

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 fosters academics, leadership development, and personal growth. We serve unemployed 16-18 year old youth who have withdrawn or have dropped out of high school, without regard to race, gender, or national origin.

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
Latreece Strong	(757) 491-5932 Ext. 254
Toll Free Number	1-800-796-6472 Ext 221, 231, 235, 254

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
- ___ Court Documents that: Provide charge(s), type(s) of charge(s), pending court dates, results of charge(s), etc.
- ___ Child Custody Documents: Provide a copy of your most current custody papers.
- ___ Two Recommendation of Applicant Forms
- ___ Parent Contract Authorization of Release Form
- ___ Legal Information Form.
- ___ A valid Virginia ID card: provide for GED testing (Note: Needed after 2nd pass).
- ___ 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.
- ___ 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.
- ___ Special Power of Attorney for Medical Care and Expense: MUST BE NOTARIZED.
- ___ Child Care Authorization Form
- ___ Report of Medical History Survey: Parents and the child will fill this form out and sign it.
- ___ Understanding of Limited Medical Services
- ___ Authorization to Release Medical information
- ___ Medication Form
- ___ 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 Youth Academy
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: Applicant Education

Last school attended

Address Last Grade completed

City State Zip Code

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

High School Diploma GED 504 Plan IEP

Section E

Drug and 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. **Initial** ____

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.

Initial _____

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.

Parent Initial _____ **Applicant Initial** _____

Youth participants shall be informed of the following: Participants receiving training under the Program established by this guidance are neither Federal employees nor members 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 Initial _____ **Applicant Initial** _____

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. **INITIAL** _____

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. **Initial** _____

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. **Initial** _____

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 thereof. **Initial** _____

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. **Initial** _____

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. **Initial** _____

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. **Initial** _____

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. **Initial** _____

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. **Initial** _____

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. **Initial** _____

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

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.

- | | |
|--|--|
| <input type="checkbox"/> Grade transcripts | <input type="checkbox"/> Individual Education Plans (IEP) / 504 Plan |
| <input type="checkbox"/> Standardized test records | <input type="checkbox"/> Tri-annual reviews |
| <input type="checkbox"/> Special Education evaluation | <input type="checkbox"/> Social history |
| <input type="checkbox"/> Immunization and health records | |
| <input type="checkbox"/> Withdrawal forms | |

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*

VIRGINIA COMMONWEALTH CHALLENGE 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. **Initial** _____
- 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. **Initial** _____
- 4) I agree not to make any attempt to engage with my cadet during field trips. **Initial** _____
- 5) Should I have a change in address or phone number, I will notify the academy of the changes within twenty-four hours. **Initial** _____
- 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 returning 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. **Initial** _____
- 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 ALL DOCUMENTS 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

Special Power of Attorney for the Authorization of Medical Care and Medical Expense Statement

Known all Men/Women by these presents:

That I _____, am a legal resident of _____, Virginia, and hereby appoint the Director and his Designated Staff of the Commonwealth Challenge Youth Academy, located at the Virginia State Military Reservation, Virginia Beach, VA as my true and lawful attorney -in-fact to do the following in my name and on my behalf: Anything necessary to maintain (my Health) the health of my child _____. I want my attorney -in-fact to have the power to consent to any medical treatment needed for my child and to sign any papers needed to authorize those treatments. I want my attorney -in-fact to be able to do anything I could do if I Were personally present. Anything my attorney-in-fact does to maintain my child's health (my health) will be the same as if I had done it myself. This is a durable power of attorney. It will stay in effect for 6 months after my child enters the program. This power of attorney will expire or 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 hereby grant permission to the Commonwealth Challenge Youth Academy to provide medical care for my son/ daughter. If my son/ daughter needs emergency medical attention due to an accident or injury, I hereby authorize the attending medical personnel at the emergency facility to provide whatever treatment is necessary, to include but not limited to X-rays, anesthesia, diagnostic procedures, medical procedures and any other interventions. In the event of an emergency illness or injury, I understand that a reasonable effort will be made to contact me. Reasonable effort means that I may not be contacted first, but will be contacted as soon as possible by the Challenge staff. **I understand that I am responsible for all co-payments, deductible and all non-covered charges for any hospital, urgent care visits, clinical testing, and medications.** I hereby grant permission for any of the Medical Staff, Security Officer III (Cadre) and Security Officer IV (Team Leader) in charge to dispense medication to my son/daughter.

