia Beach, VA 23451
757-491-5934 (Fax)

Please Print Clearly, complete all pages, and answer all questions completely.

VIRGINIA COMMONWEALTH CHALLENGE YOUTH ACADEMY

Data protected by the Privacy Act OF 1974

AUTHORITY: Public Law 102-484, Sec. 1091 e (2)

Principle Purpose: To select applicants for participation in the Virginia Commonwealth Youth ChalleNGe Academy. Medical information is solicited so that successful applicants may be provided safe and effective medical treatment in the event of illness or injury.

Routine Uses: None

Disclosure: Disclosure is voluntary, however, applicants who do not provide requested information will not be considered for participation in the program.

The Virginia Commonwealth ChalleNGe Youth Academy is a non-profit organization sponsored by the Virginia National Guard. Our purpose is to provide a highly disciplined atmosphere which foster academics, leadership development, and personal growth.

Basic Eligibility Criteria

- **Must be between 16-18 Years of age. ____**
- **No felony or felony Charges. ____**
- **Citizen or legal resident of the United States. ____**
- **Resident of the State of Virginia. ____**
- **Physically and mentally capable of participating in the program with reasonable accommodations. ____**
- **You can be on parole or probation for misdemeanor Charges only. ____**
- **Withdrawn or have dropped out of high school. ____**
- **Unemployed or underemployed.____**

Answer all questions honestly and completely. Answers given in this application are intended to help us know the applicant better. It is not our purpose to reject applicants based solely on answers provided in this application.

For more information please visit our web site, **www.vachallenge.org** or call one of our admissions team members.

Alex Dye (757)491-5932 Ext.231

Luther Boykin (757)491-5932 Ext.235

Toll Free Number 1-800-796-6472 Ext 221, 231, 235

VIRGINIA COMMONWEALTH CHALLENGE YOUTH ACADEMY

To apply for admission complete the following Application as thoroughly as possible and attach required forms. PLEASE DO NOT LEAVE ANY FORM BLANK. **Mail Application to address below or fax to(757) 491-5934** Provide the following documents in this order.

Application Forms: Complete pages 1 and 2 entirely and accurately. _____

Birth Certificate: Provide a copy of your birth certificate. _____

Social Security Card: Provide a copy of your social security card. _____

Release of Liability Covenant not to Sue and Indemnity Agreement Form: Must be notarized. _____

Parent Contract Authorization of Release Form. _____

Two Recommendation of Applicant Forms. _____

Legal Information Form. _____

Child Custody Documents: Provide a copy of your most current custody papers. _____

Court Documents that: Provide charge(s), type(s) of charge(s), pending court dates, results of charge(s).___

Consent for Release of School Information Form. _____

School Transcript(s): Obtain a copy from the school. _____

Individualized Education Plan (IEP) Triennial Report/ 504. Obtain a copy from the school. _____

A valid Virginia ID card: provide for GED testing (Note: Needed after 2nd pass)._____

Provide a copy of your most current immunization record. _____

TB skin test or chest x-ray: Received within 12 months prior to the start of class. _____

Medical Insurance Verification: Provide a copy of your insurance card front & back. _____

Medical Insurance Form._____

Medical Screening Process _____

Medical History Survey: Parents and the child will fill this form out and sign it. _____

Physical Examination: To be completed by Medical Provider._____

Range of Motion Screening: To be completed by Medical Provider._____

Medical Prescription Form: To be completed by Medical Provider._____

——Mentor Application: Bring your mentor or potential mentor with you to Orientation. Questions about Mentors can be answered by calling (757) 491-5932 Ext 240 or 250.

Virginia Commonwealth Challenge YouthAcademy
Attn: Admissions
Bldg. 253 C Street
Camp Pendleton
Virginia Beach, VA 23451

VIRGINIA COMMONWEALTH CHALLENGE YOUTH ACADEMY
Application Form

Section A: Applicant Information

Last Name | Middle Name | First Name

SSN | D.O.B MM/DD/YY | AGE | SEX M / F

Address | City | State | Zip Code

Ethnicity/Race

☐ Hispanic/Latino ☐ American Indian ☐ Asian ☐ African American ☐ Caucasian ☐ Native Hawaiian ☐ Alaska Native

☐ Pacific Islander ☐ Other _____

Height (inches) | Weight | Hair Color | Eye Color

Section B: Parent/Guardian

☐ Please circle **Parent or Guardian**

With whom you live: For a parent/guardian with custody, please provide the court document showing the name of the individual(s) awarded legal custody of applicant.

Name | Parent/Guardian Cell

Address | City | State | Zip Code

Parent E-Mail _____ Facebook Page _____

Section C: Emergency Contact

Relationship | Name | Cell phone number

Section D: Family Life

Married: | # of children: | Household Count:

Household income: Less than 15,000 ☐ 15001-25,000 ☐ 25,001-35,000 ☐ 35,001-45,000 ☐ Greater Than 45,001 ☐

Do you have (check one if apply if not write N/A in the box)

High School Diploma ☐ GED ☐ 504 Plan ☐ IEP ☐

Section E

Drugand alcohol testing.

I fully understand that by submitting this application, I agree to the Challenge Academy administering a drug and alcohol test to my child as a prerequisite for admission to the Commonwealth Challenge Youth Academy, and that my son/daughter will be tested by qualified individuals for drugs and alcohol as part of his/her physical examination. I further understand that during the course of the program, my child will be randomly tested for drugs and alcohol. Any positive results may result in disenrollment.

Affirmation of information.

By submitting this application, I affirm that all information and statements that I have provided are accurate and true to the best of my knowledge, and fully understand that any false statements will disqualify my child from the academy.

