Youth Application

(Part One)

The Youth & Medical applications must be submitted in their entirety before consideration can be given for acceptance. Submit Application to your Admissions Specialist upon completion.

Mailing: (US Postal Service Only)

BBYCA Admissions	775-431-7108
PO Box 700	thanlon@govmail.state.nv.us
Carlin, NV 89822	https://bbyca.org

The Battle Born Youth ChalleNGe Academy, in accordance with Nevada State Law, does not discriminate based on age, sex, sexual orientation, gender, expression or gender identity, marital status, race, creed, color, national origin or disability.

Applicant Name: _____

Three Step Process for applying to the Battle Born Youth ChalleNGe Academy

PURPOSE: These information pages (1-5) provide you a general overview of the Youth *ChalleNGe* Program and the Battle Born Youth *ChalleNGe* Academy (BBYCA). The more you know and understand about the Program, the better you'll be able to decide if this Program is for you. Keep these pages for your reference.

Step 1: Speak with an Admissions Specialist. Attend Orientation + Applicant Interview.

Youth and guardian attendance at an orientation is mandatory; it affords you the opportunity to learn about the program, expectations, and application process. You will meet with an Admissions Specialist who will be able to answer your questions and guide you through the application process.

Step 2: Application, Part One (Youth)

Please complete all the Youth Application Forms (A- L), leaving no questions blank. Submit these along with a copy of:

1. Applicant's Social Security card
2. State ID Card, temporary paper copy accepted
3. US birth certificate or INS Proof of Permanent Residency card (1-551)
4. High School Transcript to the Academy address listed below.

- Unless otherwise noted, all forms should be filled out legibly by the youth applicant and then signed and dated by both the youth and parent/guardian where indicated.
- **Always make copies of everything you mail for your own records.** These forms may be submitted to your Admissions Specialist in person, mailed, or emailed.
- Once you have submitted Part One, **begin Part Two immediately.**
- BBYCA Admissions Staff will review your initiated application (from Part One) and contact you concerning possible missing forms and to prompt submission of **Part Two.**

Step 3: Application, Part Two (Medical)

- This portion of the application process is to ensure Applicants are physically and mentally sound for participating in the Battle Born Youth *ChalleNGe* Academy.
- Once the Youth and Medical Applications have been submitted, they will be referred to an "Admissions Panel."
- If your application is recommended for pre-acceptance -youth are invited to a one-on-one interview with a staff member.
- Assuming applicants have completed all of the steps above and have submitted all requested documentation, they should receive a conditional acceptance, deferral, or nonacceptance letter. For those applicants receiving a conditional acceptance letter, they are required to complete Step three.

ABOUT THE BATTLE BORN YOUTH CHALLENGE ACADEMY

MISSION STATEMENT

The mission of the Battle Born Youth ChalleNGe Academy is to empower resilient and motivated youth by reclaiming their potential through education, training, and meaningful service to Nevada communities.

BACKGROUND

The **Battle Born Youth ChalleNGe Academy (BBYCA)** is part of the **National Guard Youth ChalleNGe Program (NGYCP)**—a nationwide initiative funded by the Department of Defense and operated through the National Guard. Since its creation in 1993, the NGYCP has helped thousands of young people across more than 40 programs in 28 states, Puerto Rico, and Washington D.C. find a second chance to succeed. *BBYCA is **voluntary***, meaning every cadet **applies and earns their place** in the program. We're here for young people who want to change the direction of their lives and are willing to work hard for it.

HOW DOES THE PROGRAM WORK?

BBYCA is a fully accredited Nevada high school—**but it's not like any other school you've attended**. Our program is a 17½-month experience divided into two key phases:

1. Residential Phase (5½ months)

During this intense, structured phase, you'll live on campus in a **quasi-military environment** that emphasizes:
Discipline **Accountability** **Respect** **Teamwork**

You'll live in an open-bay setting, wear a uniform, follow military grooming standards, and practice customs and courtesies. As a member of a 25-person platoon, you'll learn to lead, follow, and support your team. Expect to be challenged—but also to grow.

Our **caring and highly trained staff** are here to support and guide you. They will **hold you to a high standard**, and they'll also be right there helping you meet it

2. Post-Residential Phase (24 months)

Graduation from the Residential Phase is just the beginning. For the next two years, you'll continue working with your case manager to apply what you've learned, stay on track, and plan your future. This part of the program is key to making lasting change

WHO IS A GOOD CANDIDATE TO ATTEND THE BBYCA?

BBYCA is for youth who are ready to take control of their future. You may be a good fit if:

- You've left high school or are at risk of not graduating.
- You want to improve your life through structure, support, and education.
- You are willing to **make the choice yourself**—no one else can make it for you.

WHAT CAN YOU ACHIEVE AT THE BBYCA?

Your path will depend on your age, goals, and current academic standing. While you're here, you may:

- **Earn credits** and return to high school or an alternative school.
- **Prepare for and pass the HiSET** (High School Equivalency Test).
- **Graduate with a high school diploma** from BBYCA—we are fully accredited by the State of Nevada.

But academics are just the beginning. You'll also build confidence, discipline, and a sense of purpose. Many cadets leave BBYCA with a clearer vision of who they are and what they can achieve. **Graduating from BBYCA can be a life-changing experience**—the first step in a brighter, more successful future

WHAT TO EXPECT AT BBYCA

At the Battle Born Youth ChalleNGe Academy, each cadet participates in a **structured 16-hour day** focused on education, discipline, and personal development. The experience centers on **eight Core Components** that you'll work to master:

Eight Core Components

1. Academic Excellence
Attend small classes led by certified teachers from Elko County School District. Earn credits, prepare for the HiSET, or work toward a high school diploma.

2. Leadership & Followership
Learn teamwork, personal responsibility, and how to lead and support others effectively in both group and individual settings.

3. Life Coping Skills
Develop practical tools for life, including budgeting, communication, anger management, relationship building, and drug/alcohol resistance.

4. Job Skills
Build employability through resume writing, interview prep, job search strategies, and workplace etiquette.

5. Service to Community
Complete **40+ hours** of volunteer service with nonprofits and community organizations—developing pride and a sense of purpose.

6. Responsible Citizenship
Explore your rights, responsibilities, and how government works. Learn how to be a positive force in your community.

7. Health & Hygiene
Focus on nutrition, wellness, substance abuse prevention, personal hygiene, and healthy relationships.

8. Physical Fitness
Train daily with activities like calisthenics, jogging, and team sports. You'll leave in the best shape of your life—physically and mentally.

AFTER GRADUATION

What happens next is up to you. As part of the program, you'll build a **Post-Residential Action Plan (P-RAP)** to set goals in areas like:

- Returning to school or pursuing college/vocational training
- Getting a job or joining Job Corps
- Military enlistment (optional—not required or expected)
- Securing housing and transportation

Note: *BBYCA uses a military-style structure for discipline and growth,* ***not as a recruiting program****.*

WHAT DOES IT COST?

