

Application Packet Checklist



PRIOR TO COMPLETING THIS PACKET YOU MUST HAVE;

- VERIFIED APPLICANT MEETS THE QUALIFICATIONS
- COMPLETED AN ORIENTATON

THIS PACKET MUST BE COMPLETED AND IS REQUIRED IN ORDER TO BE INTERVIEWED

**If the applicant is 18 years of age, parent/guardian signature is not required. Applicant must still complete all forms and sign for themselves.*

- Alaska Military Youth Academy Student Application-Basic Information (A2-A5)
- 100 Word Essay (A6)
- Program Description and Waiver (A7-A14)
- Legal Acknowledgement (A15)
- JBER Risk Advisement (A16)
- Additional Requirements
 - Copy of Birth Certificate** (If you cannot find yours, request copy and provide request- upon receipt of original birth certificate-provide copy to AMYA. Alaskan Birth request at: http://dhss.alaska.gov/dph/VitalStats/Documents/birth/birth_form.pdf) We can accept copies; check with your school, tribal organization, etc for copies if you cannot find yours.
 - Copy of Social Security Card** (if you cannot find yours, request copy and provide request- upon receipt of SS card-provide copy to AMYA.) Request can be found at: <https://www.ssa.gov/forms/ss-5.pdf> We can accept copies; check with your school, tribal organization, etc for copies if you cannot find yours. If you have an official document that identifies the youth and their social security number this may act as proof, please check with your admissions rep.
 - Copy of a valid State ID, Military Dependent ID, Tribal ID, Passport and/or Bureau of Indian Affairs card** ID must have photo and identifiable information (such as date of birth) If you receive a new state issued ID, a copy of the paper ID will be accepted until you receive the actual card in the mail. At that time, you will need to provide a copy of the actual ID. A SCHOOL ID IS NOT A VALID PHOTO ID.
 - Custody Paperwork:** Required if person signing as parent/guardian is not listed on the birth certificate and in cases where there is shared custody

For questions about the application packet, please contact goamya@alaska.gov or your assigned admissions representative.

This packet can be faxed 907-428-7385, scanned to goamya@alaska.gov or your assigned admissions representative, or submitted directly to an AMYA Admissions Office. An interview will be completed with the youth once this packet is received.

ALASKA MILITARY YOUTH ACADEMY

APPLICATION- BASIC INFORMATION- Applicant is the youth applying for admission who may also be referred to as candidate or cadet

APPLICANT'S CONTACT INFORMATION: DO NOT ENTER PARENT/GUARDIAN INFORMATION HERE

Social Security Number #: _____ - _____ - _____ Have you applied before? _____ When: _____

Name: (last) _____ (first) _____ (middle) _____

Physical Address: (NO PO Box): _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Applicant's E-mail Address: _____ (*must have own email-not parents)

Applicant's Phone #: Home _____ - _____ - _____ Work _____ - _____ - _____ Cell _____ - _____ - _____

Date of Birth: ____/____/____ MMDDYY Age as of Today: _____ **Gender:** _____

**Must be between the ages of 16-18 on the start date of the cycle*

-Are you a US Citizen or Legal Resident? No Yes

-Are you currently on probation? No Yes

-Have you ever had a probation officer? No Yes

Probation Officer Name: _____ Phone: _____

-Have you ever had an Office of Children's Services /Indian Child Welfare Act caseworker? No Yes, if yes:

Caseworker Name: _____ Phone: _____

Referral Source (How did you hear about AMYA?) Check **all** that apply

Another Applicant Family Member Paper Advertisement (brochure, flyer, postcard)

Prior Cadet School Friends School Staff (counselor, teacher, coach etc.)

TV/Radio Ad Website/Social Media Social Worker/Probation Officer/Counselor/Therapist

Other (explain): _____

Ethnicity (Check all that apply):

ASIAN - BLACK - ALASKA NATIVE - CAUCASIAN - HISPANIC

NATIVE AMERICAN - PACIFIC ISLANDER - Other (Specify) _____

Applicant's Vital Statistics

HAIR COLOR: _____ **EYE COLOR:** _____ **HEIGHT:** ____ Feet ____ Inches **WEIGHT (lbs):** _____

Please be as accurate in sizing as possible. Sizing is unisex (i.e. men's sizing, females may need to size down)

This information will be used to issue clothing.

Shirt Size (Circle closest current size): XS S M L XL 2XL 3XL 4XL 5XL

Pant size (Circle closest current size): XS S M L XL 2XL 3XL 4XL 5XL

****Females only**:** Sports Bra Size XS S M L XL 2XL

		band						
		34	36	38	40	42	44	46
cup	A		S					
	B			M	L			
	C					XL		2X
	D							

Shoe Size: _____ Please Circle: Is shoe width? **REGULAR** or **WIDE** Is shoe size? _____

-Do you currently have health insurance? No Yes

-Are you married? No Yes, if yes: Spouses Name: _____

-Do you have any children? No Yes, if yes: Names/Ages: _____

Do you have children on the way (male) or could you be pregnant (female)? No Yes Possibly

Explain: _____

Who will care for your child(ren) if you attend AMYA? _____

Legal Custody

If applicant is under the age of 18, who has legal custody? _____

Proof of custody is required for youth under 18 if the legal guardian is not listed on birth certificate. Parents who have divorced and received physical custody or right to make educational decisions/placements must provide copy of the custody agreement - or - both parents must sign the application materials - or - additional parent/guardian must provide signed written notice of their support for their child attending. Parents who are married-only one parent needs to complete.

Notes/Information Regarding Custody that AMYA staff should be aware of (no contact allowed, deceased parent(s), tribal custody, etc)

Parent/Guardian Information

If applicant is 18, still list parent information

PARENT/GUARDIAN RELATIONSHIP TO APPLICANT: _____

LAST NAME: _____ FIRST: _____ MI: _____

Parent/Guardian Home Ph #: _____ Work #: _____ Cell #: _____

EMAIL ADDRESS(ES): _____

PLEASE NOTE THAT E-MAIL IS THE PRIMARY FORM OF COMMUNICATION FROM AMYA STAFF

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Is this person authorized for pickup? Yes No Primary Contact -or- Secondary Emergency Contact

Additional- **PARENT/GUARDIAN** RELATIONSHIP TO APPLICANT: _____

LAST NAME: _____ FIRST: _____ MI: _____

Parent/Guardian Home Ph #: _____ Work #: _____ Cell #: _____

EMAIL ADDRESS(ES): _____

PLEASE NOTE THAT E-MAIL IS THE PRIMARY FORM OF COMMUNICATION FROM AMYA STAFF

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Is this person authorized for pickup? Yes No Primary Contact -or- Secondary Emergency Contact

Additional- **PARENT/GUARDIAN** RELATIONSHIP TO APPLICANT: _____

LAST NAME: _____ FIRST: _____ MI: _____

Parent/Guardian Home Ph #: _____ Work #: _____ Cell #: _____

EMAIL ADDRESS(ES): _____

PLEASE NOTE THAT E-MAIL IS THE PRIMARY FORM OF COMMUNICATION FROM AMYA STAFF

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Is this person authorized for pickup? Yes No Primary Contact -or- Secondary Emergency Contact

Additional- **PARENT/GUARDIAN** RELATIONSHIP TO APPLICANT: _____

LAST NAME: _____ FIRST: _____ MI: _____

Parent/Guardian Home Ph #: _____ Work #: _____ Cell #: _____

EMAIL ADDRESS(ES): _____

PLEASE NOTE THAT E-MAIL IS THE PRIMARY FORM OF COMMUNICATION FROM AMYA STAFF

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Is this person authorized for pickup? Yes No Primary Contact -or- Secondary Emergency Contact

EMERGENCY CONTACT INFORMATION-DO NOT ENTER PARENT/GUARDIAN INFORMATION HERE

In the event of an emergency, and the parents/guardians can't be reached, we will make every attempt to reach one of the emergency contacts. The emergency contacts may be allowed to pick up the student in the absence of the parent/guardian. The contact should be over 21, and will be required to show picture ID when picking up.