I certify that my child is in good health. I further understand that the Challenge Academy is a residential academy which provides GED and credit recovery instruction, physical fitness and employment preparation. As such, any information I provide may be made available to any person having the legitimate need for the information. I approve of the Challenge Academy using my child's photo or likeness of, and voice for any video, DVD, radio, TV programs or interviews and Internet presentations to include FaceBook, YouTube and any other social media outlets to promote the Commonwealth Challenge Youth Academy. A photographer chosen by the Challenge Academy can take pictures of my son/daughter for the purpose of Awards Banquet, Family Day and the Yearbook or Yearbook DVD.

Monitoring of Cadets by Surveillance Cameras; 24/7

Cadets are monitored by camera twenty four hours a day, seven days a week in the barracks, HQ, academic buildings, the dining hall and all common areas. Cadets are to be in either school or physical training (PT) uniforms at all times in their barracks, hallways, coming in and out of the shower or latrine, and the academy area. Cadets will be in proper uniform according to CCYA policy and cadet handbook. Uniform changes may be dictated by the Team Leader depending on the situation. If my son/daughter tampers or destroys any of the surveillance cameras he/she may be terminated and the parents or guardians will be held liable for the damage and billed by the state.

Youth participants shall be informed of the following: Participants receiving training under the Program established by this guidance are neither Federal employee's nonmembers of the National Guard. The participants shall be considered Federal employees under Subchapter I of Chapter 81 of Title 5, U.S. Code, for the purpose of compensation for work injuries; and for the purpose of Sections 1346(b) and Chapter 171 of Title 28, U.S. Code, and any other provision of law relating to the liability of the United States for tortuous conduct of employees of the United States. The participants shall not be considered to be in the performance of duty while not at the assigned location of training or other activity authorized in accordance with the Program Agreement except. When the participant is traveling to or from the location or is on pass from that training or other activity. In computing compensation benefits for disability or death, the monthly pay of a participant shall be deemed that received under the entrance salary for a grade GS-2 Federal employee. The entitlement of a person to receive compensation for a disability shall begin on the day following the date that the person's participation in the Program is terminated.

Parent Signature

Candidate Signature

How did you hear about CCYA?

Friend/Family Member
School
Radio
Television
Bulletin Board
Newspaper
Social Media
Other

VIRGINIA COMMONWEALTH CHALLENGE YOUTH ACADEMY

Release of Liability Covenant Not to Sue\Indemnity Form

I/we, the parent(s)/guardian(s) of_____, who has applied for enrollment in the Virginia Commonwealth Challenge Youth Academy at the State Military Reservation in Virginia Beach, Virginia, give permission for the Virginia Commonwealth Challenge Youth Academy staff to maintain discipline by imposing disciplinary measures upon my child.

I/we further agree that, if necessary, due to medical, disciplinary or other reasons, the Director may elect to return my child to my home by government, commercial, or private carrier. I/we also authorize the Challenge Academy to transport my child as a passenger in commercial, government or private ground, water and or air vehicles during the program period.

Furthermore, in consideration of my child's participation in the Virginia Commonwealth Challenge Youth Academy, I/we HEREBY RELEASE the United States and the Commonwealth of Virginia, it's officers, agents, employees, successors, and assigns from any and all liability which may arise from my child's participation in the Academy, and I agree to indemnify and hold harmless the United States and the Commonwealth of Virginia, it's officers, agents, employees, successors, and assigns regarding any liability or cause of action which may arise from my child's participation in this program.

I agree that I will never prosecute, or in any way aid in the prosecuting and demand, claim, or suit against the United States Government and the Commonwealth of Virginia for any loss, damage, or injury to my child or my property that may occur from any cause whatsoever by taking part in the Virginia Commonwealth Challenge Academy. If I should take part in any such case, I agree to pay the United States Government for all damages, expenses and costs it may incur as a result there of.

I understand and agree that I am assuming the risk of any property damage or personal injury to my child that may result from participation at this academy. These include such damages or injuries as may be caused by the negligence of the United States Government, The Commonwealth of Virginia or any of its employees.

I also understand and agree that I may be held liable for any damage or loss to the United States Government, the Commonwealth of Virginia or any private person, business or residence that is caused by my child's negligence, willing misconduct, or fraud while participating in this activity. I further agree to indemnify and hold harmless the United States Government and the Commonwealth of Virginia from any demand, claim, or suit brought as a result of my child's negligence, willful misconduct, or fraud while participating in this activity.

Also, in consideration of Naval Air Station Oceana granting permission to enter its premises for the purpose of participation by me and /or my dependent child/children in the Virginia Commonwealth Challenge Academy, I hereby waive all claims for damage or loss to my person or property (including cost and expenses) and that of my dependent child/children whose name I have listed below , which may be caused by any act, or failure to act, or in connection with the instructors' activities and actions, of the United States Naval Air Station Oceana and all military installations its officers, agents, employees or instructors.

I assume on my behalf and on the behalf of my below listed child/children the risk of the inherent dangers of participation in such a program, all the dangerous conditions in and about Naval Air Station Oceania, or any military installation waive any and all specific notice of the existence of such dangers and conditions.

I give express permission to gym personnel to notify emergency medical officials , either civilian or military, in the event there is actual or apparent injury to myself or my below listed child/children and understand that any medical bills that result from observation, tests and or treatment will be at my expense as a consequence of this waiver.

I understand that Commonwealth Challenge, while located on a military reservation, is essentially an open campus. While Commonwealth Challenge will endeavor to ensure that your child does not leave the Challenge campus without proper authority, the program cannot guarantee that cadets will not leave without our knowledge or permission. Commonwealth Challenge staff cannot use force to prevent the cadet from leaving. In the event that a cadet leaves the campus without authority, the parent and the local police will be notified as soon as the absence is discovered. Any unauthorized absence will result in termination of the cadet from the program. The termination will become effective immediately upon the return of the cadet to parental or law enforcement control.