There is no tuition. BBYCA is funded by the federal government and the State of Nevada.

You are only responsible for:

- One pair of BLACK plain running shoes, One black belt, one pair of tan khaki pants, one dark blue polo
- One book of stamps and an Address Book
- Optional Packing List Items

Additional reporting attire instructions will be provided upon acceptance.

Application Checklist

PURPOSE: These documents are required to apply. We recognize that the process is not easy and we are asking for a great deal of information. It's all necessary to help us evaluate each application and ensure that the youth selected have the best chance to complete the Program. **Keep the first five pages of this packet for your reference and contact our Admissions Staff for assistance or questions.**

Part 1: Youth Application & Applicant Identification

- ☐ Mandatory Eligibility Criteria – Form A (Pg. 5)
- ☐ Applicant Background Info. – Form B (Pg. 6-7)
- ☐ PII Permission – Form C (Pg. 8)
- ☐ Contact Information – Form D (Pg. 9)
- ☐ Student Goals – Form E (pg. 10)
- ☐ Parent Questionnaire – Form F (pg. 11-12)
- ☐ Authorization to Release – Form G (Pg. 13)
- ☐ Family Education Rights & Privacy Act – Form H (Pg. 14)
- ☐ Dropout / Eligibility Status – Form I (Pg. 15)
- ☐ Successful School Enrollment – Form I (Pg. 15)
- ☐ Parent / Guardian Agreement – Form J (Pg. 16)
- ☐ Statement of Understanding – Form K (Pg. 17-18)
- ☐ Search & Seizure Acknowledgement – Form L (Pg. 19)
- ☐ Orientation Acknowledgement – Form M (Pg. 20)
- ☐ Participation Agreement – Form N (Pg. 21-22)
- ☐ Legal Status Communication – Form O (Pg. 20)
- ☐ Release of Liability (Notarized) – Form P (Pg. 24)
- ☐ Copy of Social Security Card – Signed, if over 18 years of age at time of Graduation from BBYCA.
- ☐ Copy of US Birth Certificate or INS Proof of Permanent Residency Card (I-551) – Hospital record of birth is not sufficient. Official Birth Certificates usually state "Department of Vital Statistics."
- ☐ Copy of Nevada State Identification Card – Driver's License, Military Dependent ID, or Passport. A temporary ID Card/Receipt is acceptable but School IDs are not.
- ☐ Copy of School Transcript(s) – Current transcript from the last school the applicant attended. Must include the cumulative GPA, total credits earned, and total credits required to graduate.
- ☐ Copy of IEP or 504 (If Applicable) – With three (3) year Psychological or Educational evaluation, which will not expire prior to BBYCA commencement date.

Part 2: Medical Application

- ☐ Medical Examination – Med Form A (pg. 2)
- ☐ Medical Authorization – Med Form B (Pg. 3)
- ☐ Vision Health Statement – Med Form C (Pg. 4)
- ☐ Self-Report Medical Hist. – Med Form D (Pg. 6-7)
- ☐ Medication History – Med Form E (Pg. 8)
- ☐ Dental Health Statement – Med Form F (Pg. 9)
- ☐ Consent for Medical Care – Med Form G (Pg. 10)
- ☐ Over the Counter Authorization – Med Form H (Pg. 11)
- ☐ Copy of medical insurance cards
- ☐ TB Test results (blood or skin)
- ☐ Immunization records
- ☐ Credit Card Authorization form

BBYCA Form A - Mandatory Eligibility Criteria

Purpose: This form lists the eligibility criteria that are mandatory to apply and to attend the Battle Born Youth Challenge Academy. This form must be signed by both the applicant and the parent/guardian.

Applicant Name: _____ _____ _____ Date of Birth: _____/_____/_____
Last First Middle

☐Yes ☐No **Will you be 16-18 years old when the class starts?**
You must be at least 16 and no more than 18 years of age for admission to BBYCA.

☐Yes ☐No **Are you a US citizen or legal resident of the United States, and a resident of the state of Nevada?**

☐Yes ☐No **Are you a high school dropout? Or at risk of dropping out?** (Check all that pertain)
- ☐Yes ☐No I no longer attend school.
- ☐Yes ☐No I am enrolled in school but have poor attendance and may drop out soon.
- ☐Yes ☐No I am low on high school credits and currently will not graduate on time.
- ☐Yes ☐No I attend or last attended a state-approved alternative school.

☐Yes ☐No **Have you been accused of committing a crime or are you currently under indictment for a crime?**

☐Yes ☐No **Have you been convicted of committing a crime and awaiting sentencing?**

☐Yes ☐No **Are you currently on parole or probation?**

☐Yes ☐No **Are you currently employed?**
If yes, please answer the following: Number of hours/week: _____ Hourly Wage: _____

☐Yes ☐No **Are you free from the use of illegal drugs and/or illegal substances?** Applicants selected to to attend BBYCA must agree to be drug free during the program. Applicants will be tested for illegal substances during the 5 ½ month residential phase of the program. A failure of this drug test after registration will result in separation from the program – **No Exceptions**. Willingness to be or to become drug free is a requirement.

☐Yes ☐No **Are you physically and mentally capable of participating in BBYCA?** Reasonable accommodations will be made for identified disabilities. Accommodations will be arranged prior to registration. Participants must be capable of participating with reasonable accommodations; this does not mean you have to be physically fit, but willing to become more physically fit.

☐Yes ☐No Do you currently have (If yes, please include a copy):
- ☐ Individualized Education Plan (IEP)
- ☐ 504 Plan

_____ _____/_____/_____
Youth Applicant Signature

_____ _____/_____/_____
Parent / Legal Guardian Signature

_____ _____/_____/_____
Parent / Legal Guardian Signature

Battle Born Youth Challenge Academy – Youth Application

BBYCA Form B - Applicant Background Information

Applicant Name: _____

Social Security Number: _____-_____-_____ Gender: ☐ Male ☐ Female Age:_____

Street Address: _____ Home Phone: _____

City: _____ County: _____ Cell Phone: _____

State: _____ Zip code: _____

Physical Description and Demographics

Height: _____ Weight: _____ Hair Color: ☐ Brown ☐ Blonde ☐ Black ☐ Red

Eye Color: ☐ Brown ☐ Hazel ☐ Blue ☐ Green

Ethnicity: ☐ African American ☐ Asian American ☐ Native American / Alaska Native ☐ Middle Eastern American ☐ European American ☐ Native Hawaiian / Other Pacific Islander Hispanic / Latino (of any race) ☐ Yes or ☐ No

What is the primary language spoken in your home?

_____

What is your family's annual income?