MUST HAVE 1 ADDITIONAL EMERGENCY CONTACT OTHER THAN PARENTS/LEGAL GUARDIANS

(1) EMERGENCY CONTACT NAME: _____ (cannot be parent/guardian)

Relationship: _____ PH #: _____ ALTERNATE PH #: _____

EMAIL ADDRESS(ES): _____

Is this person authorized for pick-up? Yes No

(2) EMERGENCY CONTACT NAME: _____ (cannot be parent/guardian)

Relationship: _____ PH #: _____ ALTERNATE PH #: _____

EMAIL ADDRESS(ES): _____

Is this person authorized for pick-up? Yes No

I fully understand that the Alaska Military’s ChalleNGe Program will be physically and mentally demanding. I **VOLUNTARILY** accept the challenge. I understand that the Alaska Military Youth Academy does not provide day care for dependents and has very limited medical services. To the best of my knowledge, all statements made by me on this application are true. **I further understand that the information I have given in this application and the documents attached hereto are subject to verification and that I may be disqualified from attending the Alaska Military Youth Academy if it is determined that the information I have provided is false. Changes in any of this information or qualifications must be provided to admissions and could affect acceptance status. In addition, the youth can be dismissed from campus should additional information contrary to this application be identified during the residential portion of the program.**

(A) APPLICANT SIGNATURE _____

DATE _____

(1) PARENT/GUARDIAN SIGNATURE _____

DATE _____

(2) PARENT/GUARDIAN SIGNATURE _____

DATE _____

REMINDER: Proof of custody is required for youth under 18 if the legal guardian is not listed on birth certificate. Parents who have divorced and received physical custody or right to make educational decisions/placements must provide copy of the custody agreement - or - both parents must sign the application materials - or – additional parent/guardian must provide signed written notice of their support for their child attending.

APPLICANT'S ESSAY

(100 words or more) on “Why I want to attend the Alaska Military Youth Academy”

If you have attempted a prior cycle and are reapplying to attend your essay should be:

“Why I want to attend AMYA again. Why I was unsuccessful. How I feel this time will be different.”

This **CANNOT** be completed by a parent/guardian.

A youth may type up and submit a printed essay but must still sign the bottom of this page.

By signing the below, you are certifying that;

I understand the Alaska Military Youth Academy is a voluntary program and I am choosing to apply.

(A) APPLICANT SIGNATURE X _____ **DATE X** _____



PROGRAM DESCRIPTION & WAIVER

(1) PURPOSE

The purpose of this statement is to provide Applicants, Candidates, Cadets, and their parents and guardians, a full and complete description of the nature of the National Guard Youth Challenge Program (NGYCP) conducted by the Alaska Military Youth Academy (AMYA) within the Department of Military and Veterans Affairs (DMVA).

(2) GENERAL OVERVIEW

a. The Challenge Program is an evidence-based federal/state partnership program operating under the auspices of the National Guard. Each state chooses to participate in the program administers and oversees its own program. The NGYCP provides military-based training, discipline, and structure, job readiness training, and alternative educational approaches through a military-based training model that is the foundation on which the NGYCP is built. It closely resembles structured and disciplined entry level military training that teaches the participants the life-long non-cognitive skills necessary to become successful adults. Personal skills such as impulse control, self-discipline and self-regulation, teamwork, follow-through, persistence, and delayed gratification are taught in a residential setting. Participants who were unable to be successful in a traditional school setting learn personal responsibility and accountability for their choices that translates well into short-term marketable post residential opportunities, and long-term productive citizenship. The NGYCP is comprised of phases; Admissions/Recruitment, Acclimation, Residential, and Post-Residential phases of the NGYCP. This is identified as the Basic Challenge Program.

b. **Challenge is a voluntary program.** NGYCP stands unique in mission and format and offers an alternative unlike any other youth serving program, and selects participants accordingly. Rigorous screening and selection criteria are the cornerstone of the admissions. No participant is required to attend, and no parent or guardian is required to send their child. It is neither a juvenile justice detention alternative nor a therapeutic environment for those with serious clinical mental health or substance abuse issues.

c. The Challenge Program is not a traditional high school. It consists of two phases. The Residential Phase includes an approximate two week (11 – 14 day) extension of the screening process referred to as the Acclimation Period; where Candidates are assessed for their willingness to participate in the remaining portion of the Residential Phase. Candidates officially receive “Cadet” status upon successful completion of Acclimation. The Acclimation Period is immediately followed by the remainder of the 20 week Residential Phase. (**Combined 22 weeks on campus**) After graduation from the Residential Phase, Cadets embark on the Post-Residential Phase conducted off campus in the Cadet’s hometown or other location.

d. The Challenge Program focuses on “Eight Core Components” to achieve overall success. The “Eight Core Components” are:

1. Academic Excellence;
2. Physical Fitness;
3. Job Skills;
4. Service to Community;
5. Health and Hygiene;
6. Responsible Citizenship;
7. Leadership/followership; and
8. Life Coping Skills

e. The Challenge Program’s enrollment criteria requires Candidates to be;

1. A citizen or lawful permanent resident of the United States.
2. Not under indictment, or ever convicted of a felony (or any crime that would be considered to be a felony if perpetrated by an adult), and not currently on parole or probation for other than juvenile status offenses or misdemeanors. No felony convictions/adjudications and no court requirements for the 22 weeks they live on campus.
3. Willing to be free from the illegal use of drugs or substances, alcohol, and tobacco products during the program. Youth will be required to participate in regular and random urinalysis (UA's).
4. Physically and mentally capable to fully participate in the program in which enrolled with reasonable accommodation for physical and other disabilities. The NGYCP is not a psychiatric, therapeutic program and is not appropriate for applicants who have received mental illness diagnoses where they may present a danger to themselves or others; when their situation is incompatible with a high stress, high-tempo schedule; or if they require off-campus treatment that would deprive them of full program participation.
5. Able to communicate sufficiently with program staff to participate safely in the program.
6. Between 16 and 18 years of age on the first day of the Residential phase -or- if *15 will turn 16 prior to Academy graduation date (*this is at the discretion of AMYA Director) In some cases National may allow a 19 year old to attend with a waiver.
7. Without a high school diploma or GED. Youth who have either are not eligible to apply.
8. Struggling to obtain their high school education -or- struggling in any of our 8 core components.

f. The Alaska Military Youth Academy can remove participants from the program for failure to meet the standards of the Eight Core Components or for other reasons which include, but are not limited to the following: breaches of law or breaking the rules of the Academy, positive drug test results, and/or danger to self or others.

g. A major function of the Academy is to ensure and provide a safe environment that includes treating all participants with dignity and respect. The Academy has a strict "Hands Off" policy under which Staff is prohibited from physically touching a Candidate/Cadet for reasons other than for "necessary or common touch." "Necessary touch" includes, but is not limited to rendering first aid or saving a life, and touch to prevent injury to a Candidate/Cadet from themselves or another. "Common touch" includes a common hand shake, congratulatory "pat on the back", or touch to correct or fix a uniform deficiency after asking and notifying the Candidate/Cadet.

h. The ChalleNGe Program is a physically and mentally demanding program that places a high degree of responsibility on the Candidates/Cadets. As part of the intense nature of the program, Candidates/ Cadets will have limited contact with their parents/guardians. Candidates/Cadets will also have limited contact with other outside personal contacts.

(3) THE ACCLIMATION RESIDENTIAL PHASE (FIRST 11-14 DAYS OF THE 22 WEEK RESIDENTIAL PROGRAM, APPLICANT CONSIDERED A CANDIDATE DURING THIS TIME)

a. Each participant will take part in an acclimation phase of approximately 2 weeks to orient them to the rigors of the program's environment and provide program staff the opportunity to evaluate each

participant's suitability to enter into the follow-on Residential Challenge phase. The Acclimation Phase is highly intensive, demanding and rigorous. While it closely resembles military training, the environment emphasizes group and individual discipline it is designed to test the Candidate's resolve to stick with their decision and equips them to operate as a productive, positive member of a cohesive unit. This initial introduction to the program includes removing distractions from the Candidates (influence of girlfriends, boyfriends, school friends, electronic devices, etc.) and learning to replace bad habits and dependencies (tobacco, irregular sleeping cycles, poor eating habits, lack of physical activity, etc.) with more positive ones. Candidates in the Acclimation Phase are under the supervision of Cadre and other program staff 24 hours a day, 7 days a week.

b. Candidates in the Acclimation Phase will be introduced to the physical fitness routine/program within their capability, aimed at improving their quality of life and healthy habits. Common physical fitness activities during this period will include callisthenic exercises as well as cardiovascular events such as running. Individual and group physical fitness activities, such as push-ups, may be used to reinforce learning points and objectives while at the same time improve physical fitness.