NOTARY SEAL
Sworn and subscribed before me, in my presence, this_____day of _____ 20_____a Virginia Notary Public, in and for _____, County / City.

_____
(Signature of Notary Public)

Parent/Guardian Signature_____

Candidate Signature_____

Parent Cell Number

10/19/16 change 3

VIRGINIA COMMONWEALTH CHALLENGE YOUTH ACADEMY

Consent for Release of School Information

(Parents or Guardians are responsible for obtaining this information)

School Name _____ Address _____

City _____ State _____ Zip Code _____ Phone Number _____

Fax Number _____ Guidance Counselor _____

Is authorized to provide a confidential report for:

Applicant Full Name _____ DOB: MM/DD/YY _____

The following information requested will be use to assist the staff of the Virginia Commonwealth Challenge Youth Academy in evaluating and assessing the student's application and designing an individual education program for each student.

____Grade transcripts
____Standardized test records
____Special Education evaluation
____Immunization and health records
____Withdrawal forms
___Individual Education Plans (IEP) / 504 Plan
____Tri-annual reviews
____Social history

Parent/Guardian Signature_____ Date_____

Candidate Signature_____ Date_____

Initial_____I would like the option of earning credits and returning to my home school. I currently have_____credits.

Initial_____I would like the option of earning my GED.

CCYA school official comments_____
_____
_____
_____

Challenge Program Authorization:
E. MARK CHICOINE
Captain, U.S. Navy (Retired)
Official Title: Director

Signature: *Mark Chicoine*

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Commonwealth Challe*NG*e Youth Academy [CCYA] EDGENUITY Registration Form

Educational Program

This registration form is to be completed and signed by the student's current school guidance counselor.

(Please Print)

Student Information			
Last Name	First Name		MI
Date of Birth	Cell Phone	Email Address	

Parent or Guardian Information			
Parent or Guardian Name(s)	Parent or Guardian Phone(s) Home Cell	Parent or Guardian Email Address	
Parent or Guardian Name(s)	Parent or Guardian Cell Phone(s) Home Cell	Parent or Guardian Email Address	
Street Address	State	Zip Code	

School Information		
Current School	Mailing Address of Current School	Current Grade Level (Circle) 9 10 11 12

Program Enrollment	
Please select which program you would like for your child/student:	GED Credit Accrual/Recovery

Guidance Department Information		
Current Guidance Counselor	Phone Number	Fax Number
Does this student have a current IEP or 504? Yes No	If YES, what is his/her categorical label?	
Please indicate **ONE** of the following: _____I would like the option of earning my GED. _____I would like the option of earning credits and returning to my home school. I have_____credits.		
Will you be available for graduation during the 2016-2017 school year? Yes No		

Commonwealth Challe*NG*e Youth Academy
Fax to the Attention of Ms. Anderson, **(757) 491-5934**
Questions? **Email** Ms. Anderson at canderson@vachallenge.org

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Credit Accrual/Recovery Program

Please have the student's high school guidance counselor complete the section below.

- Students may only take one course per subject at a time.
- If a student successfully completes his or her course within the allotted time frame, then permission may be granted through CCYA's Credit Accrual/Recovery Program for the student to take an additional course.
- Coursework must be completed and a passing grade earned by **Week 20** of the program in order to be awarded credit.
- CCYA reserves the right to remove students from the Credit Accrual/Recovery program for inappropriate classroom participation and/or violation to the Computing Resources Acceptable Use Statement for Commonwealth Challe*NG*e Youth Academy.

Select **ONLY 1** course **per** subject. If a student **failed** the course and needs to retake the course, indicate the selection by writing **CR** before subject name.

English 9 (A or B)	Algebra I (A or B)
English 10 (A or B)	Algebra II (A or B)
English 11 (A or B)	Algebra Functions & Data Analysis (A or B)
English 12 (A or B)	Geometry (A or B)
Earth Science (A or B)	World History & Geography I (A or B)
Biology I (A or B)	World History & Geography II (A or B)
Biology II (A or B)	VA/US History (A or B)
Environmental Science (A or B)	VA/US Government (A or B)
Economics & Personal Finance (A or B)	Chemistry (A or B)

*Course selections are subject to verification and approval from the guidance counselor. Placement will not be accepted if not signed by the school guidance counselor **and** parent.*

Guidance Counselor Verification	
Will the student be eligible for graduation during the 2016-2017 school year?	YES NO
School Guidance Counselor Name	
School Guidance Counselor Signature	Date

Signatures	
Parent/Guardian	Date
Parent/Guardian	Date

Commonwealth Challe*NG*e Youth Academy
Fax to the Attention of Ms. Anderson, **(757) 491-5934**
Questions? **Email** Ms. Anderson at canderson@vachallenge.org

VIRGINIA COMMONWEALTH CHALLNEGE YOUTH ACADEMY

Candidate Letter of Recommendation

Candidate's Name _____

I recommend the above named applicant to the Virginia Commonwealth Challenge Youth Academy. I understand the Academy is a 17 1/2 months (5 1/2 months residential/12 month post residential) program located at the State Military Reservation Virginia Beach, Virginia.

Your Name_____Phone_____

Street Address_____CITY _____

State_____Zip_____

Relationship to Candidate:_____

Please state below your reason for recommending this candidate for the Virginia Commonwealth Challenge Youth Academy.

_____

_____

_____

_____

_____

_____

Signature

VIRGINIA COMMONWEALTH CHALLENGE YOUTH ACADEMY

Candidate Letter of Recommendation

Candidate's Name _____

I recommend the above named individual to the Virginia Commonwealth Youth Challenge Academy. I understand the Academy is a 17 $^{1/2}$ months (5 $^{1/2}$ months residential/12 month post residential) program located at the State Military Reservation Virginia Beach, Virginia.