☐ $0 - $15,000 ☐ $15,000 - $25,000 ☐ $25,000 - $35,000 ☐ $35,000 - $45,000 ☐ More than $45,000

Do you or any members of your household receive public assistance? ☐ Yes or ☐ No

If yes, type of assistance: ☐ Food Stamps ☐ Free / Reduced School Lunch ☐ Other: _____

☐ Cash Aid ☐ Medical – Insurance #: _____

Is one or both of your parents or legal guardians currently incarcerated? ☐ Yes or ☐ No

Youth Challe*NG*e History

Have you ever been a candidate in any other Challe*NG*e Program? ☐ Yes or ☐ No

If yes: When and Where? _____

Why did you leave? ☐ Own Request ☐ Medical Reason ☐ Other

☐ Positive Drug Test ☐ Disciplinary Reasons

Living Arrangements

Who do you live with? _____ How many people are in your household? _____

Are you: ☐ A Foster Child ☐ Adopted ☐ Homeless - If yes, since when? ____ ☐ None of these

Are you in the care, custody, and / or supervision of the State of Nevada or a court in Nevada? ☐ Yes ☐ No

If yes, are you a: ☐ Ward of the State ☐ Ward of the court Since When? _____

Are you Married? ☐ Yes ☐ No Do you have any Children? ☐ Yes ☐ No If yes, how many? _____

Risk Factors

☐ Has repeated at least one (1) grade.	☐ Has substance abuse behavior
☐ Has absenteeism that is greater than 10% during the preceding semester.	☐ Is pregnant or a parent
☐ Has an overall GPA that is less than 1.5, prior to enrolling in an alternative school.	☐ Has serious personal, emotional, or medical problems
☐ Has failed one or more academic subject.	☐ Is an emancipated youth
☐ Is two or more semester credits per year behind the rate required to graduate.	☐ Is a court or agency referral
☐ Is a limited English-Proficient student, who has not been in a program more that 3 years.	

Criminal History

Are you a member of a gang or affiliated with a gang? ☐ Yes ☐ No

Have you ever been involved in, questioned, or arrested, or convicted of a crime? ☐ Yes ☐ No

If yes, provide details below. Include completed, diverted, probation, or restitution. Use back if needed.

Date: _____/_____/_____ Crime: _____ Result: _____ Date: _____/_____/_____ Crime: _____ Result: _____

Are you currently involved in any legal proceedings?

☐ Awaiting Trial ☐ Truancy ☐ Awaiting Sentence ☐ On Probation / Diversion ☐ At-Risk Youth Petition

Continue to next Page

BBYCA Form B - Applicant Background Information (Continued)

Education

Current School Name: _____ Address: _____
Previous School:_____ Address: _____
Are you Currently enrolled in High School? ☐ Yes ☐ No Circle Grade Level: 9 10 11 12
If no, how long have you been a dropout? ☐ Less than 1 year ☐ More than 1 year
Have you officially withdrawn from school? ☐ Yes ☐ No
Have you ever been expelled or suspended from school? ☐ Yes ☐ No
If yes, Dates: _____/_____/_____ Why? _____
_____/_____/_____ Why? _____

Are you home-schooled? ☐ Yes ☐ No If yes, what program? _____
Do you have any learning disabilities? ☐ Yes ☐ No Do you have: ☐ IEP ☐ 504 Plan ☐ N/A
If yes, explain: _____

Do you have a: ☐ High School Diploma ☐ GED/HiSET ☐ Other Certificate ☐ N/A

Substance Use

Do you smoke, vape, or use tobacco/nicotine products? ☐ Yes ☐ No
BBYCA is tobacco and nicotine free. Will you be able to quit using tobacco/nicotine products? ☐ Yes ☐ No
Have you ever abused alcohol or been drunk? ☐ Yes ☐ No
Have you ever used illegal drugs or abused prescription drugs? ☐ Yes ☐ No If yes, which ones? _____
Have you ever been treated or hospitalized for drug use? ☐ Yes ☐ No If yes, Where/When? _____

Referral Information

☐ Friend ☐ Brochure Newspaper: _____
☐ Relative ☐ Juvenile Probation Website: _____
☐ Coworker ☐ Other _____ TV Station: _____ ☐ Billboard/Location: _____ Radio Station: _____ ☐ Former student(s): _____ Social Media: _____ ☐ School, referred by: _____
Do you know anyone else applying for the same class? ☐ Yes ☐ No If yes, who? _____

Your signature below ensures that all information provided is true and accurate to the best of your knowledge and you understand that any false or omitted information will be grounds for not being accepted or for dismissal.

_____ _____/_____/_____
Youth Applicant Signature *Date*

_____ _____/_____/_____
Parent / Legal Guardian Signature *Date*

Pursuant to the Privacy Act of 1974, this document is to inform you about personally identifiable information (PII), the need for its

collection, storage, and use for BBYCA operation, and the care taken in this effort for your protection. The statement "personally identifiable information" means any information relating to an identified or identifiable individual who is the subject of the information. However, combinations of the information may create a situation where the sensitivity of the aggregate information warrants restrictions on its use and disclosure.

BBYCA Form C – Personally Identifiable Information (PII) Permission

Applicant's Name: _____ _____ _____
Last First Middle

It may be difficult to define the level of sensitivity of every combination of PII. Therefore, good judgment must be exercised when handling PII in order to prevent disclosure. Sensitive PII, such as name and social security number (SSN), must be safeguarded at all times.

WHAT CONSTITUTES PII?

Any combination of two or more of the following items can be used to compromise a person's identity.

-Name	-DOB/Place of Birth	-Social Security #	-Financial Data	-Employment History
-Driver's License #	-Mother's Maiden Name	-Private Photos	-License Plate #	-Fingerprints, DNA
-Health Information	-Criminal History	-Home address / phone # / email address		

It is the intent of the Battle Born Youth ChalleNGe Academy to provide the following policy and procedures on personally identifiable information collected within our application and intake process.

The information contained in each youth applicant's records is confidential, proprietary, and protected pursuant to Federal regulations; it is intended only for the use of the individual or entity for which it is directed. This information will not be copied, distributed, used, or shared in any manner that would otherwise jeopardize the identity or safety of the person it is regarding.

The data collected will be used for the purpose of youth applicant's admission, temporary school district enrollment, education/employment/volunteer placement, and program geographical, historical and statistical information for the continuation of the Program and to benefit the youth it serves.

If, as specialized services are developed in the future, an individual is requested to provide more information, the information will be handled as it would be on an in-person visit to the office of the State Department of Education. Users should be aware that any inquiry or correspondence sent to the State Department of Education may become a public record and may be subject to disclosure.

It is the understanding of the youth applicant and the parent / guardian that BBYCA will take precautions to protect all personally identifiable information. It is the understanding of the youth applicant and parent / guardian that the collection, storage and use of PII data is crucial to the successful operation of the 17-½ month BBYCA, the National Guard Youth ChalleNGe Program and its agents. The applicant and parent / guardian hereby authorize the Battle Born Youth ChalleNGe Program and its agents to collect, store, release and use this information for the purposes described herein.