c. Candidates in the Acclimation Phase will have limited physical comforts and amenities. Living conditions can be akin to camping out. Candidates can be housed in heated tents or rudimentary buildings, and may sleep on ground pads in sleeping bags. Meals may be served "field style" and bathroom facilities may be portable. Showers will be on a scheduled basis to ensure hygiene. Candidates earn amenities and comforts such as use of the dining facility, barracks and indoor bathrooms during the course of the Acclimation Phase.

d. In the Acclimation Phase, the Staff begins assisting Candidates with recognizing and reinforcing positive behavior and choices. Positive behavior choices are recognized and built upon while negative behavior and choices are positively corrected.

e. Candidates often want to leave during the Acclimation Phase for a multitude of reasons. It is not uncommon for Candidates to feel that they are being treated unfairly to gain a parent/guardian's support for them to leave the program. Parents/ Guardians need to be aware candidates may use many tactics to convince their parents/guardians to leave the program. Parents/Guardians should only support their continued attendance and completion of the Acclimation Phase. Any allegations of mistreatment are taken seriously and will be investigated thoroughly.

f. Candidates who graduate from the Acclimation Phase will earn the status of "Cadet" and continue through the remainder of the Residential Phase on campus.

(4) CHALLENGE RESIDENTIAL PHASE (20 WEEKS, INCLUDING THE ACCLIMATION PHASE-22 WEEKS, CONSIDERED A CADET DURING THIS TIME)

a. This phase will last at least 20 weeks. The application of a caring, disciplined environment and the eight core components develops character, strengthens personal skills, and guides cadets toward self-governance. The Residential Phase focus is on the Cadet's successful completion of the "Eight Core Components" which the ChalleNGe curriculum is based.

b. The Residential Phase consists of a variety of activities intended to develop a successful Cadet. Those activities include:

(1). Vocational Activities (Job Skills). This may include community work experience, job shadowing, and vocational training and experience. Vocational activities may include carpentry, computer skills, office skills, etc.

(2). Academic Activities (Academic Excellence). Provides Cadets the opportunity to recover credits, complete a high school or obtain a GED Certificate. While Academics are given extremely high priority, completion and graduation of the Residential Phase does not guarantee that a Cadet will obtain a Diploma or GED Certificate.

(3). General Education Activities. This includes physical fitness, service to community, health and hygiene, responsible citizenship, leader/followership, and life coping skills. Cadets learn to deal with emotions of anger, grief, and frustration, learn personal financial management, increase self-esteem/discipline, learn the effects of substance abuse and sexually transmitted diseases on their lives, and the value of proper nutrition, and personal hygiene.

(4). "Green Line" Adventure Training Activities. These activities meet the Cadet's need for adventure and learning. Activities may include an obstacle course, jumping from a "Jump Tower", rappelling, seasonal water and winter survival training, fishing, canoeing/boating/rafting, swimming, off site trips to familiarization rides in military aircraft, and hiking.

(5) POST RESIDENTIAL PHASE

During the Post-Residential phase, community mentors will assist the program staff and support the program graduates in sustaining the execution of the cadets' post-residential action plans for the future while reintegrating them back into open society. The Post Residential Phase is an off-campus phase where graduates have the opportunity to apply program strategies and learning in transition to serving as a productive member of society. Mentors and parents/guardians provide guidance and support to Graduates. Cadets follow and utilize a Post- Residential Action Plan ("PRAP") developed during the Residential Phase to guide them toward their goals. Success in this Phase is to ensure a Cadet is productive with a minimum of 25 hours per week (gainfully employed, school full/part time, or engaged in subsistence/volunteering) and maintains contact with the Mentor and Academy staff. Cadets are required to contact the Academy staff at the end of every month.

(6) ACKNOWLEDGEMENT AND CONSENT

I/We have read the above Program Description and consent to my/our child/ward's participation in the National Guard Youth ChalleNGe Program.

I/We consent and agree to the enrollment of the Candidate/Cadet into the Alaska Military Youth Academy's ChalleNGe Program and all the elements of the program. The opportunity to participate in the ChalleNGe Program is accepted entirely at my/our own risk and at the risk of my/our child/ward. We accept the risks that are inherent in the activities and programs described in this Notice.

(7) TRANSPORTATION CONSENT

I understand and agree that the Candidate/Cadet will occasionally be transported by aircraft and/or surface motor vehicles while enrolled in the Alaska Military Youth Academy.

I consent and authorize the United States of America, State of Alaska, the Alaska Military Youth Academy and the Alaska National Guard to transport the Candidate/Cadet as a passenger in or on United States of America, State of Alaska and/or Alaska National Guard aircraft and/or surface motor vehicle during the period that he or she is participating in the Alaska Military Youth Academy's ChalleNGe Program. This transportation is accepted entirely at my own risk and at the risk of the Candidate/Cadet. In consideration for the transportation provided, I release and forever discharge the governments of the United States of America and the State of Alaska, and their employees and agents, acting officially and otherwise, from any and all claims, demands, actions, or cause of action, for any injury or illness to the Candidate/Cadet, or loss of personal property which may occur from any cause during said transportation, as well as ground operations incident thereto.

(8) NOTICE OF TRANSPORTATION RESPONSIBILITY

I understand and agree that if the Candidate/Cadet desires to leave the ChalleNGe Program, or if the parent/guardian desires to have a Candidate/Cadet leave the ChalleNGe Residential Program, within the first 21 days of the program, it is the parent’s/guardian’s responsibility to pay for his/her return home.

During the first 21 days of the program the Alaska Military Youth Academy will pay to return Candidates home only when the Academy releases Candidates for cause, either for medical, behavioral, or other reasons. Candidates released after day 21 of the program will be returned home at the Academy’s expense.

(9) PARENT SUPPORT

I understand am aware that the Candidate/Cadet will be facing many physical and mental challenges on a daily basis. These challenges are an integral part of the ChalleNGe Program. These challenges are designed to build self-esteem, to create a climate of accomplishment, and to encourage and develop team cohesiveness. As with all true challenges, there will be times of self-doubt and frustrations to overcome. I understand there may even be periods when the Candidate/Cadet looks to me as a potential “tool” to enable his or her limited participation or departure from the Academy.

No Candidate/Cadet at the Alaska Military Youth Academy’s ChalleNGe Program will be successful without the positive support and active participation of that Candidate/Cadet’s parents or guardians. I therefore agree and contract to support the efforts of the ChalleNGe Program by supporting my Candidate/Cadet in his or her efforts to succeed. I will demonstrate this support by providing praise and encouragement in times of success, and reassurance and motivation during times of frustration. I am committed to the maximum extent possible, to ensure my Cadet remains in the ChalleNGe Program until completion of the 22 week Residential Phase and Post Residential Phase that follows.

(10) MODEL CONSENT AND RELEASE

I understand and agree my Candidate/Cadet will be photographed, videotaped, audio taped, filmed by motion picture equipment, or otherwise have his or her voice and likeness recorded while enrolled in the Alaska Military Youth Academy.

I hereby grant to the Alaska Military Youth Academy and the governments of the United States of America and the State of Alaska the right to use for promotional, recruiting, training, advertising, news, or any other purpose, the likeness and voice of the Cadet, as recorded at the Alaska Military Youth Academy, for an unlimited period of time beginning on the date this document is signed.

Parent Initials _____ **Applicant Initials** _____



(11) INTERNET USER AGREEMENT

Program participants will have access to the campus computer network for filtered internet access only. Access to the Internet enables Candidates/Cadets to explore thousands of libraries and databases, and other helpful resources. However, be advised that some material accessible via the Internet may contain items that are illegal, inaccurate, degrading and offensive. Our intent is to make Internet access available to further educational goals and objectives. Therefore, we restrict websites that are not a part of their research or academic assignments. We are connected to a fiber optics system with firewall software installed and Academy staff will monitor and supervise all Internet and computer activities at all times.

Program participants are responsible for good behavior on Academy computer networks just as they are in a classroom. General Academy rules for behavior and communications apply. The network is provided for Cadets to conduct research. Access to network services is given to program participants who agree to act in a considerate and responsible manner. Access to the Academy’s network is a privilege, not a right; access entails responsibility.

