

**STUDENT APPLICATION AND ENROLLMENT FORMS**

**Personal Information**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Guardian(s)' Name: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

**Program**

Please Specify which program you are applying for:

Program Name: \_\_\_\_\_

Program Dates: \_\_\_\_\_

**Enrollment Forms**

The following forms are required for enrollment.

- Student Eligibility (Page 2)
- Participant Agreement, Liability Release and Assumption of Risk (Page 3-4)
- Medical Release and Health Form (5-7)
- Code of Conduct (Page 8)
- Demographic Survey (Page 9)

**Non-Discrimination Policy**

Onward and Upward does not discriminate against any person on the basis of race, color, sex or sexual orientation, gender identity religion, age, national or ethnic origin, political beliefs, veteran status, or disability in admission to, access to, treatment in, or employment in its programs and activities.

**Privacy Policy**

We respect your student's privacy. Onward and Upward will not share your information with anyone outside of our organization unless required to do so in an emergency medical situation. On over night programs, students share tents with their same gender peers. Privacy for dressing, cleansing, toileting and self-care is largely determined by the participant's own efforts.

**We look forward to sharing an adventure with you!**

# ONWARD UPWARD

SCHOOL FOR ADVENTURE-BASED LEARNING AND EXPLORATION FOR DISCOVERY

## STUDENT ELIGIBILITY

Onward and Upward’s programs engage students in adventure; encouraging students to step outside of their comfort zone. These experiences offer the opportunity to actively engage in teamwork, leadership, mindfulness, social and emotional learning. Although there is therapeutic value in participating in our programs, these programs are not treatment programs.

Some individuals require a level of care that is outside of Onward and Upward’s scope of practice or care that cannot safely be provided in a wilderness environment. Onward and Upward’s programs are not suitable for youth who are struggling with the following issues:

1. Active suicidal or homicidal ideation
2. Active eating disorder
3. Violent behaviors or serious violent offences
4. Untreated sex offenders
5. History or risk of active psychosis
6. Extensive history of fire-setting behavior
7. Addictions to substances requiring a monitored detoxification process
8. Physical conditions or diseases limiting their ability to safely participate in the program
9. Physical conditions or diseases requiring ongoing nursing care or medical supervision

Full disclosure of any of the above conditions is required. If you are unsure if the program is right for your student, we would be happy to discuss the program and your student’s goals with you. If our program is not suited for your student, we will make a referral.

Does your student have any of the above conditions?                      Yes                      No

Does your student have any medical conditions that would prohibit your student in participating in the programs activities?                      Yes                      No

Please disclose any of the above conditions or any other concerns:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

## PARTICIPANT AGREEMENT, LIABILITY RELEASE, AND ASSUMPTION OF RISK

In consideration of the services of Onward and Upward, Inc., their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "OU"), I hereby agree to release, indemnify, and discharge OU, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in fishing, bicycling, orienteering, leadership and teambuilding initiatives, community service projects, challenge course activities, low and high ropes course activities, sports activities, archery, swimming, trail building, mountaineering, hiking, camping, snowshoeing, skiing, and backpacking activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**The risks include, among other things:** the hazards of walking on uneven terrain and slips and falls; water hazards; accidental drowning; being struck by rock fall, icefall or other objects dislodged or thrown from above; the use and potential or actual failure of climbing ropes and equipment; the negligence of other visitors, participants, or other persons who may be present; weather conditions; equipment failure; the forces of nature, including lightning, weather changes and avalanche; the risks of falling off the rock, mountain or into a crevasse; exhaustion; exposure to temperature and weather extremes which could cause hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; the risk of altitude and cold including hypothermia, frostbite, acute mountain sickness, cerebral and pulmonary edema; travel in remote areas with poor or no access to emergency and/or medical services; accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered; consumption of food or drink; and improper lifting or carrying; my own physical condition, and the physical exertion associated with this activity.

Furthermore, OU employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless OU from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of OU's equipment or facilities, including any such claims which allege negligent acts or omissions of OU.
4. Should OU or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against OU, I agree to do so solely in the state of Alaska, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

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7. During OU courses instructors take photos and record video footage for visual displays. As a participant in these various activities, I give my permission to use those images for grant reports, updating the OU website/web media, PowerPoint presentations used at forums, or at special school and family-involvement events. Please sign here if you wish for you or your student to be excluded from this media provision. \_\_\_\_\_

8. OU values learning through experience. Therefore, this method of education often requires students to travel in order to partake in activities around the community and in outdoor wilderness settings. I understand that transportation is required to engage my student in these activities and approve these various forms of transportation: bus, van, OU vehicle, or the teacher's private automobile.

**By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against OU on the basis of any claim from which I have released them herein.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Print Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

Participant Age \_\_\_\_\_ Participant Date of Birth \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

## **PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (print minor's name) ("Minor") being permitted by OU to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless OU from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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## HEALTH FORM

In the case that your child has a medical emergency on an Onward and Upward program, this form will be given to any advanced medical personal that responds to an emergency call. Onward and Upward staff is trained in Wilderness First Aid and CPR, but is not a treatment program and does not practice medicine.