IMMUNIZATIONS: Parents must provide their child's current/updated Immunization Record during pre-screening or in-processing. Your child will not be enrolled without these records. **TB skin test must be within one year of entrance to the class you are applying to.**

I/we further understand that we are responsible for providing all pertinent medications, prescriptions, and or doctors' orders. All medications will be stored by Commonwealth Challenge medical staff and security officer IV'S (team leaders).

Our contract Medical Clinic is Taylor Made Diagnostics 801 Poindexter Street, Suite 218 Chesapeake, VA 23324
Chesapeake, VA 23324

I/WE DO

I/WE DO NOT

possess medical insurance for payments of any incurred medical costs. If insurance is in force please provide a front and back copy of the medical insurance card.

Place copy of medical card here

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

Applicant Signature

Parent Cell Number

VIRGINIA COMMONWEALTH CHALLENGE YOUTH ACADEMY
Child Care Authorization

We, the undersigned parents or guardians, _____, of _____, _____
City, state, zip code

Hereby grant the Commonwealth Challenge Youth Academy, of 253 C Street Camp Pendleton, Virginia Beach, VA 23451, the authority to take temporary care of the minor: _____. This grant of temporary authority shall begin on _____, and shall remain effective through _____ or sooner if the parents/guardian wish to withdraw their son/daughter from the Commonwealth Challenge Youth Academy.

The Commonwealth Challenge Youth Academy shall have the power to:

- Seek appropriate medical treatment or attention on behalf of the child as may be required by the circumstances, including but not limited to medical doctor and or hospital visits
- Make appropriate decisions regarding clothing, bodily nourishment or food, and shelter
- Sign and release forms for sports
- Signed release forms for field trips in and out of the state of Virginia

Parent/Guardian Signature

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

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 format. 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 _____ Phone (H) _____

Are you currently using any **prescribed** medications? YES NO

if yes, 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 Heroin 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

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, 2005¹ 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 administered at age 4 years or older.

Polio the 4th dose is not necessary if the 3rd dose was administered at age 4 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

Understanding of Limited Medical Services

PURPOSE: This form outlines the medical conditions that might prevent entrance or continued enrollment into the CCYA and the policies and procedures that govern how medications and medical services are provided to the Youth.

CANDIDATE NAME: _____

DOB: / /

OVERVIEW:

The Commonwealth Challenge Youth Academy (CCYA) is **NOT** a hospital, medical, dental, or mental health clinic. We have healthcare staff, including a staff member similar to a school nurse, but not a medical director. For this reason, we are unable to accept applications from individuals who require on-going medical, mental health or dental care for conditions that originated prior to arrival at the program, or that develop after enrollment that prevents their full participation on a daily basis. Minor illnesses and injuries that arise during the program are handled on a “sick call” basis, much like that provided in a traditional school district. Candidates with more serious illnesses or injuries will be taken to a local clinic or hospital emergency room as appropriate. Please note that if the illness or injury is serious it could jeopardize the Candidates’ continued enrollment. **The CCYA does not have staff available to transport Youths to on-going medical, dental, or vision appointments, or provide “on-going” treatment or care.** Candidates’ with medical issues that will impact their daily participation will be disenrolled and can re-apply to a future class and compete for admission provided they are in good standing in all other areas. Any periodic appointments for preventative medical, dental, or vision care must be made when the Youth is at home during a scheduled pass. Appointments scheduled while home on during pass should not overlap with the scheduled time for return, as this will put the candidate at risk of not completing the required training and attendance for successful completion of the program. **These policies and procedures are intended and designed to ensure the safety, health, and welfare of all candidates/cadets and staff of the CCYA.**

THE FOLLOWING CONDITIONS MAY PREVENT ENROLLMENT IN THE COMMONWEALTH CHALLENGE YOUTH ACADEMY:

- Extensive use of multiple medications necessary to treat multiple conditions on a daily basis.
- Extensive dietary restrictions medically required by a physician.
- Previous or current injuries/surgeries that prevent daily participation in all physical and mental CCYA activities.
- Dental conditions or appliances that will require near-term or on-going treatment or that will impact the Youth’s ability to participate in daily activities.
- Conditions or medications that adversely react to or have side effects impacted by rigorous physical activity or seasonal weather conditions that may compromise the health, safety, or welfare of all candidates/cadets and staff of the CCYA.
- Historic or current conditions requiring medical, psychological, or psychotic intervention for suicide prevention, manic depression, anxiety, etc. The CCYA does not provide mental health services.

IMPORTANT NOTE: Participants must provide full and accurate information concerning any and all medical and/or psychological conditions—as outlined above—at the time of application and report any changes prior to the beginning of the program. The CCYA cannot and will not assume any financial or personal liability or risk for participants that have previous medical, physical, or mental problems or disorders that could or would be impacted by the rigorous nature of the program.

VIRGINIA COMMONWEALTH CHALLENGE YOUTH ACADEMY
Understanding of Limited Medical Services (Cont.)

POLICIES GOVERNING MEDICATIONS AND MEDICAL CARE

- All required prescription and non-prescription medications must be disclosed in advance during the application process.
- All potential side effects and limitations of required medications must be disclosed at time of application.
- A medical release (see medical forms provided by the program healthcare staff) and approval to participate must be signed by a doctor and received by the Admissions Office before final acceptance can be issued.
- Parents/legal guardians are entirely responsible for all medical costs, including prescription medications and re-fills that may be incurred by the Youth while attending the Commonwealth Challenge Youth Academy (CCYA).
- Parents/legal guardians are responsible for all medical, dental, vision, and psychological care before, during, and after attending the CCYA.
- Any injuries or other physical/psychological changes, including changes in medication after the initial Physical examination must be disclosed in writing prior to entry into the program/start of class.

MEDICAL INSURANCE POLICY

- **Initial**_____ I understand that the Commonwealth Challenge Youth Academy, the Department of Military Affairs are NOT providing any medical insurance coverage for _____ (name) to attend the Commonwealth Challenge Youth Academy. Medical services provided by a billing medical or emergency service will NOT be paid by Commonwealth Challenge Youth Academy, The Department of Military Affairs or the State of Virginia.
- **Initial**_____ I understand and agree that I am financially responsible for all medical services provided by a billing medical or emergency service provider which may include: medical services, medical testing, treatment/care, prescriptions, surgery, ambulance services, or any form of emergency services.
- **Initial**_____ If insurance coverage is provided, I accept responsibility for billing for deductible amounts, co-insurance, non-covered services or services not paid as determined by the insurance carrier. I understand that If there is no insurance or the insurance terminates (coverage no longer exists) that I agree to pay for all bills associated to medical or emergency services. The provider's billing for uninsured services that I would be responsible to pay may include additional fees such as a finance charge or other service related charges.

ACKNOWLEDGEMENT OF UNDERSTANDING

I understand and agree to be responsible for all medical, dental, and mental health care of my youth during, before, and after participation in the CCYA. In the event that I cannot be contacted through reasonable efforts, I hereby empower and grant The Commonwealth Challenge Youth Academy staff permission to provide medical care and/or transport my son/daughter to a local medical clinic, urgent care center and/or medical institution for further medical evaluation. I understand that, should my minor child need more invasive diagnostic or surgical procedures, attempts will be made to contact me before such are initiated. I further understand that, once my child reaches the age of majority, my consent for treatment is no longer required. I understand that I am entirely responsible for all medical costs, including prescription medication. By signing this, I acknowledge that I have read and that I understand this consent.

SIGNATURES:

Printed name of parent/legal guardian	Signature	Date
Printed name of candidate/applicant	Signature	Date

VIRGINIA COMMONWEALTH CHALLENGE YOUTH ACADEMY

Authorization To Release Medical Information

PURPOSE: Authorizes your doctor/health care provider to release the results of your physical examination and other medical information forms completed during the examination process. CCYA is not a rehabilitation program, nor do we provide anything more than limited medical services comparable to that of a school medical technician.