Users of the Academy computers are responsible for their behavior and communications over the network and are expected to comply with the State of Alaska standards. The following are not permitted:

- Visiting websites that contain subject matter containing illegal drugs, pornography, violence, gambling, games, chat rooms, music downloads, video downloads, shopping or any other website not directly related to academic studies or goal setting.
- Access to email accounts of any type
- Sending or displaying offensive messages or picture
- Harassing, insulting, or attacking others
- Violating copyright laws
- Using another's password
- Trespassing in another's folders, work or files
- Employing the network for commercial purposes
- Deliberate damage to hardware or software
- Hacking of any kind. It is a felony to hack a government network.
- Use of Academy computers for illegal activities

Violations may result in a loss of access as well as other disciplinary or legal action.

AMYA is not liable for harm or injury that a user may suffer as a consequence of any inaccurate information they may obtain through the Internet. The program participant agrees to be bound by this release of liability and waives any and all rights to assert claims, which may arise due to use of these electronic services.

As a parent or legal guardian of the program participant, I grant permission for my program participant to access networked computer services on the Internet. I recognize every effort is being made for the Alaska Military Youth Academy to restrict access to all controversial materials. I hereby give permission for my child to access the Internet. This permission shall be in effect as long as the program participant is enrolled in the Residential Phase of the Alaska Military Youth Academy.

(12) FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA)

The Family Educational Rights and Privacy Act (FERPA), federal law requires that AMYA, with certain exceptions, obtain your consent prior to the disclosure of personally identifiable information from your child's education. However, AMYA may disclose appropriately designated "directory information" without written consent, unless you decline by completing this form. In addition, federal laws requires AMYA to provide military recruiters, upon request, with the following information – names, addresses and telephone listings – unless you decline below. More information can be found at the website <http://www2.ed.gov/ferpa>. State law requires AMYA to provide information about the eligibility of high school diplomas recipients for University of Alaska Scholarships including the name and addresses of those students who qualify for a scholarship. However, you can decline to have eligibility information disclosed to the University of Alaska Scholarship program by completing this form.

AMYA officials may release directory information, as set forth above, about a student without first obtaining parental consent, unless you decline below by checking "NO";

No Grant Directory Information Release for the following types of graduation related activities:

- **Publicized Graduation lists**
- **Vendors for Class Rings and Photos**
- **Requests from outside agencies acknowledging Graduates with letters or certificates.**

(IF YOU CHECK NO; YOUTH CANNOT PARTICIPATE IN GRADUATION, WILL NOT BE INCLUDED IN THE YEARBOOK, ETC)

No Grant Directory Information Release (student contact information) to College/Universities

(IF YOU CHECK NO, YOUTH ARE NOT ELIGIBLE TO PROVIDE INFORMATION TO COLLEGES)

No Grant Directory Information Release (student contact information) to Military Recruiters

No Grant Release of Scholarship Eligibility information to the *University of Alaska.

(IF YOU CHECK NO, YOUTH ARE NOT ELIGIBLE TO APPLY FOR OR RECEIVE SCHOLARSHIPS)

Parent Initials _____ Applicant Initials _____



(13) NOTICE/INTENT OF WITHDRAWAL OR TRANSFER/ NEED FOR HIGH SCHOOL EDUCATION

I understand that the applicant will be required to withdraw or transfer from current school/education program based on their current school/state requirement (please contact your current school to determine). I further understand and acknowledge the applicant has not already earned a high school diploma or GED.

(14) NOTICE OF SPECIAL EDUCATION NEEDS

AMYA operates under the Department of Military and Veteran’s Affairs and not under the Department of Education. AMYA does not have a special education department/teacher, youth with common special education needs historically perform well in ChalleNGe programs due to the structure, class aptitude placement, and availability of staff and Cadet Mentors to help with informal tutoring.

(15) NOTICE OF PROGRAM PARTICIPANT STATUS DURING THE RESIDENTIAL PHASE

a. Please be advised that Participants receiving training during the Residential Phase of the Program are neither Federal employees nor members of the National Guard; however, the Federal Employees Compensation Act (FECA) authorizes them FECA coverage by recognizing them as Federal employees (GS-2) while in attendance.

(1). The participant 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 tortious conduct of employees of the United States.

(2). If a Participant is injured at an assigned location of training or other activity authorized in accordance with the Program operation, they will be processed through FECA. Participants shall not be considered to be in the performance of duty while traveling to or from the location or is on pass from that training or other activity.

(3). 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.

(4). 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.

b. The FECA claims submission and coordination process is conducted within the State through the AMYA HQ Support Services Section. The Support Services staff will process actions through the SOA FECA Point of Contact (POC).I/We acknowledge receipt of this information and will seek clarification from the appropriate AMYA staff if I/We have additional questions.

(16) RELEASE AND WAIVER

In consideration for the privilege and opportunity of attending the ChalleNGe Program of the Alaska Military Youth Academy, I release the governments of the United States of America and the State of Alaska and all employees and/or agents thereof, acting officially or otherwise, from all claims, demands, actions, or cause of action, due to any injury to, or illness of the Candidate/Cadet, or loss of personal property which may occur from any cause during the participation of the Candidate/Cadet in the Academy’s Challenge Program and any and all activities incident thereof.

By signing below you acknowledge that you have read, understand and agree with the contents of the Program and Description Waiver form to include the (1) Purpose, (2) General Overview, (3) Acclimation Phase, (4) Residential Phase, (5) Post Residential Phase, (6) Acknowledgement and Consent, (7) Transportation Consent, (8) Notification of Transportation Responsibility, (9) Parent Support Contract, (10) Model Consent and Release, (11) Internet User Agreement, (12) Family Educational Rights and Privacy Act (FERPA), (13) Notice/Intent of Withdrawal/Need for High School Education (14) Notice of Special Education Needs and (15) Notice of Program Participant Status During the Residential Phase (16) Release and Waiver of which all are contained in the AMYA Application Packet-Program Description and Waiver Form denoted by pages A7-14.

(1) Parent/Guardian

(Parent signature not required for those age 18)

Printed Name

X _____
Signature

DATE: _____

(2) Parent/Guardian (if required)

Printed Name

X _____
Signature

DATE: _____

(A) Applicant (future Candidate/Cadet)

Printed Name

X _____
Signature

DATE: _____



Legal Acknowledgement/Juvenile Justice Release

Has the applicant ever had or currently have a juvenile probation officer? [] No (if no, you must still sign in box) [] *Yes (complete top, DJJ bottom, and sign)

If Yes: Juvenile Probation Officer Name: _____

Phone #: _____ Email: _____

*If yes, must have Division of Juvenile Justice (DJJ) staff member must complete the bottom portion of this form.

If 18, has the applicant ever been charged or convicted of a felony offense? [] No [] *Yes (automatic disqualifier)

By signing below you are acknowledging that the above information is true to the best of your knowledge. You are also authorizing Juvenile Justice to verify and release your adjudication history; and for youth currently supervised; include information or court orders, probation or other conditions (terms of supervision) to AMYA to determine your eligibility.

(1) Parent/Guardian Printed Name: _____ Date: _____

(1) Parent/Guardian Signature: _____

(A) Applicant Printed Name: _____ Date: _____

(A) Applicant Signature: _____

-----Below to be completed by Division of Juvenile Justice (DJJ) Representative -----

I, _____, juvenile probation officer or authorized Division of Juvenile Justice Representative, for AMYA Applicant above, declare that he/she has not been adjudicated of a felony offense, and for currently supervised youth; does not have unresolved charges or will not have court requirements for the 22 weeks they will be residing at AMYA, and support their attendance at AMYA.

**** AMYA REQUIRES copies of the youth's adjudication history and, if currently supervised, Probation Conditions, Disposition/Adjudication Order, Held in Abeyance (HIA) Agreement or Informal Probation Agreement **** Youth WILL NOT be accepted until this form and documentation above has been received.

X _____ DJJ Staff Signature

X _____ Title

X _____ Date

JOINT BASE ELMENDORF-RICHARDSON
RISK ADVISEMENT

This is a partial list of possible hazards and is intended to alert you to the types of hazards you or your child may face while participating in the Alaska National Guard's Alaska Military Youth Academy (AMYA cadet activities conducted on Joint Base Elmendorf Richardson, Alaska facilities.

