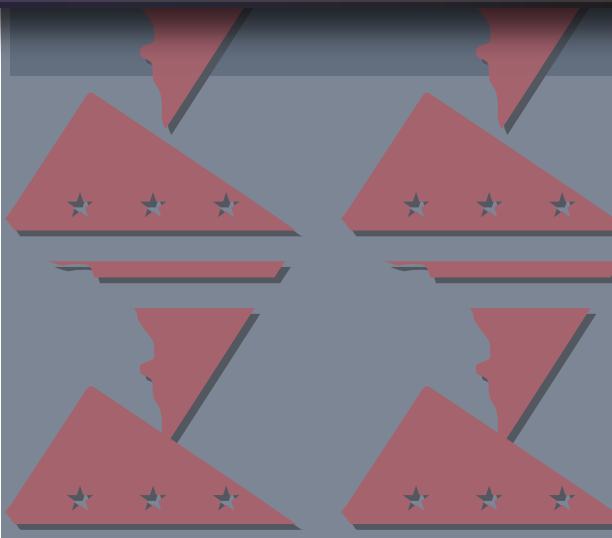


CAPITAL GUARDIAN YOUTH CHALLENGE ACADEMY

ADMINISTRATIVE PACKET

3201 Oak Hill Drive
Laurel, MD 20724
Office (202) 730-1531
Fax: (202) 730-1532
www.cgyca.org



“Embrace the Challenge”

ADMINISTRATIVE PACKET

Below is the list of administrative forms required by CGYCA. All forms must be completed and turned in before in processing day. Should you have any questions regarding any form, please give us a call at (202) 730-1579.

- **Applicant Academy Goals and Referral**
- **Release of Information Letter**
- **Legal Information**
- **Acknowledgements (2 pages)**
- **Audio/Video/Photo Release Form**
- **Parental Certificate of Understanding and Release of Liability Form**
- **US Government Covenant Not to Sue and Indemnity Agreement Form**
- **Parent/Guardian Release of Liability and Hazardous Activity Consent Form**
- **Permission to Transport**
- **Authorized Transportation Pickup List**
- **Emergency Contact Form**
- **Drug and Alcohol Test Acknowledgement**
- **School Withdrawal/Transfer Verification Form**
- **Medical Consent Form**
- **Employee Verification Acknowledgement**

**Capital Guardian Youth ChalleNGe Academy
320 I Oak Hill Drive Laurel, MD 20742
Office: (202) 730-1579
Fax: (202) 730-1532**

ACADEMY GOALS AND REFERRAL

1. How did you learn about the Capital Guardian Yourh ChalleNGe Program?

Referred by:

Name: _____ Referral Date: ____ / ____ / ____

Occupation: _____ Phone: ____ - ____ - ____

Other: _____

2. List three goals in order of preference that you would like to seek upon graduation from the Capital Guardian Youth ChalleNGe Academy (i.e. join the military, go to college, attend a vocational or technical school, or get a job and state what type of job).

Goal #1: _____

Goal #2: _____

Goal #3 _____

3. Are you currently employed? Yes ____ No ____

If so, where are you employed? _____

4. Are you registered to vote? Yes ____ No ____

5. What are your hobbies?

6. Do you have a special diet or eating habit? (ex. Vegetarian, does not eat pork, has food allergies, etc.) If so what is it? _____

Applicant Signature

Date

CCYCA Interviewer

Date

LEGAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

1. Have you been arrested and/or charged with a crime other than traffic violations?
Yes No

2. If you answered YES to question #1 compete the following:

Date of Offense: _____ / _____ / _____
Place of Offense: _____ / _____ <small>City State</small>
Offense/Violation: _____
Check one: Misdemeanor Felony
Name & Location of Court: _____
Penalty Imposed of Other Disposition: _____

Date of Offense: _____ / _____ / _____
Place of Offense: _____ / _____ <small>City State</small>
Offense/Violation: _____
Check one: Misdemeanor Felony
Name & Location of Court: _____
Penalty Imposed of Other Disposition: _____

3. Are you currently awaiting a hearing or sentencing? Yes No

4. If you awaiting a hearing or sentencing, what is the scheduled date and time?

5. Are you currently on probation? Yes No

6. If so, name and phone number of probation officer:

ACKNOWLEDGEMENTS

Cadet Name: _____

School Environment

I understand that the Capital Guardian Youth Challenge Academy is a military style school. The Academy is a hands-off program which uses verbal control to maintain structure and discipline. The Academy is not a juvenile detention facility and does not “lock down” Cadets. The Academy is not a mental health facility and does not have a therapeutic component.