Your Name_____Phone_____

Street Address_____CITY _____

State_____Zip_____

Relationship to Candidates: _____

Please state below your reason for recommending this candidate for the Virginia Commonwealth Challenge Youth Academy.

_____

_____

_____

_____

_____

_____

Signature

VIRGINIA COMMONWEALTH CHALLENGE YOUTH ACADEMY

Parent Contract/Authorization of Release

1) I_____the custodial parent(s)/the Legal guardian(s) of_____, understand that effectiveness of the Commonwealth ChalleNGe Youth Academy depends on a variety of factors. One of the most important factors is consistency of Parent/Guardian involvement in supporting the academy rules, regulations and policies of the Commonwealth ChalleNGe Youth Academy, in particular those listed below.

2) I agree to keep all correspondence, mail, and telephone calls to my cadet positive in nature. I will refrain from making phone calls during the first two weeks of the program, unless a family emergency arises. If a family emergency does occur, I agree to first contact a ChalleNGe counselor, or Program Coordinator before speaking to my cadet.

3) I understand that the ChalleNGe staff will contact me in the event of the cadet's serious illness, accident or serious disciplinary action. I also understand that my cadet could be terminated, without prior notice, in certain circumstances.

4) I agree not to make any attempt to engage with my cadet during field trips.

5) Should I have a change in address or phone number, I will notify the academy of the changes within twenty-four hours.

6) I understand that I am personally obligated to pick up and return my cadet for any and all home passes, dental or doctor appointments (regardless of cadet's age). I agree to be prompt concerning time schedules and deadlines when picking up or retuning my cadet. I also acknowledge that I am responsible for picking up my cadet promptly in the event that he/she is terminated from the program.

7) I give the following family members or persons designated below permission to pick up and return my son/daughter to and from the Commonwealth Challenge Youth Academy during their scheduled passes and other authorized absences. I fully understand that by giving the individuals listed below permission to escort my son/daughter to and from the Commonwealth Challenge Youth Academy, I hereby release the state of Virginia, its officers, agent's, employees or successors, from any liability which may arise from my child being transported by the individuals listed below. I also understand that my son/daughter will not be released to any other person not listed below.

_____ _____

Parent/Guardian Signature Date

Name_____Relationship _____

Cell Number_____

Name_____Relationship _____

Cell Number_____

VIRGINIA COMMONWEALTH CHALLENGE YOUTH ACADEMY

Legal Form

Candidate's Name: _____

Please Note: We can't accept any applicant who has been convicted of a felony, or who is currently on a "deferred entry of judgment". The felony MUST be reduced to a misdemeanor or expunged before acceptance. You must have your probation officer sign this form. Any false or misleading information could result in denial or termination from the ChalleNGe Academy.

1. Have you ever been arrested, apprehended, charged, cited, or held by federal, state or other law enforcement or juvenile authorities, regardless of whether the citation was dropped, dismissed or found not guilty? YES____NO ___
** If your answer is "NO", sign and go to the next page. **

2. If your answer to question# 1 was "YES", please answer the following: What were you charged with; the dates; the locations; outcomes; PLEASE BE THOROUGH!

Date/Nature of Offense or Violation/Law Enforcement Agency/Outcome

a._____/_____/_____/_____
b._____/_____/_____/_____
c._____/_____/_____/_____
d._____/_____/_____/_____

YOU MUST ATTACH ALLDOCUMENTS RELATING TO THE INCIDENT'S LISTED ABOVE (disposition summary of charges, minute orders, tickets, outcomes showing the status of charge (misdemeanor/felony)

3. Are you currently awaiting a hearing or sentencing? YES_____NO _____
   a. If you are awaiting a hearing or sentencing, what is the scheduled date? _____

4. Where will the hearing or sentencing take place? (city, county)_____

5. Are any of the above charges a felony? YES_____NO_____
   a. If "YES", which one(s): _____

6. Are you currently on probation? YES_____NO_____for how long? _____
   a. Who is your probation officer: _____
   b. What is your probation officer's phone number: _____

7. Are you currently doing community service? YES_____NO_____
   a. If yes, how many hours do you have pending? _____

Signature of Parent/Guardian_____Date_____

Signature of Applicant:_____Date_____

Signature of Probation Officer:_____Date:_____

Print Name of Probation Officer:_____Email: _____

VIRGINIA COMMONWEALTH CHALLENGE YOUTH ACADEMY
Medical Screening Process

Cadet Name (Last, First):	Date of Birth:

Parents:

A complete physical exam by a licensed medical examiner must be **completed by prior to acceptance.** Entrance into the program is conditional based upon completion of examination and required medical documents. The sooner the examination and documentation is completed and submitted to the Challenge's medical team, the sooner a spot can be secured into the program. If you do not have medical insurance, contact your local health department for assistance.

Participants must complete the 3 page, "Medical History Survey" and provide full and accurate information concerning any and all medical, dental and psychological conditions. Any changes or new conditions must be report to the Challenge medical department prior to the start of the program, beginning October 3, 2016. After the start of the program, if undisclosed medications or medical conditions are identified, the Cadet will be dismissed from the program and returned home. The Challenge program cannot assume any financial or personal liability or risk for participants that have previous medical, physical or mental health conditions or disorders that could or would be impacted by the rigorous nature of the program.