Signatures

_____ ____/____/____
Youth Applicant Signature Date

_____ ____/____/____
Parent / Legal Guardian Signature Date

This form provides routine and emergency contact information about the applicant's parent(s) and/or legal guardian(s). Unless

designated otherwise, contact will be made in the order listed. This information may be used as contact information for medical care partners of BBYCA. *Two Contacts Must be Provided*

BBYCA Form D – Contact Information

1. Primary Parent / Legal Guardian ☐ Male ☐ Female Date of Birth: _____ / _____ / _____ Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ Primary Language: _____

City: _____ State: _____ Zip code: _____ Secondary Language: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ Employment Address: _____

Email: _____

Relationship to Applicant: ☐ Parent ☐ Legal Guardian ☐ Step-Parent ☐ Grandparent ☐ Other

Authorized to pick-up Applicant at the Academy? ☐ Yes ☐ No

< ---------- *These must be answered.*

Should we contact this person in an emergency? ☐ Yes ☐ No

2. Primary / Secondary Parent ☐ Male ☐ Female Date of Birth: _____ / _____ / _____ Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ Primary Language: _____

City: _____ State: _____ Zip code: _____ Secondary Language: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ Employment Address: _____

Email: _____

Relationship to Applicant: ☐ Parent ☐ Legal Guardian ☐ Step-Parent ☐ Grandparent ☐ Other

Authorized to pick-up Applicant at the Academy? ☐ Yes ☐ No

< ---------- *These must be answered.*

Should we contact this person in an emergency? ☐ Yes ☐ No

3. Alternative Emergency Contact ☐ Male ☐ Female Date of Birth: _____ / _____ / _____ Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ Primary Language: _____

City: _____ State: _____ Zip code: _____ Secondary Language: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ Employment Address: _____

Email: _____

Relationship to Applicant: ☐ Parent ☐ Legal Guardian ☐ Step-Parent ☐ Grandparent ☐ Other

Authorized to pick-up Applicant at the Academy? ☐ Yes ☐ No

< ---------- *These must be answered.*

Should we contact this person in an emergency? ☐ Yes ☐ No

Signatures

_____ _____/_____/_____

Youth Applicant Signature Date

_____ _____/_____/_____

Parent / Legal Guardian Signature Date

In applying to BBYCA, you're making a statement - a commitment about wanting to change your life and create a future for yourself. You won't succeed if you're doing this for someone else or for the wrong reason{s). So, we must ask- what do you hope to accomplish by attending BBYCA? *Student Goals must be filled-out by the youth.*

BBYCA Form E – Student Goals

Applicant's Name: _____ _____ _____

Last First Middle

What do you hope to accomplish by attending BBYCA?

☐ Opportunity to enroll in a vocation training program
☐ Opportunity for employment
☐ Opportunity to enlist in the military service
☐ Personal Sense of accomplishment, self-esteem, self-discipline
☐ Opportunity to earn a High School Diploma
☐ Opportunity to earn the HiSET
☐ Opportunity to enroll in college
☐ Other (Please explain): _____

_____

Success in the Youth ChalleNGe Program and at the Battle Born Youth ChalleNGe Academy requires a Cadet to be committed, focused, and willing to work hard to achieve his/her stated goals.

This is a mandatory part of the application.

What are your goals? What do you want to be doing in the next year and a half?

Goal 1# (6 Months)

_____

_____

_____

Goal 2# (12 Months)

_____

_____

_____

Goal 3# (18 Months)

_____

_____

_____

How will BBYCA help you achieve these goals?

_____

_____

_____

What type of jobs would you like to do or explore?

_____

_____

_____

Signature

_____ ____/____/____

Youth Applicant Signature Date

BBYCA Form F – Parent/Guardian Questionnaire

Parent/Guardian Information

Name: _____ ☐ Parent ☐ Guardian

Phone: _____ Email: _____

Best time of day to reach you: ☐ Morning ☐ Afternoon ☐ Evening

Applicant Information

Name: _____ Date of Birth: _____ Gender: _____

Please answer the following questions honestly and thoughtfully. Answers will not be shared with your child and will be used to better meet the needs of your son or daughter in the event he/she is accepted to the Academy.

Family

1. Are there any family issues we should be aware of (e.g., custody issues, incarcerated or absent parents, domestic violence)?

_____

_____

_____

2. How is your child's relationship with others in the home?

_____

_____

_____

3. Does your child have chores? ☐ Yes ☐No; A curfew? ☐ Yes ☐No; If yes, does he/she abide by them? ☐ Yes ☐No

4. How does your child respond to your attempts to discipline him/her?

_____

_____

5.Why is your child interested in Youth Challenge Academy

_____

_____

6. Does your child engage in what you consider to be risky behaviors? ☐ Yes ☐No

7. If yes, please describe:

_____

_____

Hospitalizations

Has your child been hospitalized for mental health, behavioral health, or substance abuse issues? ☐ Yes ☐No

If yes, please explain, including details of when and why:

_____

_____

_____

Continue to next page

BBYCA Form F – Parent/Guardian Questionnaire *(Continued)*

Academics

1. Does your child have any special adamic needs, such as an IEP or 504? ☐ Yes ☐No If so, please describe:

_____

_____

2. What is your child's academic strength or interest? (e.g., math, reading, etc.)

_____

_____

3. What is your child's greatest academic challenge? (e.g., math, reading, etc.)

_____

_____

Legal

Does your child have a probation officer? ☐ Yes ☐No If so, please provide details relating to the offense. (When and what).

_____

_____

Probation Officer name and contact information:_____

Relationships

1. Does your child have a boyfriend or girlfriend? ☐ Yes ☐No If yes, list their name and how long they have been together:

_____

2. Does your child have a child of their own? ☐ Yes ☐No If yes, provide name and age:

_____

3. If your child knows someone currently in the program, please provide their name: _____

4. If your child has any relatives applying for next cycle, please provide their name: _____

General

Are there any concerns you would like to share about your child that we have not asked you?

_____

_____

_____

Outreach

1. How did you hear about BBYCA? _____
2. Who is your BBYCA Admissions Specialist? _____
3. What is your school district of record? _____

By signing you have agreed that all answers given are honest to the best of your knowledge. Any false information may exclude your child from consideration for BBYCA. If you have questions or concerns, please address them with BBYCA Staff.

_____ _____ _____

Print full name of Parent/Guardian | Signature of Parent/Guardian | Date

PURPOSE: In processing your application, there may be a need to confirm or clarify the persona I information you provide with an outside agency. This form authorizes us to contact those agencies and exchange information necessary to properly review and evaluate your application. Youth must also meet legal eligibility requirements and this information will be used to conduct a background check to ensure those criteria are met.