SIGNATURE OF PARENT/LEGAL GUARDIAN/DATE

SIGNATURE OF APPLICANT/DATE

Substance Abuse Testing

I acknowledge that prior to final admission into the Academy. I will be tested by qualified individual for illegal drugs and alcohol. The academy is free of alcohol, tobacco and other illegal substances. I understand that during the course of my training I will be subjected to random and scheduled testing for illegal use of drugs and alcohol. I consent to these tests.

SIGNATURE OF PARENT/LEGAL GUARDIAN/DATE

SIGNATURE OF APPLICANT/DATE

General Education Development Program

I will be working toward obtaining the GED certificate while attending the Academy. The Capital Guardian Youth Challenge Academy is not an accredited high school, but is recognized as a Special Alternative Education Program. I understand that receiving a GED is not guaranteed; but based on the individuals test performance and is not a requirement for graduation from the Academy.

SIGNATURE OF PARENT/LEGAL GUARDIAN/DATE

SIGNATURE OF APPLICANT/DATE

Security System Use

I understand that the Academy uses surveillance cameras in their buildings to facilitate the safety and security of the Cadets and Staff. Surveillance cameras are located throughout the facility.

SIGNATURE OF PARENT/LEGAL GUARDIAN/DATE

SIGNATURE OF APPLICANT/DATE

Cadet Name: _____

Release of Information

I consent under applicable District of Columbia and Federal Laws to release of information concerning my participation in the Capital Guardian Youth Challenge Academy. I understand that such information may be obtained from my initial application as well as any documentation generated by the Capital Guardian Challenge Academy that may be necessary for my training in areas such as banking, payroll documentation, academic testing and medical care. I understand this include photographs, news releases and interviews with the Media.

SIGNATURE OF PARENT/LEGAL GUARDIAN/DATE

SIGNATURE OF APPLICANT/DATE

Financial Responsibilities

I understand that the Capital Guardian Youth Challenge Academy is free to the youth selected to participate. However, I could incur expenses during my enrollment. I am responsible for any expenses resulting from routine medical care and medications. I understand that I am responsible for the clothing items and training gear issued to me by the Academy even if I do not graduate. If these items are misplaced, lost, damaged, destroyed or stolen, I am required to pay for them. I understand that I am responsible for the replacement or repair of any property that is damaged or destroyed because of my behavior. I understand that the Academy is NOT liable or responsible for my personal property or belongings.

SIGNATURE OF PARENT/LEGAL GUARDIAN/DATE

SIGNATURE OF APPLICANT/DATE

Privacy Act Release

I understand that the Capital Guardian Youth Challenge Academy operates under the authority of Public Law 102-484, Sec. 1091 e(2). In order to evaluate my application for admission, to assess my progress during residential training and to facilitate my post-residential placement, I authorize the Academy to collect personal data necessary. I understand that these disclosures are voluntary; however, if I do not authorize this action, I will not be selected for enrollment in the Academy.

SIGNATURE OF PARENT/LEGAL GUARDIAN/DATE

SIGNATURE OF APPLICANT/DATE

AUDIO/VIDEO/PHOTO RELEASE FORM

I, _____, the applicant, parent or legal guardian of _____ (applicant's name), hereby grant the Capital Guardian Youth ChalleNGe Academy (CGYCA) the right to use the video, photograph, and/or audio of the applicant named above. I have been informed and understand that Capital Guardian Youth ChalleNGe Academy (CGYCA) may produce photographs or videotape images for use in programs and that my name, likeness, image, voice, appearance and/or performance may be recorded and made a part of that production ("Product").

1. I grant CGYCA and its designees the right to use my child's name, likeness, image, voice, appearance, and performance as embodied in the Product whether recorded on or transferred to videotape, film, slides, photographs, audio tapes, or other media, now known or later developed. This grant includes without limitations the right to edit, mix or duplicate and to use or re-use the Product in whole or part as CGYCA may elect. CGYCA or its designee shall have complete ownership of the Product in which I appear, including copyright interests, and I acknowledge that I have no interest or ownership in the Product or its copyright.