Medical Provider:

The patient presenting this medical packet is applying to the VIRGINIA COMMONWEALTH CHALLENGE YOUTH ACADEMY. The Challenge program is a 51/2 month residential program with a quasi-military structure, strict adherence to discipline, rules, and order; encompasses a high-stress environment. The students live in open-bay dorms with others and attend school on a daily basis. In addition, the program conducts rigorous physical training on a daily basis. For this reason, we are unable to accept applications from students who require ongoing medical or dental care for conditions that originate prior to their arrival that prevents their full participation on a daily basis. Minor injuries and illness that arise during the program are handled on a case by case basis. The Challenge program does not have the capability to manage the medical care of students with more serious illnesses or injuries that will impact their daily participation in the program. **Please review the Medical History Survey, complete the following and provide your best medial judgment as to the student's ability to safely participate in the Challenge program:**

- Physical Examination
- Range of Motion Screening
- Medication Verification
- Certification of Immunizations
- Drug Testing – can be provided at any Labcorp or Patient First Center. Court Mandated, 5 panel (NonDOT) instant screen or laboratory screen will be accepted.

Once all forms are completed, please provide copy to parent and fax copies of all records to the Challenge Medical department at 757-491-5934 or via email to: Challengemedical@vachallenge.org. It is the ultimate responsibility of the parent/guardian to ensure **all records are provided to the Challenge medical team.**

Any questions, please contact Challenge's medical department at 757-491-5932, ext 243. Hours of operation are Monday through Friday, 9am-5pm. If you need to leave a message, please leave date and time of call. A Medical team member will contact you within 24 hours. .

VIRGINIA COMMONWEALTH CHALLENGE YOUTH ACADEMY
Medical History Survey

PURPOSE: This survey must be completed by parent (or guardian) /youth in order for the youth to participate in the **22 week residential program which utilizes a highly structured quasi-military forma**t. **Understandably youth will need to be able to withstand the physical and emotional stressors during their transition into the CCYA lifestyle**. These questions are designed to determine if the youth has developed any condition which would make it hazardous to participate in CCYA academic/athletic program. "Yes" answers are not necessarily disqualifiers. Dishonesty or non-disclosure of medical history are disqualifiers.

Candidates Name: _____Sex_____Age_____Date of Birth _____

Address_____City_____St._____Phone (H) _____

Are you currently using any **prescribed** medications? if yes, ☐ YES ☐ NO
please list all medications and dose and time:

Medication	Mg	Dosage	Why	How Long Have You Been Taking This Medication

Personal Physician_____Physician Phone_____

In case of emergency, contact:
Name_____Relationship_____Phone (C) _____ (W)_____

Name_____Relationship_____Phone (C) _____ (W)_____

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO	HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO
(1) Asthma, wheezing, or inhaler use			(34) Limitation of motion of any joint, including knee, shoulder, wrist, elbow, hip or other joint		
(2) Dislocated joint, including knee, hip, shoulder, elbow, ankle or other joint			(35) Drug or alcohol rehab		
(3) Epilepsy, fits, seizures, or convulsions			(36)Kidney, urinary tract or bladder problems, surgery, stones or other urinary tract problems		
(4) Sleepwalking			(37) Sugar, protein or blood in urine		
(5) Recurrent neck or back pain			(38) Surgery on a bone or joint (knee, shoulder, elbow, wrist, etc.) including Arthroscopy with normal findings		
(6) Rheumatic fever			(39) Pain or swelling at the site of an old fracture		
(7) Foot pain			(40) Shoulder, knee, or elbow problem (out of place)		
(8) A swollen, painful, or dislocated joint or fluid in a joint (knee, shoulder, wrist, elbow, etc.)			(41) Perforated ear drum or tubes in ear drum(s)		
(9) Double vision			(42) Locking of the knee or other joint		
(10) Periods of unconsciousness			(43) Anemia		
(11) Frequent or severe headaches causing loss of time from work or school or taking medication to prevent frequent or severe headaches			(44) Giving way of knee or other joint		
(12) Wear contact lenses			(45) Ear surgery, to include mastoidectomy or repair of perforated ear drum, hearing loss or need/use a hearing aid		
(13) Fainting spells or passing out			(46) Cataracts or surgery for cataracts		
(14) Head injury, including skull fracture, resulting in concussion, loss of consciousness, headaches, etc.			(47) Eye surgery, including radial keratotomy, lens implant or other eye surgery to improve your vision		
(15) Back surgery			(48) Night blindness		
(16) Any of the following skin diseases:			(49) Collapsed lung or other lung condition		
(a) Eczema			(50) Absence or disturbance of the sense of smell		
(b) Psoriasis			(51) Bed wetting		

(c) Atopic dermatitis			(52) Absence or removal of the spleen, or rupture or tear of the spleen without removal		
(17) Irregular heartbeat, including abnormally rapid or slow heart rates			(53) Evaluation, treatment, or hospitalization for alcohol abuse, dependence, or addiction		
(18) Allergic to bee, wasp, or other insect stings			(54) Anorexia or other eating disorder		
(19) Heart murmur, valve problem or mitral valve prolapse			(55) Taken medication, drugs, or any substance to improve attention, behavior, or physical performance		
(20) Allergic to wool			(56) Cracked bone or fracture(s)		
(21) Heart surgery			(57) Bursitis		
(22) Any other heart problems			(58) Do you smoke? (If yes :)		
(23) High blood pressure			(a) Type- Cigarettes, Cigars, Smokeless tobacco		
(24) Ulcer (stomach, duodenum or other part of intestine)			(b) How many per day?		
(25) Intestinal obstruction (locked bowels), or any other chronic or recurrent intestinal problem, including small intestine or colon problems, such as Crohn's disease or colitis			(c) Date last used		
(26) Detached retina or surgery for a detached retina			(59) Braces/Retainers		
(27) Surgery to remove a portion of the intestine (other than the appendix)			(60) Evaluation, treatment, or hospitalization for substance use, abuse, addiction or dependence (including illegal drugs, prescription medications, or other substances)		
(28) Any other eye condition, injury or surgery			(61) Loss of finger, toe or part thereof		
(29) Gall bladder trouble or gall stones			(62) Loss of the ability to fully flex (bend) or fully extend a finger, toe or other joint		
(30) Jaundice			(63) Any illnesses, surgery, or hospitalization not listed above		
(31) Missing a kidney			(64) Broken bone requiring surgery to repair (with or without pins)		
(32) Allergy to common food (milk, bread, eggs, meat, fish or other common food)			(65) Ruptured or bulging disk in your back or surgery for a ruptured or bulging disk		
(33) (Females only) Abnormal PAP smear or gynecological problem			(66) (Males only) Missing a testicle, testicular implant, or undescended testicle		