BBYCA Form G – Authorization to release confidential information

Applicant's Name: _____ _____ _____
Last First Middle

Social Security #: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ County: _____ State: _____ Zip Code: _____

Other Nevada counties in which the applicant has lived: _____

Authorization to Release Information

I hereby authorize the State of Nevada, its counties, its cities, and its agencies to submit and/or exchange al/ pertinent information with the Battle Born Youth ChalleNGe Academy (BBYCA) regarding, but not limited to, the following: substance abuse history, referral history, court status, family or social services interventions, documented medical conditions, and any other information requested by the BBYCA relevant to the health, safety, welfare, and quality of life of the student/applicant named above.

I understand that these records are protected under the Privacy Act and other federal and/or state laws or regulations and cannot be disclosed without my written consent, unless otherwise provided for in the regulations. BBYCA is in compliance with the most prominent of the federal protections for participant privacy including the Family Educational Rights and Privacy Act (FERPA). FERPA protects the confidentiality of student records to some extent, while giving students the right to review their own records.

I also understand that I may revoke this consent at any time, except to the extent that action has been taken, and that in any event, this consent automatically expires thirty-six (36) months from the date my application is accepted and I am officially registered as a student in the BBYCA.

Signatures

_____ _____/_____/_____
Youth Applicant Signature Date

_____ _____/_____/_____
Parent / Legal Guardian Signature Date

_____ _____/_____/_____
Parent / Legal Guardian Signature Date

The Family Education Rights and Privacy Act (FER PA) afford parents and students, over 18 year of-age, certain rights, with respect to the student's education records.

BBYCA Form H – Family Education Rights & Privacy Act

Applicant's Name: _____ _____ _____

Last First Middle

BBYCA POLICY TO COMPLY WITH FERPA

It is the policy of BBYCA to release Applicant/Cadet (Cadet) information, records, and files, in accordance with the Family Education Rights and Privacy Act of 1974 (FERPA). The FERPA requires BBYCA to provide "advance" information to parents/guardians (parents) and Cadets 18 years-of-age or older, regarding information the Program will release about Cadets and to whom. The following information/records will be released, in accordance with FERPA, under the following circumstances:

1. To other school officials, including teachers, who have legitimate educational interests in the information.
2. Officials of other schools that the Cadet seeks to enroll in, as long as the Cadet is notified of the transfer of documents and has the opportunity to challenge the content.
3. Representatives of Office of the Attorney General and the Department of Education.
4. State or local officials, if the disclosure concerns the juvenile justice system and its ability to serve the Cadet, prior to adjudication, as long as officials certify in writing that the officials will not release the information to others.
5. Accrediting/auditing organizations.
6. Parents of a dependent Cadet.
7. Appropriate persons in health and safety emergencies,
8. A person designated in a lawfully issued subpoena, as long as the educational agency makes a reasonable attempt to contact the parents before complying with the subpoena.
9. BBYCA must disclose, to the maximum extent possible, Cadet information to:
   a. Law enforcement agencies, youth protective services, and health care professionals, in connection with a health and/or safety emergency, if the information is necessary to protect the Cadet.
   b. Courts and state/local juvenile agencies, if related to the courts/agency ability to serve the needs of the Cadet prior to adjudication. Persons receiving information must certify in writing that the information will not be disclosed. 10. Mentors designated by the Cadet and approved by BBYCA, will receive a copy of the Cadet Post-Residential Action Plan (P-RAP) which may contain various scores and results from the Cadet's attendance at BBYCA, along with the names and addresses of the Cadet and his/her parents. All mentors receive training and sign an agreement to comply with FERPA confidentiality.

By your signatures below, you acknowledge and authorize the release of information and that you have been provided advance notice under FERPA. Due to the nature and the structure of BBYCA, you are giving your consent that we display and give verbal announcements of scores, grades, and results of assignments, packets, projects, and tests, within the constraints of the classrooms, living, and work areas. You are encouraged to review the FERPA law if you have any questions or want additional information regarding your rights.

SIGNATURES (acknowledge you have read and understand this information.

_____ _____/_____/_____

Youth Applicant Signature Date

_____ _____/_____/_____

Parent / Legal Guardian Signature Date

_____ _____/_____/_____

Parent / Legal Guardian Signature Date

The purpose of this form is to certify that the Applicant is a high school dropout and/or at-risk of dropping out and will consent to formal transfer from their present / former high school upon enrollment at BBYCA. Even if he/she has dropped out, a student must formally transfer from their former school to BBYCA. Each school district has their own procedure / document for transferring a student to another school, and you must allow BBYCA officials to initiate the transfer process. This form must be completed and signed by both the parent/guardian and the applicant.

BBYCA Form I – Certification of Dropout / Transfer Status

Applicant's Name: _____ _____ _____
Last First Middle

As the parent/legal guardian of _____, or as a youth of legal age, I hereby certify that my youth (or I) meet(s), or will meet, the dropout / transfer eligibility requirement established by the federal guidelines of the Youth ChalleNGe Program and the Mandatory Eligibility Criteria established for the Battle Born Youth ChalleNGe Academy. I confirm that my youth (or I) is/am currently a dropout, or will consent to withdraw from _____ High School, in the _____ School District, in order to be eligible to attend BBYCA.

_____ ____/____/____
Youth Applicant Signature Date

_____ ____/____/____
Parent / Legal Guardian Signature Date

_____ ____/____/____
Parent / Legal Guardian Signature Date

Academic Enrollment

After acceptance into Battle Born Youth Challenge Academy, parents are required to complete the following steps to enroll their child into BBYCA through the Elko County School District:

1. Go to ecsdnv.net/page/registration
2. Select "Existing Student" if your child is already enrolled in ECSD. Select "New to District if your child is enrolled in a different county.
3. Follow the prompts and enter the required information to enroll you student.

By signing below, you certify that you have successfully enrolled your student into the Battle Born youth Challenge Academy through the Elko County School District.

_____ ____/____/____
Parent / Legal Guardian Signature Date

This form outlines mandatory responsibilities of the parent/guardian to support their child's attendance at BBYCA. Failure of the parent/guardian to live up to any provision of this agreement will result in their child being separated from the Program and returned home.

BBYCA Form J – Parent / Guardian Agreement

I am the parent / legal guardian of:

Applicant's Name: _____ _____ _____

Last First Middle

I understand the requirements, responsibilities, conditions, and expectations associated with my son/daughter attending BBYCA. understand and agree to the following:

1. **AUTHORITY TO ENROLL**- I am the parent/legal guardian of the Applicant and have the legal authority to enroll him/her in the BBYCA.
2. **CONTACT INFORMATION** - I understand and agree that I must provide contact information and keep it current at all times, including: mailing address, telephone numbers, emergency contacts, and email address.
3. **TRANSPORTATION** - I understand that I am responsible for all of my youth's transportation to and from BBYCA. I agree to personally pick-up my youth, and return them at the designated times, during the 5-1/2 month Residential Phase of the Program (at the start of the Program, during Home Pass, at Commencement, or in the event my youth is separated from the Program). BBYCA Staff cannot provide unscheduled transportation of Cadets to/from the Program site in Carlin.
4. **PRESCRIPTIONS/MEDICAL** - I understand and agree that I am responsible for sending at least one (1) month's supply of youth's medications, blister-packed, along with refills to give to the pharmacy. I am also responsible for making arrangements with the local designated pharmacy (see below) to ensure my youth has all prescription medications available to him/her. I further understand and agree that any medical/dental appointments needed must occur before the class begins or during scheduled home pass. The 5-½ month Residential Phase class training schedule will only accommodate emergency / urgent care type situations.
   Designated Pharmacy: CVS, Elko Nevada
5. **MENTOR** - I understand and agree that a condition of acceptance, enrollment, and retention at BBYCA is to have a qualified and committed mentor nominee for my youth. The mentor's application will be reviewed, and a background check completed for approval. The mentor must also complete an interview and a three (3) hour in-person training course. In-person training course locations and times are listed under "Calendar of Events" on the website. There will be onsite training in Carlin on registration day and multiple additional trainings across the state in the following weeks. Rejection of or non-participation by a mentor will result in the youth being separated from the Program.
6. **ISSUED CLOTHING AND EQUIPMENT**- I understand and agree that my youth is responsible for any clothing or equipment issued to him/her while attending BBYCA. Any clothing or equipment lost or intentionally damaged or destroyed must be paid for before Commencement. No diploma, school credits, or Commencement credits will be released until the debt is settled.
7. **"HANDS OFF" POLICY** - I understand BBYCA employs a "hands off" policy in all aspects of the Program. This means that no Staff member may touch a Cadet or use abusive language as a means of coercion. BBYCA Staff is trained and expected to lead and supervise through positive methods that do not include the use of physical force or verbal abuse.
8. **RUNAWAY PROCEDURE** - I understand that if my youth leaves BBYCA facilities without proper authorization (AWOL), I will be notified within a reasonable time of such an occurrence. Runaway youth may be reported to the Elko County Sheriff Department as a "Runaway."
9. **PUBLICATION RELEASE** - I understand that my youth will have his/her photo and video with sound taken during Orientation and the 5-1/2 Residential Phase of the Program that may be used in class newsletters, slide presentations, promotional materials, and other publications with

_____ _____/_____/_____

Parent / Legal Guardian Signature Date

This form provides a general overview of the policies and procedures that are used in conducting BBYCA. It is a highly structured program, conducted in a military format that emphasizes positive values, group and individual responsibility, and personal accountability. Students must cooperate and comply with all Program rules and regulations. Failure to do so may result in immediate dismissal. It is not like a regular high school.

BBYCA Form K – Statement of Understanding & Program Overview

Applicant's Name: _____ _____ _____
Last First Middle

ACCLIM ATION PHASE (Weeks 1 - 2) is an intense, highly structure environment, with an emphasis on quasi-military style discipline, physical fitness, and group interaction, with instruction on proper health and hygiene habits.

- A quasi-military model is used to conduct the Program and Cadets will wear uniforms, comply with military courtesy and grooming standards, learn to march, and learn how to be an effective member of a larger group.
- Cadre Team Leaders will use a command voice for motivational purposes and to gain attention. Listen and follow directives - do not take it personally.
- Cadets will be organized into a group of approximately 50 youth, called a Platoon, and assigned to a bay.
- Smaller groups will be established for daily activity purposes, projects, work details, etc.
- The Cadets will be responsible for cleaning and maintaining the buildings and grounds where they will be living, learning, and training. This will continue for the entire 5-1/2-month class period.
- The Cadet's day is fully planned. Cadets will learn to be very efficient and use their time effectively.

RESIDENTIAL PHASE (Weeks 3 - 22) will focus on academics yet continue the military format and daily physical fitness regimen. Cadets will be involved in a series of service to the community projects and other off-site activities.

- In addition to the academic classes, the ChalleNGe curriculum includes Leadership/Followership, Job Skills, Life Coping Skills, Service to Community, Responsible Citizenship, Health and Hygiene, and Physical Training - The Eight Core Components. Cadets must show improvement in each of the Core Components, in comprehension and/or demonstration, in order to successfully complete the Residential Phase.
- Teachers are certified instructors from Elko County Schools. Also, other qualified instructors from the BBYCA Staff and guest instructors from other schools and the business community take part in additional training. ○ Cadets may have homework .
- Cadets must also develop a placement plan that outlines goals after Commencement. This is also a requirement in order to successfully complete the Residential Phase.
- Cadets are urged to return from Home Pass with a document proving they will be engaged in a productive activity (school enrollment, job, volunteer position, etc.) during the first post-residential month. This is called "Proof of ○ Launch

Placement."

POST-RESIDENTIAL PHASE (1-year period following Commencement) ○ Cadets will maintain weekly contact with their mentors and continue to build on the success and positive trends achieved during their 5-1/2-months at BBYCA.

- Engaging in school, employment, or volunteering, Cadets must stay productively active during the PostResidential Phase, in order to be considered in good standing and be invited to any alumni events.

Continue onto next page

IMPORTANT CONSIDERATIONS FOR THE APPLICANT

- You will be living in large group, in a structured environment, with many of rules and regulations - you do things our way and on our schedule. Your day will begin early.
- You will share responsibility and accountability with a larger group - a platoon or team - and you will be held accountable and share the success or experience the failure of the larger group.
- You will be living and sleeping in an open bay dormitory, with group restroom/shower facilities.
- Smoking/tobacco is not allowed on campus - this applies to Cadets and Staff.
- You will get three balanced meals a day.
- You will not be allowed to have a cell phone, tablet, laptop, TV, radio, or any other electronic device. No junk food, soft drinks, candy, gum, etc. Unauthorized items will be confiscated and destroyed.
- Proper health and hygiene - showers, flossing and brushing your teeth, etc. - will be a mandatory part of your daily routine.
- As with any large living group, there will be differences and disagreements. You will be taught and expected to react responsibly, and there is zero tolerance for disrespecting fellow Cadets or Staff, bullying, fighting, lying, hazing, or acting out against others.

REMEMBER

- You are applying to the BBYCA because you don't like the direction your life is heading, and realize you need to improve your education level. The Program is difficult, but you can do it and start building a better future for yourself. Since 1993, across the nation, more than 192,000 other youth have graduated from Youth ChalleNGe Programs and are now on the road to success.
- Every member of the BBYCA Staff respects you for the decision you've made, cares about you personally, and will work hard to help you succeed and reach your full potential.
- The military model is very structured, often intense, and focuses on group and individual responsibility and accountability.
- The Staff members will often raise their voices - because you or one of your fellow Cadets are doing something unacceptable- but they will never curse, touch, or disrespect you. Listen to what they're saying and correct your actions/behavior, but do not take it personally.

THE BOTTOM LINE IS ○ You will increase your reading, math and language skills.