2. I also grant CGYCA and its designees the right to broadcast, exhibit, market, and otherwise distribute the Product, either in parts, alone or with other products, for commercial or non-commercial television or theatre, closed-circuit exhibition, internal or external presentation or any other purpose that CGYCA or its designees in their sole discretion may determine. This grant includes the right to use the Product for promoting or publicizing any of the uses.

3. I confirm that I have the right to enter into this agreement, that I am not restricted by any commitments to their parties, and that CGYCA has no financial commitment or obligations to me as a result of this Agreement. I hereby give all clearances, copyright and otherwise, for use of my name likeness, image, voice, appearance and performance embodied in the Product. I expressly release and indemnify CGYCA and its officers, employees, agents and designees from any and all claims known and unknown arising out of or in any way connected with the above granted uses and representations. The rights granted CGYCA herein are perpetual and worldwide.

4. In consideration of all the above, I hereby acknowledge receipt of reasonable and fair consideration from CGYCA.

I have read the above information. I accept and understand its terms.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness: _____ Date: _____

EMPLOYEE VERIFICATION FORM

I, _____ have been briefed on the following information.

- 1. All Candidates/Cadets while at the Capital Guardian Youth Challenge Academy are neither considered federal employees nor are they a member of the National Guard except under certain provisions of the law.**
- 2. All Candidates/Cadets shall be considered federal employees for the purposes of compensation for work related injuries.**
- 3. All Candidates/Cadets shall be considered federal employees relating to the liability of the United States for tortious (legal) conduct of employees of the United States.**
- 4. All Candidates/Cadets shall not be considered to be in performance of duty while not at the assigned location of training or other activity authorized with the program agreement except when the Cadet is traveling to or from the location or is on a pass from the training or other activity.**
- 5. All Candidates/Cadets when computing compensation benefits for disability or death, the monthly pay of a Cadet shall be deemed that received under the entrance salary for a grade GS-2 Federal Employee.**
- 6. All Candidates/Cadets understand that the entitlement of a person to receive compensation for a disability shall begin on the day following the date the person's participation in the program is terminated.**

CANDIDATE'S SIGNATURE

DATE

AUTHORIZED TRANSPORTATION PICKUP LIST

Cadet Name: _____

-
-
1. Please list all parents/legal guardians who are authorized to provide transportation for this cadet first.
 2. The Academy must have a variety of names/phone numbers from different household (minimum 4)
 3. Only those persons over the age of twenty-one (21) and authorized by the parent/guardian may transport the Cadet.
 4. A valid driver's license with photo ID is required.
-
-

PLEASE PRINT CLEARLY

	Name	Relationship	Home Phone	Cell Phone	Work Phone
1					
2					
3					
4					

Cadets will not be released to anyone suspected of being under the influence of alcohol or drugs.

Signature of Parent/Legal Guardian

DATE

Standard Operating Procedures

- 1. Parents must notify us once a cadet is scheduled for pick up.**
- 2. Parents will be notified if the cadet must be picked up.**
- 3. Parent has the right of refusal to not let an authorized person pick up a cadet due to any personal reason.**
- 4. The Academy will evaluate the condition of the transporter prior to releasing cadet to authorized transporter.**
- 5. The Academy will have the right to ask for valid drivers' license and vehicle registration of transporter.**

EMERGENCY CONTACT FORM

CADET INFORMATION

	NAME:		AGE:	
			D.O.B: / /	
	LAST 4 OF S.S.N:	RACE/ETHNICITY:	GENDER:	
	MAILING ADDRESS		REGION/WARD:	
	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
DESCRIPTION OF TATTOOS/SCARS				
EMAIL:		FACEBOOK PROFILE:	TWITTER:	OTHER SOCIAL MEDIA:

PARENT/LEGAL GUARDIAN INFORMATION

MOTHER/LEGAL GUARDIAN		FATHER/LEGAL GUARDIAN	
MAILING ADDRESS		MAILING ADDRESS	
HOME NUMBER	CELL NUMBER	HOME NUMBER	CELL NUMBER
PERSONAL EMAIL:		PERSONAL EMAIL:	
WORK NUMBER:	WORK EMAIL	WORK NUMBER:	WORK EMAIL

OTHER CONTACT INFORMATION

NAME	RELATIONSHIP TO CADET	EMAIL ADDRESS	CONTACT NUMBER

DRUG AND ALCOHOL TEST ACKNOWLEDGEMENT

I, _____ (circle one: Parent/Legal Guardian) of
NAME OF PARENT/LEGAL GUARDIAN

_____, hereby authorize my son/daughter to be initially
NAME OF APPLICANT
drug tested by qualified individuals for drugs and alcohol within the first 40 days of the Residential Phase.