Have you ever had or do you now have:

Seen a psychiatrist, psychologist, social worker, counselor or other professional for any reason including counseling or treatment for school, adjustment, and family, to include depression or treatment for alcohol, drug or substance abuse? Yes_____ No_____If yes when? _____ Inpatient or Outpatient

Have you ever been diagnosed or treated for anger management, anxiety, panic attacks, or violent outburst? Yes_____ No_____If yes when? _

Have you ever threatened, self-harm, attempted suicide or had homicidal thoughts? Yes_____ No_____ if yes, When?_____

Have you ever been diagnosed with a psychiatric or psychological disorder? Example: ADHD, Depression, Anxiety, Asperger's Disorder, PTSD, ODD, OCD, Bipolar Disorder, etc.) Yes____ No_____

Have you ever used (Circle all that apply): Marijuana Crack/Cocaine Heroine Beer/liquor Tobacco Product

Please ensure you have not left any question unanswered (circle those questions you don't know the answers to in order to indicate that you have read them). Include explanations on the following page for all those questions marked, "Yes." Explanations should include any of the following format that is applicable: "Date from – Date to: explanation or cause of illness or injury, treatment or medication received/completed, outcome/result, etc."

VIRGINIA COMMONWEALTH CHALLENGE YOUTH ACADEMY
Medical Survey History (Cont.)

IF YOU ANSWERED "YES" TO ANY QUESTION ON THE MEDICAL HISTORY SURVEY, YOU MUST FULLY EXPLAIN WHY YOU MARKED "YES." (See Example below.)
Write the number of the question and an explanation on the lines provided below.

Ex: 49—from 5th grade on, I have ADHD and I took Adderall. Stopped taking meds in high school because I manage it with diet and exercise now

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the Candidate in question to penalties and/or termination as determined by the CCYA.

Candidate Signature: _____ Parent/Guardian Signature: _____ Date: _____

VIRGINIA COMMONWEALTH CHALLENGE YOUTH ACADEMY
Certification of Immunization Status

IF YOU ARE EXEMPT FROM IMMUNIZATIONS DUE TO RELIGIOUS, PERSONAL OR PHILOSOPHICAL REASONS, YOU MUST OBTAIN A CERTIFICATE OF EXEMPTION OR A LETTER STATING SO SIGNED BY YOUR DOCTOR.

The Virginia School Immunization Law requires that children be up-to-date on their immunizations (shots) to attend school. Whenever children are brought into group settings, there is a potential for the spread of infectious diseases. Diseases like chickenpox, measles, and whooping cough spread quickly, so children need to be protected before they enter school. Present your immunization record with your application. The immunization record must show the date (month, day, and year) your child was administered each required shot. If you do not have an immunization record or your child has not received all required shots, contact your doctor or local health department now for an appointment.

Review your child's immunization record to make sure you have a date for each shot required.

MINIMUM IMMUNIZATION REQUIREMENTS FOR SCHOOL ENTRY (Preschool & K-12)	
Immunization Requirement by Age	**Doses of Vaccines Required**
Children born on or before September 1, 1999 must have a minimum of:	(4) Diphtheria, Tetanus, Pertussis (DTaP) (1) Measles, Mumps, and Rubella (MMR) (3) Polio (3) Hepatitis B
Children born after September 1, 1999 through September 1, 2005 must have a minimum of:	(5) Diphtheria, Tetanus, Pertussis (DTaP)[2] (2) Measles, Mumps, and Rubella (MMR) (3) Polio (3) Hepatitis B
Children born after September 1, 2005[1] must have a minimum of:	(5) Diphtheria, Tetanus, Pertussis (DTaP)[2] (2) Measles, Mumps, and Rubella (MMR) (4) Polio[3] (3) Hepatitis B (2) Varicella (Chickenpox)[4] (2) Hepatitis A

6th GRADE IMMUNIZATION REQUIRMENTS

IMMUNIZATION REQUIRMENTS BY GRADE 5 Doses of vaccines required

Children admitted to 6th grade must meet the following minimum immunization requirements in addition to school entry requirements. (1) Tetanus, Diphtheria, Pertussis (Tdap), (1) Meningococcal-recommended but not required

Preschool children need only be age-appropriately immunized with required vaccines

DTAP the 5th dose is not necessary if the 4th dose was administer at age 4 years or older.

Polio the 4th dose is not necessary if the 3rd dose was administered at age years or older and at least 6 months after previous dose. Varicella: History of chicken pox disease documented by a physician or licensed health care professional meets the requirement. If your child's records is missing some doses, please contact your doctor or clinic now to obtain the full immunization record or any doses needed. If your child recently received immunizations and needs an immunization later in the year, he/she can be allowed to attend, provided you complete the conditional admissions form and get the remaining doses when they are due.

If your child is not immunized due to medical, religious, or philosophical reasons, let the CCYA know.