### GENERAL INFORMATION

Participant's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Gender: Female                      Male                      Other

Name of Parent(s)/Guardian: \_\_\_\_\_ Phone #: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

### MEDICAL INFORMATION

1. Allergies (including medicines, foods, bites, stings). List below (use back of page if necessary)

\_\_\_\_\_ NONE

Allergy	Reactions	Medication Required
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Medication (including over the counter and/or prescribed medication). List below (use back of page if necessary) \_\_\_\_\_ NONE

Medication	Condition	Dosage (amount/frequency)	Side Effects
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- If medication is listed and your student is attending an overnight program we will send you a copy of our Medication Policy
- We have a zero-tolerance policy for students bringing any substances that are not listed on the health form. Possession of alcohol, tobacco or marijuana will result in dismissal from the program.

3. Current medical (physical, emotional, mental) conditions. List below (use back of page if necessary)

\_\_\_\_\_ NONE

Condition	Severity of Condition	Year Diagnosed
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Other pertinent information (phobias, sensitivities, behaviors, special needs, etc.)

\_\_\_\_\_

\_\_\_\_\_

If a medical professional is currently seeing your child for any of the above sections, Onward and Upward suggests a recommendation from their medical professional prior to participating in this program.

Name of Medical Professional: \_\_\_\_\_ Profession: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HEALTH PROFILE**

Check and describe below

Yes	No		Yes	No	
___	___	1. Pregnant	___	___	5. Neck/back/shoulder/knee/ankle problem
___	___	2. Seizure within past year			
___	___	3. Hospitalization/emergency room visit within past year	___	___	6. History of cardiac conditions

If marked 'yes' to any of the above, please detail below, including symptoms/restrictions (use back of page if necessary).

\_\_\_\_\_

\_\_\_\_\_

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## FITNESS ASSESSMENT

Please answer the following questions; your answers will help us determine the appropriate activity level for your child's duration of this program.

Height \_\_\_\_\_ Weight \_\_\_\_\_ (needed for backpacking & skiing programs)

Current Exercise Activity

Please list below or \_\_\_\_\_ NONE

Activity	Frequency	Approx. Time/Dist.	Level of Intensity
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## COMMENTS

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Please return this health form as soon as possible, so we may have adequate time for review and/or possible follow-up questions. Note that most our programs are structured to accommodate various levels of participation based on your child's medical abilities. Regardless of your child's physical condition, we expect your child to pay attention to their body in choosing their level of participation.

I understand that Onward and Upward is not a treatment program and does not practice medicine, and that I should consult with a licensed health care provider if I have any concerns about my child participating in the Adventure Based Education programs offered by Onward and Upward. Knowing that Onward and Upward's staff is trained in Wilderness First Aid and CPR, I hereby authorize the Onward & Upward staff to provide first aid care according to their training if needed by my child while on an Onward & Upward program.

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Guardian

**Rules of Conduct**

These rules are in place to protect the wellbeing of students and staff. Failure to abide by these rules may result in removal from the program and possible criminal prosecution. All participants are held to the following rules of conduct:

- Students must avoid behavior that endangers themselves or others, including staff.
- We do not permit use or possession of alcohol, drugs or tobacco products.
- Over-the-counter medications and prescriptions may only be self-administered with specific permission from parents or physicians. All medication is held by appropriate staff and self-administered by participants under staff supervision.
- Weapons or articles which staff believe could be used as a weapon, including personal knives, are not allowed.
- Students may not leave the program without permission of staff or their parent/guardian. If a participant makes a request to leave the program, staff will notify their parent/guardian to discuss the options for exiting the program. Sometimes while on backcountry portions of the program immediate departure from a program is not available.
- Students may not engage in violence or threaten violence. Violent behavior includes both physical aggression, verbal aggression or sexual misconduct.
- Onward and Upward follows an established risk management plan. Students may not engage in risky behaviors or fail to follow instructions regarding safety issues.

Failure to abide by these rules may result in dismissal from the program and possible criminal prosecution. If these rules are broken during a backcountry portion of the program evacuation fees may be accrued and will be charged to the student’s parent/guardian.

I have read, understand and agree to follow the rules of conduct:

Student Name	Student Signature	Date
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I have read and understand the rules of conduct. I agree to accept responsibility for any financial evacuation fees that may accrue as a result of my student being dismissed from the program.

Parent/Guardian Name	Parent/Guardian Signature	Date
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Parent/Guardian Name	Parent/Guardian Signature	Date
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## DEMOGRAPHIC SURVEY

Collecting the below information helps us in connecting with the people we serve, directing the focused growth of our organization and acquiring grants to provide programs. This survey is optional, and does not influence your participation in our programs. We appreciate you taking the time to provide this additional information.

### Age

Please specify your age and birthdate:

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Gender

Please circle/specify your gender or gender identity:

Female      Male      Non-binary/Third Gender      Prefer to describe: \_\_\_\_\_

### Ethnicity

Please circle/specify your ethnicity:

Alaska Native      White/Caucasian      African American  
Asian/Pacific Islander      Hispanic/Latino      Native American  
Other \_\_\_\_\_

### Household

What best describes your care-takers?

Biological Parent(s)      Foster Parents      Grandparent(s)/Relative(s)  
Single Parent Home      Group Home      Other \_\_\_\_\_

What is your household's annual income?

<\$20,000      \$20,000-\$40,000      \$40,000-\$60,000  
\$60,000-\$80,000      \$80,000-\$100,000      >\$100,000