I further understand that during the course of the program my son/daughter may be randomly tested for drugs and alcohol.

I also understand that a positive test result for drugs or alcohol will subject my child to immediate expulsion from the program.

By affixing my signature to this form, I hereby give consent for this test(s).

SIGNATURE OF PARENT/LEGAL GUARDIAN

_____/_____/_____
DATE

SIGNATURE OF APPLICANT

_____/_____/_____
DATE

PARENTAL CERTIFICATE OF UNDERSTANDING AND RELEASE OF LIABILITY FORM

I/we the parent(s) of _____ who has applied for enrollment in the Capital Guardian Youth ChalleNGe Academy hereby certify:

NAME OF CADET

1. That I/we permit my child to participate in all Academy activities which may include UNIQUE activities such a rappelling, ropes course, aircraft rides (to include military aircraft), extreme physical activities, and various off campus activities; to include transportation to and from such events and travel in and outside of the District of Columbia in various types of vehicles. This release also includes all activities that might be involved with the Mentor assigned by the Academy to the participant. This release shall remain in effect for the 17 1/2 months duration of both Residential and Post-Residential activities.
2. That the Academy has permission for my child to participate in the GED, SAT, ACT, ASVAB, TABE or any other academics related to test.
3. That I give my permission for my child to receive counseling services from the Capital Guardian Youth ChalleNGe Academy personnel. Services may include mental health and/or substance abuse counseling, and psychological/educational tests.
4. If my child becomes a danger to himself/herself, I hereby give my permission for the personnel to take necessary measures to maintain his/her safety which may include a referral for psychological evaluation and or hospitalization.
5. That the Academy's policies and procedures have been explained to me and I understand what the Academy will attempt to do.
6. That I/we give my permission for the Academy Staff to maintain discipline by imposing disciplinary measure upon my child.
7. That 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.

Furthermore, in consideration of my child's participation in the Academy, I HEREBY RELEASE the District of Columbia, its officers, agents, employees, successors, and assigns from any and all liability which may arise from my child's participation in the Academy. I AGREE to hold harmless the District of Columbia National Guard, The National Guard Youth ChalleNGe Program, the officers, agents, employees, successors and assigns regarding any liability or cause of action which may arise from my child's participation in the Academy.

DATE

PARENT/GUARDIAN'S SIGNATURE

NOTARY SEAL

DISTRICT OF COLUMBIA: SS
Subscribed and sworn to before me, in my presence, this ____ day of _____,

PARENT/GUARDIAN'S SIGNATURE

STREET ADDRESS

CITY, STATE, ZIP

HOME PHONE

WORK PHONE

***BOTH PARENTS/GUARDIANS MUST SIGN IF LIVING WITH OR HAVING CUSTODY OF THE ABOVE NAMED STUDENT**

US GOVERNMENT COVENANT NOT TO SUE AND IDEMINITY AGREEMENT FORM

is about to voluntarily

(PRINT APPLICANT'S) LAST FIRST MIDDLE

take part in an activity sponsored by the District of Columbia National Guard, Capital Guardian Youth ChalleNGe Program. In consideration of being permitted to take part in this activity, I, for my heirs, administrators, executors, and assignees, make the following agreement.

I agree that I will never prosecute or in any way aid in prosecuting and demand, claim, or suit against the United States Government for any loss, damage or injury to my child or my property that may occur from any cause whatsoever by taking part in the District of Columbia National Guard Capital Guardian Youth ChalleNGe Academy.

If I should take part in any case, I agree to pay the United States Government for all damages, expenses, and cost it may incur as a result thereof.

I understand and agree that I may be assuming the risk of any property damage or personal injury to my child that may result from participation from this activity. These include such damages of injuries as may be caused by the negligence of the United States Government.

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

I understand that the term United States Government as used in the "Covenant Not to Sue and Indemnity Agreement" include any officer, agent, employee, or volunteer of the United States Government, acting officially or otherwise.

I/we _____ parent(s) legal guardian(s) of the above said child, consent to his/her taking part in this activity; will abide by this covenant and indemnity agreement; and understand that I/we be personally liable for the acts or omissions of said child.