- You have the opportunity to earn high school credits, prepare for the HiSET, or complete the requirements for a High School Diploma.
- You will be amazed and proud at what you accomplish and the positive change in your self-confidence and self-esteem.
- Working with your Mentor, you will learn and strengthen relationship skills. Since everything in life is about relationships, this will enhance your chance for success in all areas of the Program and your personal life. ○ When you graduate, you will have short, intermediate, and long-range placement plans that will help you continue the success you enjoyed at the Academy and achieve your post-Commencement goals.
- You have many people who care about you and are very proud of your decision to attend the BBYCA. They will be pulling for you every step of the way.

_____ _____/_____/_____

Youth Applicant Signature Date

_____ _____/_____/_____

Parent / Legal Guardian Signature Date

BBYCA Form L – Search & Seizure Policy Acknowledgement

Applicant's Name: _____ _____ _____
Last First Middle

Cadet's constitutional rights against unreasonable searches and seizures will be respected and protected. However, BBYCA staff and cadre are authorized to search a cadet/candidate and their locker, to include personal belongings, when there is probable cause to believe that the contents may pose a threat to safety, health, welfare, or to suppress contraband. Probable cause will be determined by the Program Director or most senior personnel present on site. Upon entry and participation in the program, cadets/candidates recognize their limited expectation of privacy in order to achieve the goals of the program.

- Staff and cadre will provide cadets/candidates with the upmost dignity and respect while conducting searches of their person.
    - Verbal requests for the youth to provide any unauthorized items shall be the first course of action before a body search is conducted.
    - Cadets/Candidates will dress down to *no more than* their Physical Training (PT) uniform (i.e., PT Undershirt and PT Shorts) in order to be searched.
    - Searches shall be conducted in a secure and discrete location, and will be conducted by the same sex as the cadet/candidate with at least two staff or cadre present.
    - Staff and cadre shall advise the cadet/candidate of the purpose of the search and justification for seizure of property.
- Lockers and the locks that secure them remain the property of the State of Nevada and are provided to cadets/candidates without charge. Property belonging to cadets/candidates may be subject to search in order to ensure BBYCA provides a safe, orderly, and disciplined environment for the cadets/candidates and BBYCA staff.
    - Reasonable efforts will be made to have the cadet/candidate present when conducting a search of their locker, unless security concerns or circumstances dictate otherwise.
    - Staff and cadre shall advise the cadet/candidate of the purpose of the search and justification of any seizure of contraband.
    - Any Seized items determined to be contraband, but not illegal, shall be returned to the cadet/candidate in the condition of its pre-seized status as nearly as reasonably practicable at the cadet/candidates' completion or exit from BBYCA.

SIGNATURES *(acknowledge you have read and understand this information)*

_____ ____/____/____
Youth Applicant Signature Date

_____ ____/____/____
Parent / Legal Guardian Signature Date

_____ ____/____/____
Parent / Legal Guardian Signature Date

BBYCA Form M – Parent / Applicant Orientation Acknowledgement

We acknowledge that we have completed the BBYCA Parent/Applicant Orientation and have received detailed information regarding the following:

○ The mission and vision of the Battle Born Youth ChalleNGe Academy ○ Program structure, phases, and duration ○ Expectations, rules, and regulations for cadets ○ Roles and responsibilities of parents/guardians and applicants ○ Academic, physical, and behavioral standards ○ Medical, mental health, and disciplinary policies (Hands-off Leadership, Search Policy) ○ Communication protocols and visitation policies ○ The Post-Residential Phase and mentorship expectations ○ Support resources and points of contact

We understand the commitment required by both the applicant and the parent/guardian for the success of the cadet throughout the program. We agree to comply with the rules, regulations, and procedures established by BBYCA and will work in partnership with the Academy to support the cadet's growth and development.

We understand that failure to comply with the Academy's expectations may result in dismissal from the program.

_____

Youth Applicant Name

_____ _____/_____/_____

Youth Applicant Signature Date

_____

Parent/Guardian Name

_____ _____/_____/_____

Parent/Guardian Signature Date

This form outlines the expected performance and behavior for students attending BBYCA, and other specific policies, requirements, or prohibited activities. It outlines the termination policy for Cadets attending the BBYCA and the specific reasons that can/will result in dismissal from the Program. High School credit is earned based on classroom participation and successful completion of assignments and tests. Credits will be awarded upon the student's successful completion of the Residential Phase of the Program. Program success is defined by the student's willingness and effort to improve in each of the Eight Core Components prior to Commencement. Attending the BBYCA is a privilege, not a right.

BBYCA Form N – BBYCA Participation Agreement & Termination Policy

Applicant's Name: _____ _____ _____
Last First Middle

I have read and understand the policies, rules, and expected behaviors while attending BBYCA, and hereby acknowledge my willingness and intent to comply. BBYCA reserves the right to dismiss any participant, at any time during the Program, based on any false information provided during the application process, or as warranted for violating Academy policies and/or procedures. If a Cadet quits, is involuntarily separated at any time during the 5-1/2-month class session, or fails to improve in all eight core components, he/she may not receive any academic credits or grade report.
The two-week Acclimation Phase is the trial period, where each participant is given an opportunity to prove his or her commitment to the Program and demonstrate their a bility to complete the Program. Each Cadet must satisfactorily complete this two-week phase; advancing to the 20-week Residential Phase is not automatic - some Cadets may be separated at this point.

CADETS ATTENDING THE BBYCA AGREE TO THE FOLLOWING: ○ Observe the BBYCA Honor Code: I will not lie, cheat, or steal nor tolerate others who do. ○ The rules in the Cadet Handbook are mandatory and must be followed, without exception. ○ Listen, obey, and follow through with all orders, commands, and/or instructions that are given by the Staff, teachers and/or administrative personnel, whether verbal or written. BBYCA personnel will not give any order or directive that compromises the safety, security, well-being, or integrity of any Cadet.

- Cadets will not have a cell phone, tablet, laptop, TV, radio, or any other electronic device. There are no open phones or
- email/texting privileges. ○ No jewelry of any kind is allowed. Religion affiliated symbols, of modest size and on a simple chain, may be worn under clothing, but will not be visible and must not present a safety hazard.
- No barrettes or ribbons are allowed. ○ Do not bring money or plan on having money sent or given to you during the class.
- Boyfriend/girlfriend relationships between Cadets during the Residential Phase of the Program will not be permitted or tolerated. ○ Attend all classes, sessions, formations, and meetings arriving on time, in the proper uniform, with the proper materials/equipment.
- Participate in all class studies, projects, and training sessions.
- Maintain daily personal hygiene.
- Display proper respect for all Staff members and fellow Cadets by observing all military customs and courtesies as instructed. (I.e., wearing the designated uniform, using proper forms of address, marching in formation, etc.)
- The BBYCA uniform will be worn properly and with pride. (I.e., no sagging pants, shirts will be tucked in, etc.) ○ Use proper title and last name when addressing Staff members and peers.
- Use the Chain of Command to resolve complaints or concerns.
- Be silent, unless instructed otherwise. ○ Participate in daily Physical Training (PT).
- Participate in Service to the Community learning projects, which involve local travel and some physical exertion.