I hereby authorize the use and/or disclosure of my individually identifiable health information as described below. I understand that this authorization is voluntary. I understand that the released information may be subject to re-disclosure by the recipients only as required to process a claim for benefits and no longer be protected by federal privacy regulations.

PATIENT/ CANDIDATE NAME: _____ **D.O.B** / / _____

Medical Provider:

The Commonwealth Challenge Youth Academy, located at 253 C Street Camp Pendleton, Virginia Beach, VA, is a division of the Virginia Dept. of Military Affairs and is authorized to receive and use the information in connection with my medical history, treatment, and physical examination. I further authorize that a photocopy of this medical release may be used by the Commonwealth Challenge Youth Academy to request and obtain medical information.

Specific description of information: complete medical record for all dates of service and all admissions including, but not limited to: history and physical exam; progress notes; office notes and letters; office chart; laboratory reports; diagnostic test reports including, but not limited to: MRI, CT scan, bone scan, x-ray reports or films, inpatient admissions and discharge reports; and physical therapy. This information may include medical services including: Psychiatric Care, Alcohol and Drug Rehabilitation, and communicable diseases that may also affect my attendance in an intense residential program.

The purpose of use or disclosure of patient information is for my application and attendance in a residential education program. Patient information may be used or disclosed to determine, administer, and/or coordinate a treatment plan and/or litigate a claim. Patient information may be re-disclosed to the parties, their agents and representatives; to the Commonwealth Challenge Youth Academy and the Dept. of Military Affairs; independent medical examiners and/or care providers with Taylor Made Diagnostics, LLC contracted by the Commonwealth Challenge Youth Academy; patient's private insurance or health program coverage provided by the State of Virginia; entities involved in any third party action arising out of providing medical care, the Attorney General's Office, County and/or District Courts, and any of my past or present health care providers.

- **I understand** that this authorization will expire upon the closure of my application and program attendance or one year from the date of signature, whichever is first.
- **I understand** that I may revoke this authorization at any time by notifying the providing organization in writing; however, such revocation will not affect any actions the provider took before it received the revocation. Any use or disclosure made prior to the revocation of this authorization will not be affected by a revocation.
- **I understand** that I may refuse to sign this form; however, the lack of appropriate medical information may affect the processing of my application or attendance in the program.
- **I understand** that I am entitled to receive a copy of this authorization.

SIGNATURES:

Printed name of parent/legal guardian	Signature	Date
Printed name of candidate/applicant	Signature	Date

**VIRGINIA COMMONWEALTH CHALLENGE YOUTH ACADEMY
Medication Form**

Any cadet actively prescribed a medication during in-processing agrees to continue taking their medication as prescribed during the duration of the 22 weeks 5^{1/2} months residential phase. Ceasing medication without medical oversight by the prescribing physician may cause serious personal safety issues due to possible emotional, behavioral, and physical side-effects, all of which may negatively impact the cadet's ability to complete the mission of Commonwealth Challenge Youth Academy.

All cadets maintain the right to have a medication evaluation by their prescribing physician, in which case the parent or guardian of the cadet will contact Challenge directly and request an evaluation. It is up to the parent or guardian of the cadet to schedule an appointment with their prescribing physician for a medication evaluation, and the cadet agrees to continue taking their medication as prescribed until a written letter from their mental health provider has been received by Commonwealth Challenge Youth Academy.

As the Parent/Guardian of _____ I have read and agree to Commonwealth Challenge's request to maintain any of my cadet's prescribed medications. I understand that if my cadet ceases to take their medication without requesting a medication evaluation and an incident occurs in which my cadet and/or someone else is at risk of being harmed or is harmed, Commonwealth Challenge will respond with the appropriate consequences.

Parent/Guardian Signature

Date

I have read and agree to Commonwealth Challenge's request to take my medications as prescribed during the course of the 22 weeks 5^{1/2} months residential phase. I understand the importance of taking my medications on a regular basis and agree to request a medication evaluation by my prescribing physician if I desire to discontinue or change my medication requirements.

Candidate Signature

Date