/ /
DATE

PARENT/GUARDIAN'S SIGNATURE

NOTARY SEAL

PARENT/GUARDIAN'S SIGNATURE

DISTRICT OF COLUMBIA: SS
Subscribed and sworn to before me, in my presence, this ____ day of _____, _____

HOME PHONE WORK PHONE

***BOTH PARENTS/GUARDIANS MUST SIGN IF LIVING WITH OR HAVING CUSTODY OF THE ABOVE NAMED STUDENT**

PARENT/GUARDIAN RELEASE OF LIABILITY AND HAZARDOUS ACTIVITY CONSENT FORM

As the parent and/or authorized lawful guardian/custodian of a minor enrolled in the Capital Guardian Youth ChalleNGe Academy, I consent and authorize participation in the scheduled events and activities conducted and/or organized by the Academy. I acknowledge the events and activities conducted and/or organized by the Capital Guardian youth ChalleNGe Academy are hazardous and involve risk of serious bodily injury or death and I agree to release and hold harmless the Capital Guardian Youth ChalleNGe Academy for bodily injury or death arising from participation in such activities.

Hazardous activities may include, but are not limited to the following types of activities: helicopter rides; rappel tower; high ropes course, obstacle course; physical training; contact sports; running; swimming; land navigation and terrain walk course; service to community; field trips; travel by motor vehicle; exposure to outdoor weather and elements; and numerous other miscellaneous recreational activities involving risk of injury and/or death.

I acknowledge the Capital Guardian Youth ChalleNGe Academy will conduct and organize these events and activities throughout the time period my minor/child is enrolled and I intend for this Release of Liability and Hazardous Activity Consent Form to have effect during the duration of the minor's enrollment.

As the parent and/or authorized lawful guardian/custodian of a minor enrolled in the Capital Guardian Youth ChalleNGe Academy, I represent the minor is physically fit and able to participate in the various activities.

In consideration of my minor being allowed to participate in these events, I expressly assume all risks arising out of the minor's participation in activities conducted and/or organized by the Capital Guardian Youth ChalleNGe Academy for myself, my heirs, executors and administrators, to release, indemnify and hold harmless, the United States of America, the District of Columbia, District of Columbia National Guard, the Capital Guardian Youth ChalleNGe Academy, their affiliates, officers, directors, volunteers and employees and all sponsoring businesses and organizations and their agents and employees, from any and all liability, claims, demands and causes of action whatsoever, arising out of my child's participation in this event and related activities -whether it results from the negligence of any of the above or from any other cause and acknowledge the Release of Liability and Hazardous Activity Consent Form shall be interpreted as board and inclusive as is permitted by the District of Columbia. If any portion of it is held invalid, the balance shall continue in full force and effect.

PARENT, CUSTODIAN, GUARDIAN ACKNOWLEDGEMENT

I am the parent, legal custodian and/or guardian of the minor enrolled in the Capital Guardian Youth ChalleNGe Academy. I understand the various types of activities conducted and/or organized by the Academy and understand the risk involved, including serious bodily injury and death. I consent to the minor's participation. I have read the RELEASE OF LIABILITY AND HAZARDOUS ACTIVITY CONSENT FORM and I agree on behalf of myself and the minor to its terms.

_____/_____/_____
DATE

PARENT/GUARDIAN'S SIGNATURE

NOTARY SEAL

PARENT/GUARDIAN'S SIGNATURE

DISTRICT OF COLUMBIA: SS
Subscribed and sworn to before me, in my presence, this ____ day of _____, _____

STREET ADDRESS

CITY, STATE, ZIP

PERMISSION TO TRANSPORT

I/we the parent(s)/guardian(s) of _____, enrolled
NAME OF APPLICANT
in the Capital Guardian Youth ChalleNGe Academy at Laurel, Maryland, hereby authorize the National Guard to transport as a passenger in certain National Guard ground, water, and/or air vehicles to and from the Academy's site and activities incident to the Academy's program and in providing the facilities and activities during the period _____ to _____ on the terms and conditions stated herein. Whereas my/our/son/daughter will accept such transportation entirely upon his/her own initiative, risk, and responsibility. Now Vwe, therefore in consideration of the permission extended to the above named candidate by the United States and the District of Columbia through their officers and agents, for myself/ourselves and our heirs, release and forever discharge the Government of the United States and the District of Columbia and employees acting officially or otherwise, from any all claims, demand, action, on accounts of any injury or illnesses to the above named candidate or personal property which may occur from any and all claims, demand, action, on accounts of any injury or illnesses to the above named candidate or personal property which may occur from any cause during said activities, transportation, use of facilities or incidents thereto. If your child is dis-enrolled, you the parent authorize the Capital Guardian Youth ChalleNGe Academy at your expense to put your child on public transportation, i.e., bus, train, etc.

