

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

- Student Eligibility (Page 2)
- Medical Release and Health Form (3-6)
- Code of Conduct (Page 7)
- Demographic Survey (Page 8)

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:

Signature: _____ Date: _____

Print Name: _____

Relationship to Child: _____

MEDICAL RELEASE AND 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, and will provide care within their scope of practice. However Onward & Upward is not a treatment program and does not practice medicine.

GENERAL INFORMATION

Participant's Name: _____

Age: _____ Grade: _____ School: _____

Gender at birth: Female Male

For Non-binary/Third Gender: Preferred Pronoun _____

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 & Dosage (amount/frequency)
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Medication (including over the counter and/or prescribed medication).

_____ 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, marijuana or any other illicit substances 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.)

_____ NONE

5. 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).

6. If your child is currently seeing or has not yet seen a Licensed Health Care Provider (LHCP) for any of the above medical information provided in sections 1-5, Onward and Upward suggests receiving a recommendation from a LHCP prior to participating in this program. If your LHCP would like more information about the program, they may call:

Randy Dowd, Executive Director at (907) 953-5360 or
Amanda Montavon, Program Director at (907) 982-4144

Name of Licensed Health Cared Provider: _____

Profession: _____

Recommendation: _____

Signature: _____ Date: _____

7. Additional Information

Please include any other information that is pertinent to your child's participation in this program:

If necessary, attach an additional sheet to provide more information on any of the above sections (Medical Information Sections 1-6).

Additional Sheet Provided? YES NO

If yes, what sections did you provide more information on? _____

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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

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.

_____	_____	_____
Parent/Guardian Name	Parent/Guardian Signature	Date

_____	_____	_____
Parent/Guardian Name	Parent/Guardian Signature	Date

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, tobacco or any illicit substances.
- 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