- a. CONFIDENCE/OBSTACLE COURSE: Participating in this activity poses a risk of bodily injury, including, but not limited to, cuts, bruises, abrasions, burns, sprains, broken bones from falls and collisions with other participants or stationary objects, and possible permanent injury or death. (USARAK facility)
- b. RAPPEL TOWER: Rappelling activities pose the risk of serious bodily injury, including possible permanent injury or death, from falls, collisions with other participants, improper use of safety equipment, and failing to follow safety instructions. (USARAK facility)
- c. SWIMMING POOL AND FITNESS FACILITIES: Participating in this activity poses a risk of bodily injury, including, but not limited to, drowning, cuts, bruises, abrasions, sprains, broken bones from falls and collisions with other participants or stationary objects, and possible permanent injury or death. (673 ABW JBER facilities)

WAIVER OF LIABILITY/HOLD HARMLESS AGREEMENT

In consideration of the privilege of being allowed to participate in NG ChalleNGe activities on JBER, the person(s) who have signed below, their families, dependents, agents, heirs and assignees, do:

- a. Agree, freely and voluntarily, to not file claim or sue, and to release the United States of America, the United States Air Force, the United States Army its employees and agents from any suit, damage action, liability, or any claim of any nature, whatsoever, for any bodily injury, death or damage to personal property, arising from participation in NG ChalleNGe cadet activities on JBER, excluding, however, those arising solely from the intentional misconduct of the United States of America, the United States Air Force, the United States Army its employees and agents.
- b. Agree, freely and voluntarily, to indemnify, defend, and hold harmless the United States of America, the United States Air Force, the United States Army, its employees and agents, against all liability, claims, demands, suits, or actions of any nature, whatsoever, for or on account of any bodily injury, death or damage to personal property arising from participation in NG ChalleNGe cadet activities on JBER, excluding, however, those arising solely from the intentional misconduct of the United States of America, the United States Air Force, United States Army, its employees and agents.

(A) Applicant Printed Name _____

(A) Applicant Signature _____

Date: _____

If applicant is under 18, parent/guardian information is required;

(1) Parent/Guardian Printed Name _____

(1) Parent/Guardian Signature _____

Date: _____

ALASKA MILITARY YOUTH ACADEMY

Medical Packet Checklist

2



PRIOR TO COMPLETING THIS PACKET YOU SHOULD HAVE:

- COMPLETED APPLICATION PACKET (1)
- PARTICIPATED IN INTERVIEW WITH ADMISSIONS REPRESENTATIVE

THE MEDICAL PACKET MUST BE SUBMITTED ASAP

IF THIS PACKET IS NOT SUBMITTED, THE YOUTH CANNOT ATTEND

- Alaska Power of Attorney (M2) ******Must be Notarized******

DO NOT SIGN BEFORE BEING IN THE PRESENCE OF A NOTARY

***Rural Villages that do not have notaries may use the local postmaster pursuant to AS 44.50.180. ***

- Authorization to Administer Over-the-Counter (OTC) Medications (M3)
- Medical Consent for Release of Information (M4)
- Medical Care Authorization & Insurance Information (M5).
- Understanding of Limited Medical Services (M6) *May want to review with HC Provider*
- *Medical History- Please complete this form prior to completing the physical and review this form with your Medical Professional while at the Physical Examination Appointment. (M7-9)
- *Prescription Medications & Allergies (M10) *May want to review with HC Provider*
- *Physical Examination Form (M11) *Health Care Provider must complete within 6 months of the start of the cycle.* Please have Provider read back-Information for Health Care Provider. If you are unable to obtain due to lack of medical facilities, cost, or other reason please indicate this on the form and notify your admissions representative ASAP.
- *Medical Statement to Request Special Meals and/or Accommodations- **ONLY REQUIRED IF youth has food allergies.** (M12)

***Conditional Acceptances may be rescinded due to findings in the Medical Packet.**

One of the goals of the Alaska Military Youth Academy is to care for the physical and mental health of your cadet while in residence. This job begins prior to admission by ensuring all cadets are ready and prepared for their stay with us.

- If outside appointments are necessary during the residential period, the Nursing Staff will arrange times and transportation. If the parents live locally, the Nursing Staff may ask the parent to transport the cadet (for those in the Anchorage/Matsu area). No appointments should be made by parents for your cadet while in attendance without making prior arrangements with the Nursing Staff. The nursing staff can assist parents in minimizing the effect outside appointments have on planned AMYA activities including classes, testing, and other scheduled training. **NO appointments are made within the first two weeks of the program unless specifically allowed by AMYA medical.**
- Copy of any current eyewear prescription (within 1 yr.) should be provided with packet. **Applicants will need 2 pairs of glasses upon arrival at AMYA. Contact lenses are not permitted.**
- Medications are administered by the registered nurse or an authorized person for your cadet. If possible, medication prescriptions need to be supplied for the 5-month duration. Applicants are required to have at least a 30-day supply of needed medications and two months of refills (prescriptions). Medications to bring include any that your cadet is currently prescribed including asthma inhalers and EpiPens.
- For questions regarding prescriptions for controlled medications, please contact 907-428-7364. The preferred pharmacy for use is; The Family Pharmacy located at 11432 Business Blvd #10, Eagle River, AK 99577, phone number (907) 694-7007.

This packet can be faxed 907-428-7385, scanned to goamya@alaska.gov or your assigned admissions representative, or submitted directly to an AMYA Admissions Office.



POWER OF ATTORNEY

I, X _____, herby grant to the Alaska Military Youth Academy (a division of the Alaska Department of Military & Veteran’s Affairs) any powers that I may have regarding care, custody, and control of the person of X _____, (hereinafter “the minor”) except to marriage or adoption.

Applicant’s Name

This power is granted pursuant to Alaska Statute 13.26.020.

Specifically included within this Power of Attorney is the grant of authority to the Alaska Military Youth Academy to consent to medical and dental procedures on behalf of the minor, in the situation where neither I nor any other parent or legal guardian of the minor can be contacted within a reasonable time, or the situation where neither I nor any other parent or legal guardian is able make medical and dental decisions or consent to medical and dental procedures on behalf of the minor.

Also specifically included within this Power of Attorney is the grant of authority to the Alaska Military Youth Academy the power to request, review, and receive any information, verbal or written, regarding the minor’s physical or mental health, including, but not limited to, medical, dental, hospital and school records, and to execute on my behalf any releases or other documents that may be required in order to obtain this information.

The power given herein is granted to insure the safety and well being of the minor and shall be effective for the period of time that the minor is enrolled in the residential phase of the Alaska Military Youth Academy’s ChalleNGe Program. Should the minor be dis-enrolled from the Military Youth Academy for any reason, this power of attorney shall terminate immediately.

The Power granted herein shall be exercised only by the Director, Deputy Director, Commandant of Cadets, or Principal of the Alaska Military Youth Academy. In no event shall this power of attorney extend for a period greater that 24 months from the date that I sign this document or completion of the residential portion of the program, whichever comes first. Nothing herein shall mean that I relinquish any legal right to custody of the minor but gives Attorney in Fact authority to act on my behalf.

(1) Parent Printed Name (or applicant if 18): _____

Address: _____

(1) Parent Signature (or applicant if 18) * _____ *

(*sign in the presence of a legalized notary public*) Rural Villages that do not have notaries may use the local postmaster pursuant to AS 44.50.180

NOTARIZATION: Signed and sworn to this _____ day of _____ month in the _____ year

In the State of _____, _____ Judicial District

Known to me or satisfactorily proven to be the person(s) whose name is subscribed to this instrument and acknowledge that he/she/they executed the same. If this/these person(s) name (s) is/are subscribed in a representative capacity, it is for the principle named in the capacity indicated.

Name of Notary Official: _____

Signature: _____

Commission Expires: _____

PURPOSE: Both the parent/guardian and applicant must read and sign the form indicating their agreement and acceptance of the terms and conditions outlined below.