VIRGINIA COMMONWEALTH CHALLENGE YOUTH ACADEMY

PHYSICAL EXAMINATION: To be completed by Medical Provider

Patient's Full Name				Age	Vision		
						Uncorrected	Corrected
Weight	***Build***	***Temperature:***	***BP/Arm/Pos***		Far	R 20/ B20/	R 20/ B20/
						L 20/	L 20/
Height	***Resp***	Pulse Before Exercise			Near	R 20/ B20/	R 20/ B20/
		Pulse After Exercise				L 20/	L 20/

Clinical Evaluation

	Normal	Abnormal	Not Done		Normal	Abnormal	Not Done
1 - Head, Face, Neck, Scalp				14 - Anus and Rectum			
2 - Nose				15 - Endocrine System			
3 - Sinuses				16 -G - U System			
4 - Mouth and Throat				17 - Hernia			
5 - Ears				18 - Upper Extremities			
6 - Eyes - General				19 - Feet			
7 - Ophthalmoscopic				20 - Lower Extremities (include knee jerks)			
8 - Pupils (equality and reaction)				21 - Spine Other Musculoskeletal			
9 - Ocular Motility				22 - Identifying Body Marks, Scars			
10 - Lungs and Chest (include breast)				23 - Skin			
11 - Heart (thrust, size, rhythm, sounds)				24 - Neurologic (include Rhomberg)			
12 - Vascular System				25 - Psychiatric			
13 - Abdomen and Viscera				26 - Pelvic (females only)			

Describe Abnormal Finding In Detail

Physician's Recommendation for Participation in the Virginia Commonwealth Challenge Youth Program:
Check one:

☐ Cadet is cleared for partificpation with NO Restrictions

☐ Cadet is Cleared for partifipcation with Restrictions, explain: _____

☐ Cadet is NOT cleared for particiation, explain _____

Additional Comments: _____

Physician's Signature: _____ Physician's Printed Name _____ Date: _____

REQUIRED Physicians Office Stamp or Information

VIRGINIA COMMONWEALTH CHALLENGE YOUTH ACADEMY
Range of Motion Screening

Cadet Name (Last, First):	**Date of Birth:**

PURPOSE: The Commonwealth Challenge program is a 5/12 month residential program that conducts rigorous physical training on a daily basis. Our focus is on 3 stages of exercise: toughening, conditioning and sustainment. Students will run several times a week, and develop muscular strength and endurance through calisthenics and cross-fit exercise. Physical exercise to include, but not limited running, push-ups, pull-ups, marching on pavement, and sports activities. As physical fitness is an integral part of a Cadet's daily life, a range of motion screening is required to identify any physical limitations.

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Record "NORMAL" if the test is completed successfully. Record "ABNORMAL" if unsuccessful. Provide description limitations as seen during the screening process.		**Observation / Comments** Required if abnormal
1) Gait	Have the candidate ambulate towards you in a normal manner. Repeat on his/her toes. Repeat on his/her heels	
2) Hip, Knee, Ankle	Ask candidate to stand with feet shoulder width apart facing examiner. Ask candidate to squat down and return to the starting position. Repeat as needed.	
3) T + L Spine	Ask candidate to bend at waist with knees extended and attempt to touch the floor/their toes. Repeat as needed.	
4) Balance, Shoulder (Left-hyper abduction, supination, pronation)	Ask candidate to stand on left leg and bring his/her arms from their side over their head and touch the palmer surfaces of their hands together and then return arms to original starting position. Repeat as needed.	
5) Balance, Shoulder (Right -hyper abduction, supination, pronation)	Ask candidate to stand on right leg and bring his/her arms from their side over their head and touch the palmer surfaces of their hands together and then return arms to original starting position. Repeat as needed.	
6) Elbow Flexion & Extension	Ask candidate to fully flex and extend elbows. Repeat as needed.	
7) Hand (A/ROM all joints & amputation check)	Ask candidate to flex elbows 90 degrees with hands in pronated starting position and open and close hands. Determine the A/ROM of the applicable joints. Assess whether the candidate has any amputations.	
8) Wrist (A/ROM all joints & amputation check)	Ask candidate to flew elbows 90 degrees with hands in pronated starting position. Ask candidate to perform A/ROM of their wrists in all available planes (i.e. flex, ex RD, UD) Repeat as needed.	
9) Opposition	Ask candidate to touch the tip of their thumb to each fingertip. Repeat as needed.	
10) C-Spine (A/ROM all planes)	Ask candidate to perform A/ROM of c-spine in all available planes in standing position (i.e. flex, extend LSB, RSB, L Rotate, R Rotate) Repeat as needed.	

COMMONWEALTH CHALLENGE YOUTH ACADEMY

Authorization of Medical Care, Medical Expenses & Insurance Information

Cadet Last Name:	**Cadet First Name:**	**MI:**	**DOB:**
Address:	**City**	**State**	**Zip**

Custodial Parent(s): I/We the parent(s)/guardian(s) of above Cadet who is enrolling in the Commonwealth Challenge Youth Academy at Virginia Beach, Virginia, being responsible for the above named Cadet's medical care and any incurred medical cost, do HEREBY consent in advance to appoint and whatever emergency, X-Ray examination, anesthesia, diagnostic procedure, medical and/or surgical treatment is considered necessary in the best judgment of the attending physician in the event of illness or injury occurring to the above-named Cadet while attending this program. In the event of any illness or injury, reasonable efforts will be made to immediately notify me/us. I further understand that upon request by Challenge's medical department, I will be able responsibility for transporting my child for medical appointments and/or non-emergent care.