I /we further agree that if necessary, due to medical, disciplinary, or other reasons, the Program Director, or his designee, may elect to return the cadet to his/her home by commercial or private carrier, for which I/we will be responsible for payment.

/ /
DATE

PARENT/GUARDIAN'S SIGNATURE

NOTARY SEAL

PARENT/GUARDIAN'S SIGNATURE

DISTRICT OF COLUMBIA: SS
Subscribed and sworn to before me, in my presence, this ____ day of _____, _____

STREET ADDRESS

CITY, STATE, ZIP

***BOTH PARENTS/GUARDIANS MUST SIGN IF LIVING WITH OR HAVING CUSTODY OF THE ABOVE NAMED CANDIDATE. WITNESS MUST BE UNRELATED TO CANDIDATE, PARENT(S), OR GUARDIAN(S)**

PARENTAL CONSENT FOR MEDICAL CONSENT FOR A MINOR BY AND ADULT CAREGIVER

_____ I am parent of the Child listed below and there are not court orders now in effect which would prohibit me from exercising the power that I now seek to convey:

OR

_____ I am the legal guardian or custodian of the child by court order (copy attached, if available) and there are no other court orders now in effect which would prohibit me from exercising the power that I now seek to convey.

I am temporarily entrusting to the Capital Guardian Youth Challenge Academy Staff that reside at 3201 Oak Hill Drive, Laurel, MD 20742 the care of the following child:

_____/_____/_____
NAME DATE OF BIRTH

The caregiver named above may consent to medical, dental, surgical and/or mental health diagnosis and treatment for the child.

I am giving this consent freely and knowingly in order to provide for the child and not due to pressure, threats, or payments by an person or agency.

This consent shall be valid herein until the age of majority (18) unless you revoke this consent in writing. Upon notification of intent to revoke, there shall be a period of 72 hours before revocation takes effect. Notification of intent to revoke must be in writing.

I hereby swear or affirm that the above statements are true, under penalty of law.

_____/_____/_____
DATE

PARENT/GUARDIAN'S SIGNATURE

NOTARY SEAL

DISTRICT OF COLUMBIA: SS
Subscribed and sworn to before me, in my presence, this ____ day of _____, _____

PARENT/GUARDIAN'S SIGNATURE

STREET ADDRESS

CITY, STATE, ZIP

SCHOOL WITHDRAWL/TRANSFER VERIFICATION FORM

I, _____ have requested to attend the **Capital Guardian Youth ChalleNGe Academy**. Please provide or mail an official copy of my withdrawal information, **School Transcript**, and a copy of my Individual Education Plan (I.E.P.), if applicable, to the Capital Guardian Youth ChalleNGe Academy. This form is to be completed by the Principal, Counselor, or designee of the last school in which the applicant attended.

This student is Home Schooled or has been expelled: YES _____ NO _____

If yes, please provide a copy of the withdrawal completed form from the school administration.

Date Attended: ____ / ____ / ____ Grade Level: ____ School Name: _____

School ID: _____ Credits Attained: _____

School Information:

Phone: ____ - ____ - ____ Fax: ____ - ____ - ____ Please check if mailing transcript _____

School Point of Contact

Position: _____ Last Name: _____ First Name: _____

POC Email: _____ Address: _____

City: _____ State: _____ Zip: _____

Date of Withdrawl: ____ - ____ - ____

PARENT/GUARDIAN'S SIGNATURE

STUDENT SIGNATURE

AUTHORIZING SIGNATURE OF OFFICIAL SCHOOL

TITLE OF SCHOOL STAFF PREPARING VERIFICATION

DATE

**Please send via Mail or Fax to:
Capital Guardian Youth ChalleNGe Academy
Attn: RPM Department
2001 East Capitol Street NE
Washington, DC 20003
FAX: 202-730-1532**