AUTHORIZATION TO ADMINISTER OVER-THE-COUNTER MEDICATIONS

APPLICANTS NAME:

_____ **Last**

_____ **First**

_____ **Middle**

LIST OF OVER-THE-COUNTER MEDICATIONS THAT MAY BE USED:

Health Complaint	Examples of Medications Used
Allergies	Benadryl, Claritin, Allegra, Zyrtec
Athlete's Foot	Lotrimin, Anti-fungal creams
Bee Sting	Hydrocortisone cream, Benadryl
Cold, cough, sore throat	Mucinex, Mucinex DM, Cough Drops
Constipation	Milk of Magnesia, Colace, Miralax
Cramps	Ibuprofen, Tylenol
Cuts, Scrapes, Lacerations	Hydrogen Peroxide, Betadine, Bacitracin, Triple antibiotic ointment
Diarrhea	Imodium, Bismuth subsalicylate, Alkalak
Ear care	Debrox, Hydrogen Peroxide
Eye irritation	Artificial tears, Visine, Saline
Ingrown toenail	Epsom salt soak
Irritated skin, Bug bites	Aloe, Hydrocortisone cream, Calamine Lotion
Lice treatment	RID lice killing shampoo
Minor burns, Sunburn	Aloe, Sunscreen lotion
Pain, Fever, Headache	Tylenol, Ibuprofen
Upset stomach, Heartburn	TUMS Antacid, Bismuth subsalicylate

I do not want the following over the counter medications (OTC) to be given to my child or ward, and AMYA is not authorized to give the following over-the-counter medications to my child:

SIGNATURES:

I authorize the AMYA staff to give certain over-the-counter medications (per label instructions) for the treatment of minor injuries and illnesses (list above). Before giving medications, the nurse checks medical history, allergies, and any other medications your child is taking to make sure there is no conflict.

(1) Parent/Guardian PRINTED Name

(Parent/Guardian not required if applicant is 18)

Parent/Guardian SIGNATURE

Date

(A) Applicant PRINTED Name

Applicant SIGNATURE

Date



Medical Consent for Release of Information

Name of Youth whose information is to be released (last, first, MI):	Date of Birth:	Medical Record # or SS# or Student ID#
--	----------------	--

I authorize this release of information to: Alaska Military Youth Academy Medical Section
PO Box 5727 JBER, AK 99505 | Phone: 907-428-7364 | Fax: 907-428-7386

Authorization includes: Medical Services, Dental, Optometry, Home-Based Services, Behavioral Health and Alcohol/Substance Abuse Treatment all of which may include: Laboratory/Radiology Reports, History/Physical Examinations, Immunizations Records, Discharge Summary, Medication Lists, HIV/AIDS/Transmittable Diseases, Sexual Assault Information, Assessment, Mental Health, Treatment Plan, Medication Management Notes, Alcohol/Drug Treatment

Information to be released: ALL Only information pertaining to: _____

The Purpose of the release is to: **Determine is the youth meets program eligibility and/or Coordination of Care/Medication Management**

Duration of Authorization: This written authorization will remain valid for 2 years from the date of signature or from graduation from the Alaska Military Youth Academy, which ever comes first.

I understand that:

- Those medical facilities releasing information will not condition treatment, payment, enrollment or eligibility for benefits or services if I refuse to sign this form.
- I understand that the information in my health record may include records relating to sexually transmitted diseases, drug and/or alcohol abuse treatment which may include sensitive information that is covered under 42 CFR part 2, and psychiatric care or other sensitive information.
- I may inspect and receive a copy of this release of information form upon my request;
- I may revoke this release of information at any time in writing, but if I do, it will not have any effect on any actions taken prior to receiving the revocation.
- I understand the receiver of the release of information will not release any medical information to any other person/organization unless required by a court order.
- If I am requesting records of a minor child or an incapacitated adult, I must sign this form and include my relationship and authority to sign on their behalf.
- I understand a photo copy or fax of this form is as valid as the original.

Signature of Requestor (youth is 18 or older, parent/guardian if youth is under 18)	Date Signed
Printed Name of Requestor-youth if 18 or over	Relationship to Youth: (ie self if 18+, or parent/guardian)



Medical Care Authorization & Insurance Information

I/We understand that my/our child/ward (or self if age of legal consent) **(A)** _____
(applicant's name)

will be provided limited medical care during his/her participation at the Alaska Military Youth Academy.

I/We therefore consent, in advance, to allow whatever emergency medical treatment is considered necessary by attending medical staff in the event my/our child/ward suffers illness or injury during his/her participation at the Academy.

I/We understand that every reasonable effort will be made to notify me/us of illness or injury to my/our child/ward. I/We understand and agree that any necessary medical treatment will not depend upon such notifications.

Parent/Guardian/Or Self if 18, please select one of the following statements:

_____ I/we **DO NOT** currently possess medical treatment rights or medical insurance to cover costs incurred for medical treatment for my/our child/ward. Understand you will be billed for any medical needs.

_____ I/we currently possess medical rights and /or insurance under which my/our child/ward is covered. Examples of rights/ insurance include, but are not limited to active duty military dependent, Medicaid, Indian Health Service access, private or group health insurance plans.

My/our Health right/insurance provider/agency's name: _____

Please provide proof of insurance.

Copies of insurance cards are acceptable OR complete policy information below:

Persons name policy is in: _____; Group # _____,
 Policy # _____, Member # _____, BIA # _____,
 Medicaid # _____ Expiration date of the policy: _____
 Co-pay amount _____
 Coverage type (check all that applies): Full Medical _____ Dental _____ Vision _____ Prescriptions _____
 Insurance Co. address: _____
 Insurance Co. Ph #: _____ Date of Birth of policy holder _____
 SSN # of policy holder: _____ Employer: _____

(1) Parent/Guardian PRINTED Name
(Applicant may complete if age 18)

Parent/Guardian SIGNATURE
(Applicant may complete if age 18)

Date

UNDERSTANDING OF LIMITED MEDICAL SERVICES

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

OVERVIEW:

AMYA has very limited medical services available to the cadet. AMYA employs a full time Registered Nurse(s) that is available for minor illnesses and injuries. We are unable to provide and do not have the resources to transport Cadets to any “on going” treatment or care. We are unable to accept applicants who will require on-going medical, dental care, mental health, behavioral or counseling services/care. **Parents/legal guardians are to take care of all medical, dental, and vision matters that will prevent program participation prior to registration. All medical conditions must be disclosed at time of application.** If it is learned after the applicant arrives at AMYA that serious medical conditions exist, the cadet **may** be dismissed from the program and sent home. AMYA will not accept responsibility, financial for personal liability, or risk for previous medical, physical, or mental histories that limit participation in the program. Applicants should have a physical examination completed by a licensed medial provider within six months from the start date of the class for which applying for, exams within 12 months may be accepted if unable to update due to cost/location. All injuries and dental/medical/vision conditions must be resolved, and the applicant free from additional required care, prior to entrance into the program.

The following conditions may prevent entrance into AMYA:

- Extensive use of multiple medications necessary to treat multiple conditions on a daily basis.
- Current or previous injuries/surgeries that prevent full participation in all AMYA activities.
- Dental services: broken teeth, cavities, abscess and mouth disorders that impact/prevent the ability of the applicant to participate without on-site care or assistance.
- Conditions or medications that adversely react or have side effects impacted by the high intensity physical activity and seasonal weather conditions that compromise the safety, health, and welfare of the cadet. Medications/conditions that may react adversely to extreme summer heat and winter cold.
- Historic or current conditions requiring medical, psychological or psychotic intervention for suicide treatment, manic depression, anxiety, etc. Mental health services are not available from AMYA.
- Extensive dietary restrictions medically required by a medical physician.

AMYA medications/medical care policy:

- All required 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, approval and signature must be provided by the doctor in advance stating: Applicant can safely participate in extreme hot and cold conditions while consuming required prescription/medication(s).
- Parents/guardians are entirely responsible for all prescription medications and re-fills during the program.
- Parents/guardians are responsible for all required medical/dental/psychological care before, during, and after participation in AMYA.
- Injuries/physical/medical changes or new medications, required by the applicant after the initial physical examination, must be disclosed in writing prior to entry into AMYA for purposes of review, safety, health, and welfare.
- Cadets with dental or medical needs that require ongoing “emergency” care, offsite time away from the program for 5 days, or that prevent participation will be dismissed and sent home.
- Medical/dental/vision care that does not hinder participation is to occur during AMYA scheduled breaks or at completion of the residential phase.

SIGNATURES:

I understand and agree that I am responsible for all medical/dental/mental health care of my child during, before and after participation in AMYA. By my signature below, I acknowledge that I have read and understand the above medical information.