Continue on to next page

- Report all injuries/illnesses to BBYCA Staff in order to receive timely and appropriate treatment by the Staff nurse or local health care provider. ○ Participate in daily work details that may include cleaning the building, maintaining the grounds, doing laundry, working in the kitchen, etc.
- Respect yourself, the BBYCA Staff, the BBYCA facility and grounds, and your fellow Cadets and their property.
- Do not deface yourself, your clothing, or any other property/equipment with any cutting, marking, writing, or graffiti.
- Recognize that the safety and well-being of all Cadets and Staff are paramount, and all participants must abide by the BBYCA safety standards, instructions, and rules.
- Honor your commitment to complete the Program and not quit, hide, leave the campus, or run away.

THE FOLLOWING MAY RESULT IN DISCIPLINARY ACTION AND POSSIBLE REMOVAL FROM THE PROGRAM:

- Continual disorderly conduct that disrupts the learning experience of the other Cadets and/or prevents the Staff from helping Cadets succeed.
- No gang related graffiti, verbal greetings, hand signs, body stance, shoestrings, or other ways of wearing clothing will be tolerated.
- BBYCA is a tobacco free campus. There is zero tolerance for any possession or use of illegal drugs or alcohol, or abuse of prescription medications, while attending the BBYCA.
- At the discretion of the Director, any behavior that constitutes a real or perceived threat to the health, safety, or welfare of the Cadets and/or Staff. ○ Violating or otherwise not responding, complying, or making progress within the prescribed policies, procedures, rules, or Program requirements.
- Refusing to comply with Staff directives or otherwise indicating by words or actions that the Cadet no longer wants to succeed and has decided to give-up.
- Leaving the BBYCA campus or any other Program sponsored activity or off-campus location - going AWOL. ○ Any assault or contact (whether it be physical, verbal, or sexual in nature) that is considered provoking, bothering, irritating, hazing, or teasing a fellow Cadet, or encouraging others to do the same.
- Any significant, deliberate damage to BBYCA buildings, facilities, or property. Please note that parent(s)/guardian(s) will be charged for the damage. ○ Possession of any items or contraband not specifically authorized in the Cadet Handbook. Personal belongings, including mail, are subject to search for contraband.
- Any injury and/or medical dental issue(s) that interfere with or prohibit daily participation in all activities. ○ Any mental health issues, including depression, talk or threat of suicide, a display of uncontrolled anger, or psychological disorders/disruptions.
- Cadets who refuse to take their prescribed medications or discontinue use, do so with the understanding that any resulting behavior or recurring medical issues will make them subject to disciplinary action or dismissal, as stated in the above explanations.
- Any pre-existing mental/physical health issue, legal or criminal history, etc. not disclosed in the application or interview.

SIGNATURES *(acknowledge you have read and understand this information)*

_____ _____/_____/_____

Youth Applicant Signature Date

_____ _____/_____/_____

Parent / Legal Guardian Signature Date

The National Guard Youth ChalleNGe Program Cooperative Agreement requires BBYCA to communicate the following information. The Cooperative Agreement sets the provisions by which the State and Federal governments will collaborate to provide citizens the National Guard Youth ChalleNGe Program.

BBYCA Form O – Legal Status Communication

I, _____ have been notified of the following information:

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

SIGNATURES *(acknowledge you have read and understand this information)*

_____ ____/____/____

Youth Applicant Signature Date

_____ ____/____/____

Parent / Legal Guardian Signature Date

_____ ____/____/____

Parent / Legal Guardian Signature Date

BBYCA Form P – Certificate of Understanding & Release of Liability

I, _____ Parent/Guardian of _____, who has applied for enrollment into the Battle Born Youth ChalleNGe Academy (BBYCA), and I do hereby certify that:

1. I hereby permit my youth to participate in all Program activities, which may include Program-approved adventure training/unique activities, such as the obstacle course, pugil sticks, rappelling, ropes course, rock climbing, military aircraft and/or vehicles rides, tough physical training, and sports, as well as various off-campus activities, such as service to community work during and for a period of 12-months following the Residential Phase of the program.
2. I authorize the BBYCA to conduct background checks that may be deemed appropriate. I fully understand that the information obtained may be sensitive, confidential, and privileged in nature and may affect my youth's selection, participation and/or dismissal. (NOTE: The BBYCA adheres to proper handling and storage of Personal Identifying Information (PII), medical, and other personal records.
3. My youth will be residing at the BBYCA in Carlin, Nevada, for the 22-week Residential Phase, unless released or on an authorized pass.
4. The BBYCA has my permission to release photographs/biographies of my youth to the media for marketing materials and non-confidential information of my youth to the same for publicity purposes. I also understand that this non-confidential information may be released by the BBYCA to any Youth ChalleNGe-approved source without my further consent; for example: national, state, local officials, news, radio, and print media or for use in the BBYCA's information/marketing materials.
5. I fully understand the BBYCA has a highly disciplined quasi-military environment and I understand that, with my youth's compliance, the Program will provide an opportunity for my youth to make significant positive change.
6. I give my permission for the BBYCA staff to maintain discipline in the Program by imposing Program-approved disciplinary measures upon my youth; for example: intense physical training, such as pushups, leg raises, etc. Other measures may include loss of privileges, up to and including dismissal.
7. During the Program, I agree to allow my youth to be randomly tested for drugs and alcohol. I understand that a positive test for illegal substances, drugs not prescribed by a medical professional, or alcohol will result in my youth's immediate dismissal from the Program. (This is not a waiver-able offense.)
8. I understand the BBYCA collects/maintains PII, and information may be released in accordance with FERPA guidelines, as necessary, to complete the BBYCA mission.

_____ My signature below authorizes the BBYCA to collect, maintain, and release PII, as previously outlined.

FURTHERMORE, in consideration of my child's voluntary participation in the Battle Born Youth ChalleNGe Academy, I HEREBY RELEASE all agencies and partners who participate in and support training activities at the BBYCA, which may include, but not limited to Battle Born Youth ChalleNGe Academy Campus, Nevada Army National Guard Armories, Nevada Office of the Military, the United States Government, the State of Nevada, or other military facilities/sites, the officers, agents, employees, and successors assigned, from any and all liability which may arise from my child's application, selection, participation or dismissal from the BBYCA, and I AGREE to indemnify and hold harmless the U.S. Government, the State of Nevada, the Nevada National Guard, the Battle Born Youth ChalleNGe Academy, the officers, agents employees, successors and assigns regarding any liability of cause of action which may arise from my child's participation in this Program.

IN WITNESS WHEREOF, I have affixed my signature hereto this _____ day of _____, 20_____

SIGNATURE: _____

Parent/Guardian/Self (If over age 18)

The foregoing instrument was acknowledged before me this _____ day of_____, 20_____ by

_____

Notary Signature

Comm. Exp.: _____