I authorize all medical cost(s) incurred, to include prescription medications to be billed to the insurance(s) listed below. Authorization for care will become null and void if my child is terminated from the Challenge Academy or 6 months after my child enters the academy _____day of_____ 20_____. I further authorize all re-fillable prescriptions to be provided by Wal-Mart pharmacy, 1149 Nimmo Parkway, Virginia Beach, VA 23456, phone: 757-563-2908. I understand, if my child is taking a medication that Wal-Mart is unable to provide or refill based upon physician orders, that it is my responsibility to ensure arrangements are made so Cadet is not without said medication.

If my insurance has a copay for prescription medications, I authorization the Challenge Medical program to provide the credit card information listed below to Wal-Mart pharmacy. If I do not provide form of payment, I understand that it is my responsibility to contact the pharmacy to make payment arrangements. I further understand delay in making arrangements could interrupt the dispensing schedule. **Please attach copy of the front and back of insurance card(s).**

Primary Insurance Company	Phone Number
	( ) -
Name of Subscriber(Individual who pays for Insurance)	Policy Number
Prescription Medication Co-pay required? Yes / No If yes, please provide form of payment	
Secondary Insurance Company	Phone Number
	( ) -
Name of Subscriber(Individual who pays for Insurance)	Policy Number
Prescription Medication Co-pay required? Yes / No **If yes, please provide form of payment**	
Credit Card No: Visa / MasterCard / Discover / American Express	Name on Card
Expiration Date:	Last 3 digits on Card

Parent/Guardian Name	**Signature**	**Date:**
Email:	**Primary Phone:**	**Secondary Phone**

COMMONWEALTH CHALLENGE YOUTH ACADEMY
Medical Prescription Form

Cadet Last Name:	Cadet First Name:	MI:	DOB:

Custodial Parent(s): Please provide this form to your child's treating physician to verify current prescription(s) and over the counter medication(s) that my child may need during the duration of the program. As custodial parent(s) of the above name minor, I understand that I/we are personally responsible for having the following prescription(s) and over the counter medication verified by the treating physician. **O*nly*** prescription and over the counter medications approved by the treating physician will be stored and dispensed to your child.

Custodial Parent Signature:_____ **Date:**_____

To Treating Physician: The above name individual is enrolling in the COMMONWEALTH CHALLENGE YOUTH ACADEMY program, which is a **5 ½ month program**. As the authorized treating physician, please outline any and all prescription and over the counter medications that can be dispensed to the cadet. So that the medication schedule is not interrupted, please identify the time frame the medication must be dispensed and when applicable, provide enough refill medication to cover the duration of the program.

***Dispense Schedule**: **AM:** 7am –8am, **PM:** 12pm-5pm, **HS:** 8pm-9pm. **Other (O):** If the medication MUST be given outside of the normal dispensing schedule, please place the exact time the medication must be given. Otherwise, please try to adhere to the Challenge Medical clinic's dispensing schedule.

Medication Brand Name/Generic	Mg	Dose	Freq	Dispense Schedule *circle approved time	Reason
				AM / PM / HS / O:___	
				AM / PM / HS / O:___	
				AM / PM / HS / O:___	
				AM / PM / HS / O:___	
				AM / PM / HS / O:___	
				AM / PM / HS / O:___	
OTC Medication	**Mg**	**Dose**	**Freq**	AM / PM / HS / O:___	
				AM / PM / HS / O:___	
				AM / PM / HS / O:___	
				AM / PM / HS / O:___	

As the treating physician for the above named Cadet, I have outlined the approved prescription and over the counter medication(s) which can be dispensed during the duration of the program. I have also provided adequate prescription refill(s) to cover the duration of the program or have outlined below, requirements before a medication can be re-filled.

Comments:_____

_____

Treating Physician Name:_____ **Signature:**_____**Date:**_____

Facility/Practice Name:_____ **Phone:** _____

Form must be completed and returned to Challenge's Medical Department by August 26, 2016. Please fax form to: 757-223-7939 or email: Challenge@tmd.bz

Commonwealth Challenge Youth Academy

CONSENT FOR SELF-ADMINISTRATION OF MEDICATION
AND RELEASE OF LIABILITY

Cadet's Name:_____ DOB:_____

Effective upon entrance and until the end of the Challenge program, I hereby consent to allow my child, to self-administer prescribed or over the counter medications during the hours in which a nurse is not available to administer:

I agree to keep a written statement from the Cadet's Physician on file with the Challenge Medical team at all times, verifying the types of medication, dosage and frequency of each type of medication my child is authorized to self-administer.

Cadet guidelines for self-administration of medication:

1. The "Consent for Self-Administration of Medication" form will be current and on kept on file with the Challenge nurse.
2. Cadet medications will be clearly labeled by the Challenge Nurse who will ensure medication is current and given in accordance with prescribing physician.
3. I agree that my Cadet has been instructed by his/her physician on how to take his/her medication and will be responsible for self-administration of medication.
4. All oversight will be done by the Challenge medical team and any issues or refusals will be immediately addressed with Cadet and/or parents/guardians.
5. Cadet must be able to demonstrate to the nurse that he/she uses the medication properly and responsibly.
6. Cadet use of medication will be directly observed by a Challenge Nurse or Team Leader to ensure that appropriate practices are followed.
7. For inhaler: If after use there is no marked improvement, cadet must notify medical personnel or team leader immediately.
8. A Cadet must never let another cadet use his/her medication.
9. All Medication will be kept secure at all times and logged in accordance with proper medical standards.

I further consent to the disclosure of my individually identifiable health information by Physician to the ChalleNGe nurse or other personnel designated by the Commonwealth ChalleNGe Program for the purpose of consulting with treating Physician regarding any questions that may arise with regard to the medication.

I hereby CONSENT FOR SELF-ADMINISTRATION OF MEDICATION AND RELEASE OF LIABILITY for the above named Cadet.

_____ _____

Signature of Parent / Guardian / Foster Parent Date

_____

Reviewed by Challenge Medical Team