(1) Parent/Guardian PRINTED Name

(Parent/Guardian not required if applicant is 18)

Parent/Guardian SIGNATURE

Date

(A) Applicant PRINTED Name

Applicant SIGNATURE

Date



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

**Department of Military and
Veterans Affairs**

Alaska Military Youth Academy
AMYA Medical
P.O. Box 5727
JBER, AK 99505
Phone: 907.428.7353

Dear potential AMYA parents and cadets,

Hello. I am Nurse Jessica. I will be taking care of your cadet while they are on campus. I ask that you fill out the medical history form completely even if you don't think it's important. It helps me to know if a cadet has a history of knee pain, earaches etc. when I am planning their care. If your cadet gets hurt after he/she applies but before in processing, please let me know at in processing.

I don't use this information to decline your cadet but to make sure they are best taken care of while with us. If your cadet has used a knee brace, ankle brace any brace please send it with them. That way I will have it in medical if they start to have pains.

One last thing if you cadet takes medications, please let their provider know they will be coming to Alaska Military Youth Academy and have the prescriptions sent to Family Pharmacy in Eagle River 907-694-7007.

If you have any questions or concerns, I can be reached at 428-7353 or jessica.wheelhouse@alaska.gov

Thank you,

A handwritten signature in blue ink that reads "Jessica Wheelhouse RN".

Nurse Jessica

PURPOSE: The following information must be filled in and signed in order for the youth to participate in AMYA. Understandably, youth will need to be able to withstand the physical and emotional stressors. These questions are designed to determine if the youth has developed any condition which would prove harmful for them to participate at AMYA. "Yes" answers are not necessarily disqualifiers. Dishonesty or non-disclosure of medical history are disqualifiers.

MEDICAL HISTORY

Applicants Name: _____

Date of Birth: ____/____/____

Parent / Legal Guardian: _____

Primary Care Physician: _____ **Physician Phone #:** _____

DO YOU HAVE OR HAVE YOU EVER HAD?	No	Yes	IF YES, EXPLAIN:
1 Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
2 Sinusitis or hay fever	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 Epilepsy or seizures	<input type="checkbox"/>	<input type="checkbox"/>	<i>Seizure disorder should be medically stabilized.</i>
4 Wear corrective lenses	<input type="checkbox"/>	<input type="checkbox"/>	_____
5 Lack of vision in either eye	<input type="checkbox"/>	<input type="checkbox"/>	_____
6 Hearing loss	<input type="checkbox"/>	<input type="checkbox"/>	_____
7 Food allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
8 Medication allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
9 Nose bleeds	<input type="checkbox"/>	<input type="checkbox"/>	_____
10 Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	_____
11 Palpation or pounding heart	<input type="checkbox"/>	<input type="checkbox"/>	_____
12 High or low blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	_____
13 Eating disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
14 Frequent sore throats	<input type="checkbox"/>	<input type="checkbox"/>	_____
15 Recurrent ear infections	<input type="checkbox"/>	<input type="checkbox"/>	_____
16 Frequent or severe headaches	<input type="checkbox"/>	<input type="checkbox"/>	_____
17 Dizziness or fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	_____
18 Head injury	<input type="checkbox"/>	<input type="checkbox"/>	_____
19 Nerve injury	<input type="checkbox"/>	<input type="checkbox"/>	_____
20 Tonsils removed	<input type="checkbox"/>	<input type="checkbox"/>	_____
21 Jaundice or hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
22 Broken bones	<input type="checkbox"/>	<input type="checkbox"/>	_____
23 Skin disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
24 Organ loss	<input type="checkbox"/>	<input type="checkbox"/>	_____
25 Hernia	<input type="checkbox"/>	<input type="checkbox"/>	_____
26 Periods of unconsciousness	<input type="checkbox"/>	<input type="checkbox"/>	_____
27 Recent gain / loss in weight	<input type="checkbox"/>	<input type="checkbox"/>	_____
28 Wear a brace or back support	<input type="checkbox"/>	<input type="checkbox"/>	_____
29 Swollen or painful joints	<input type="checkbox"/>	<input type="checkbox"/>	_____
30 Arthritis, rheumatism, or bursitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
31 Frequent or painful urination	<input type="checkbox"/>	<input type="checkbox"/>	_____

DO YOU HAVE OR HAVE YOU EVER HAD?	No	Yes	IF YES, EXPLAIN:
32 Recurrent back pain or any back injury	<input type="checkbox"/>	<input type="checkbox"/>	_____
33 Trick or locked knee	<input type="checkbox"/>	<input type="checkbox"/>	_____
34 Foot trouble	<input type="checkbox"/>	<input type="checkbox"/>	_____
35 Bed wetting since age 12	<input type="checkbox"/>	<input type="checkbox"/>	_____
36 Household contact with anyone who has tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	_____
37 Tuberculosis or positive TB test	<input type="checkbox"/>	<input type="checkbox"/>	_____
38 Have you ever been sexually active	<input type="checkbox"/>	<input type="checkbox"/>	_____
39 STD / Syphilis / Gonorrhea, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____
40 Have you ever been diagnosed with a learning disability?	<input type="checkbox"/>	<input type="checkbox"/>	_____
41 Used illegal substance / Use tobacco	<input type="checkbox"/>	<input type="checkbox"/>	_____
42 Sleep walking	<input type="checkbox"/>	<input type="checkbox"/>	_____
43 Have you been a patient in any type of hospital?	<input type="checkbox"/>	<input type="checkbox"/>	_____
44 Have you had, or have you been advised to have any operations?	<input type="checkbox"/>	<input type="checkbox"/>	_____
45 Have you ever had any illness or injury other than those already noted?	<input type="checkbox"/>	<input type="checkbox"/>	_____
46 Have you ever been diagnosed with ADHD/ADD?	<input type="checkbox"/>	<input type="checkbox"/>	_____

* May require additional information/documentation to determine if AMYA is suitable placement.

47 Diabetes or hypoglycemia*	<input type="checkbox"/>	<input type="checkbox"/>	_____
48 Heart trouble*	<input type="checkbox"/>	<input type="checkbox"/>	_____
49 Pain or pressure in chest*	<input type="checkbox"/>	<input type="checkbox"/>	_____
50 Bone, joint, or other deformity*	<input type="checkbox"/>	<input type="checkbox"/>	_____
51 Suicide attempt or plans*	<input type="checkbox"/>	<input type="checkbox"/>	_____
52 Ever been treated for mental health condition? * (this excludes ADHD/ADD)	<input type="checkbox"/>	<input type="checkbox"/>	_____
53 Chronic depression*	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please list all Mental Health Diagnosis:

Please list all treatment programs the youth has attended, dates of attendance, and outcome (ie completion, Left against medical advice, etc):

FEMALES ONLY:

- 54 Treated For a female disorder _____
- 55 Change in menstrual pattern _____
- 56 Do you take any birth control? _____
- 57 Date of last menstrual period: ___/___/___

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 and/or back of this 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." You may add additional information/explanation below:

Additional Information/Explanation: _____

I affirm that the Medical History provided is completed and accurate to the best of my knowledge. Any changes in medical history must be provided to AMYA as soon as possible. **Changes in medical status may change eligibility.**

Failure to disclose information could be reason for denial.

(1) Parent/Guardian PRINTED Name **Parent/Guardian SIGNATURE** **Date**
(Parent/Guardian not required if applicant is 18)

(A) Applicant PRINTED Name **Applicant SIGNATURE** **Date**

PRESCRIPTION MEDICATIONS & ALLERGIES

APPLICANTS NAME:

_____ Last _____ First _____ Middle I _____

Are you currently using any prescribed medications? Yes No

If yes, list all medications – dose and time taken:

Current Medications

Medicine	Dose	Time	How long have you been taking it?

Have you stopped taking prescription medications within the last 3 months? Yes or No

If yes, list medications – reasons for taking and reasons for discontinuing:

Medications Discontinued in past 3 months

Medicine	Reason for Medication	Why did you stop?

Allergies

Are you allergic to any medications, foods, or other agents such as bee stings, ragweed, etc.? *Yes No

If yes, explain: _____

** If you have a food allergy, please make sure your physician completes the Medical Statement to Request Special Meals and/or Accommodations Form.*

SIGNATURES:

I certify that I have reviewed the foregoing information, supplied by me, and that it is true and complete.

(1) Parent/Guardian PRINTED Name

(Parent/Guardian not required if applicant is 18)

Parent/Guardian SIGNATURE

Date

(A) Applicant PRINTED Name

Applicant SIGNATURE

Date

ALASKA MILITARY YOUTH ACADEMY PHYSICAL EXAMINATION FORM

PURPOSE: The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, or an Advanced Practice Nurse by the Board of Nurse Examiners. **Examination forms signed by any other health care practitioner will not be accepted. You may substitute this form but any substitution should include all the required information below. A school sports physical will be accepted.**

APPLICANTS

NAME: _____ **DATE:** _____
Last First Middle

Gender: Male Female **Age:** _____ **Date of Birth:** ____/____/____

Height: _____ **Weight:** _____ **P:** _____ **R:** _____ **B/P:** _____

Immunization Current: Yes or No **If not current, why?** _____

Vision: R 20/____ L 20/____ **Corrected?** Yes or No

Allergies: _____

NORMAL	ABNORMAL	
		HEAD, FACE, NECK, SCALP
		EARS – GENERAL
		DRUMS (PERFORATION)
		NOSE
		SINUSES
		MOUTH & THROAT
		EYES – GENERAL
		OPHTHALMOSCOPIC
		PUPILS
		OCULAR MOTILITY
		LUNGS & CHEST
		HEART

NORMAL	ABNORMAL	
		VASCULAR SYSTEM
		ABDOMEN & VISCERA (include hernia)
		ENDOCRINE SYSTEM
		G-U SYSTEM
		UPPER EXTREMITIES
		FEET
		LOWER EXTREMITIES
		SPINE, OTHER MUSCULOSKELETAL
		IDENTIFYING BODY MARKS, SCARS, TATTOOS
		SKIN, LYMPHATIC
		NEUROLOGICAL
		PSYCHIATRIC

- Cleared for Full Participation – No Restrictions
- Cleared after completing evaluation / rehabilitation for: _____
- Cleared for Participation with the following accommodations for: _____
- Diagnosis: _____
- Treatment Plan / Accommodations: _____
- Not cleared for: _____ Reason: _____

PHYSICIAN SIGNATURE:

 Physician Printed Name & Signature _____
Physician Phone # _____/_____/_____
Date of Evaluation

 Physician Address _____
Physician Fax # _____
Physician E-mail

Alaska Military Youth Academy
P O Box 5727 JBER, AK 99505-0727
Main Campus Medical: 1 (907) 428-7364 | Medical Fax: 1(907) 428-7386

Dear Health Care Provider:

Please complete this Physical Form for admission to Alaska Military Youth Academy (AMYA). AMYA is a volunteer program for youth 16-18 years of age who are at risk of not completing their high school education, located on JBER, Alaska. This program consists of a 22-week residential stay on JBER. The program training can be mentally and physically demanding. Physical training could include such physically strenuous activities as:

1. A daily run of two or more miles.
2. Daily vigorous physical exercises.

The program is structured with a quasi-military model, promoting personal time management, accountability, and promoting positive and negative consequences for behavior. Cadets will be expected to comply with rules and regulations.

Mental and emotional demands of the program include separation from family and loved ones, military style discipline, military ceremonial drill for prolonged periods of time, marching and physical training. Cadets will live in close communal barracks with up to 60 other cadets and must be able to cope with the inherent stress levels of barracks life.

We are staffed medically by an RN and Medical Provider who will see cadets for minor injuries and illnesses.

Medications will need to be maintained by the original prescriber throughout the student's stay at AMYA. Please provide or arrange for refills for the entire 5 months of their stay.

This examination is for determining fitness to engage in strenuous activities and the highly structured, stressful environment as outlined above. The exam should be performed within the prior six (6) months of the first day of the class start date in most cases, exams may be accepted within 12 months if unable to update due to cost/location. A shorter time interval may be required in some cases.

Any questions you have concerning this examination or your patient's ability to participate can be answered by contacting our medical staff at 907-428-7364. All participants must have a physical, up to date immunizations, and, if required, additional mental health clearance.

Additional Medical Review may be conducted to determine acceptance for youth with:

- Bi-polar, Schizophrenia
- Extensive, recent drug history (within last 12 months)
- Congenital Heart Conditions
- Diabetes
- Immune Deficiency
- Kidney Failure
- Severe Respiratory disorder NOT controlled by an inhaler
- Cystic Fibrosis
- Marfan Syndrome
- Hemophilia/Blood Disorders

Youth with the following are not appropriate for AMYA

- Youth who require regular off campus appointments whether physical/mental/behavioral
- Intensive Outpatient Counseling/Therapy
- Active Audio Hallucinations
- AMYA cannot be a discharge plan/option from acute care

Included with the physical is a form regarding the Limited Medical Services at AMYA. In addition, families are to complete a Medical History and Prescription Medication & Allergies form that they have been asked to share with their Health Care Provider. There is also a form that is required IF a youth have food allergies.



Child Nutrition Programs

Please fax form to
School or Child Care Provider

**Medical Statement to Request Special
Meals and/or Accommodations**

School or Child Care Provider
Fax Number:

The information on this form is CONFIDENTIAL and to be used for special dietary needs only

1. Parent, Guardian, Authorized Representative completes this section; complete a separate medical statement for each child.

Participant's Name	Name of Care Provider/Facility	Facility Telephone
Parent, Guardian, or Authorized Representative	Telephone of Parent/Guardian	Date

2. A Licensed Physician or Recognized Medical Authority check ONLY ONE box below. Please refer to regulatory definitions of disability and medical condition on reverse side of this form.

<input type="checkbox"/>	Participant is disabled or has a food related disability and requires a special meal or accommodation. Provider or facility must comply with prescribed special meals and any adaptive equipment.
<input type="checkbox"/>	Participant is requesting a special meal accommodation due to allergies. Substitutions and/or accommodations may be made, but are not required.

3. Disability or medical condition requiring a special meal accommodation:

4. If the participant has a disability, provide a brief description of participant's major life activity affected by the disability:

5. Diet prescription and/or accommodation: (Please describe in detail to ensure proper implementation)

6. Indicate Texture:

Regular Chopped Ground Pureed

7. Please list specific foods to be omitted and suggested substitutions. Attach a sheet w/additional information if necessary.

Food(s)/food types to be omitted	Suggested substitution(s)

8. Adaptive Equipment:

9. A Licensed Physician signature is required for any participant with a disability. A Licensed Physician or Recognized Medical Authority signature is required for a student who must not eat certain foods due to medical issues or allergies.

Signature of Physician or Medical Authority	Printed Name & Title	Telephone	Date
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Child Nutrition Programs

Medical Statement to Request Special Meals and/or Accommodations

A Licensed Physician (*for disability, allergy or food intolerance*) or Recognized Medical Authority (*for allergy or food intolerance*) must fill out a Medical Statement to Request Special Meals and/or Accommodations form and return it to the school, child or adult care facility/provider. Agencies have an obligation to provide alternate foods to those participants who have a disability, but are not required to provide food substitutions to those participants who are not disabled, but rather have food allergies. The two categories are listed below.

Participants with Disabilities

USDA Regulations require substitutions or modifications in child nutrition meals for children whose disabilities restrict their diet.

Participants with other special dietary needs

USDA regulations allow for substitutions for those participants in a USDA child nutrition program who are unable, because of medical or other special dietary needs, to consume foods that are being provided to the other participants.

Definitions:

“A Person with a Disability” is defined as any person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

“Physical or mental impairment” means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

“Major life activities” are defined as “functions such as caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. As amended by the ADA, Major Life Activities now also includes “Major Bodily Functions” such as: “functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and reproductive functions.”

“Has a record of such an impairment” is defined as having a history of, or have been classified (or misclassified) as having a mental or physical impairment that substantially limits one or more major life activities.

“Recognized Medical Authority” means licensed physician, physician’s assistant, or nurse practitioner.

The medical statement shall identify:

- The participant’s disability or medical condition with an explanation of why the disability restricts the participant’s diet;
- The major life activity affected by the disability;
- The specific diet or accommodation that has been prescribed by the medical authority. For example: “All foods must be in liquid or pureed form. Participant cannot consume any solid foods.”;
- The type of texture of food that is required,
- The specific foods that must be omitted and suggested substitutions
- The specific equipment required to assist the participant with dining. Examples might include a sippy cup, a large handled spoon, wheel-chair accessible furniture, etc.

Citations: Rehabilitation Act of 1973, Section 504; 7 CFR Part 15 b; 7 CFR Sections 210.10(i)(1), 210.23(b); 215.14, 220.8(f), 225.16(g)(4), and 226.20(h); FNS Instructions 783-2, Rev. 2 and 784-3

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