



STUDENT APPLICATION

Please keep this cover sheet for your information

DREAM. . . . BELIEVE. . . . ACHIEVE

CONGRATULATIONS FOR TAKING THE FIRST STEP TOWARD YOUR FUTURE!

OUR CLASSES BEGIN EVERY JANUARY AND EVERY JULY.

GET YOUR APPLICATION IN AS SOON AS POSSIBLE

DO NOT SEND INCOMPLETE APPLICATIONS.

SUBMITTING AN APPLICATION IS NOT A GUARANTEE OF ACCEPTANCE TO THE PROGRAM. IF YOU ARE NOT ACCEPTED DUE TO SPACE LIMITATIONS, YOUR APPLICATION WILL BE CONSIDERED FOR THE NEXT CLASS.

OUR TOUR DATES ARE POSTED ON OUR WEBSITE WWW.NGYCP.ORG/CA

YOU NEED TO CALL TO SCHEDULE A TOUR 1-800-926-0643

To be eligible for our program:

- Must be 16, 17, or 18 years of age upon entry (no exceptions)
 - High School drop-out or "at-risk" of dropping out, or seriously behind in credits
 - No pending charges or felony convictions or "deferred entry of judgment"
 - Must be a legal resident of the United States
 - Must be a California resident
 - Child must volunteer to attend program
 - Must be drug free (Candidates will be drug tested the first day)
- Once your application is complete mail it to one of the following:

For **Regular Mail:**

Grizzly Youth Academy
P.O. Box 3209
San Luis Obispo, CA 93403

For **Overnight Delivery by UPS or FedEx**

Grizzly Youth Academy BLDG: 735
Camp San Luis Obispo, Highway 1
San Luis Obispo, CA 93401

From North or South, take Highway #101 to San Luis Obispo, then take Highway #1 north (Morro Bay/Hearst Castle exit) turn right on Santa Rosa/Highway #1. Proceed north approximately 5 miles to "Camp San Luis Obispo" exit. Turn left onto post. You will need to bring your drivers license, proof of insurance and current registration to enter the base. You will need to fill out a vehicle permit at the gate or a vehicle permit can be downloaded from www.calguard.ca.gov/cslo For mapquest... type in: Camp San Luis Obispo, 10 Sonoma Ave., San Luis Obispo 93405

KEEP THIS PAGE

1. Read every page of the application carefully. Make sure all pages are filled out completely and signed by Parent/Guardians and applicant. Make sure you send your complete application in before the deadline. We require that you attend an orientation/tour if you live within 3 hours. We recommend it for everyone.
2. Do NOT send originals of the birth certificate, shot record, or ID card. Make copies.
3. If you can't find your social security card or do not have a California ID card, you need to apply for a new one and send us a copy of the receipt that you receive.
4. If you are under a Doctor's, Therapist's, Psychologist's, or Psychiatrist's care for any condition, diagnosis, or prescription medication, you must send a release from your Doctor that you can emotionally and physically participate in all aspects of the program.
5. If you are on probation, your probation officer must sign the Legal Information form, and attach his/her business card. We must also receive any paperwork, court minutes, etc. regarding any involvement with the legal system. We can't accept anyone with a felony or "deferred entry of judgment" unless the felony is reduced to a misdemeanor and/or the deferment is finished and the charges are dropped or expunged. There must not be any pending court dates once the program starts.
6. All applicants must have health insurance in order to be accepted. You can get term insurance for the 5 ½ month period from most providers, or contact California Healthy Families at 1-800-880-5305. We do accept Medi-CAL.
7. All applications must include a completed mentor application in order to be reviewed.
8. Once your application is complete, make a copy for yourself in case it gets lost, and a copy to send with your original application. We need two complete applications for our files. WE DO NOT NEED AN EXTRA COPY OF THE IEP OR MENTOR APPLICATION. Send to the address listed. If you chose to UPS or FEDEX your application, do not use the PO Box Address. Use the specified address.
9. We do not review incomplete applications. If you are missing anything, we will send one letter to let you know what we need to make it complete.
10. If you are coming to one of our tours, and you bring your application with you or have already sent it in, we will interview you in person. If you live MORE than 3 hours away and can't make the tour, once we have your complete application, we require the applicant to call for a phone interview at one of the following numbers: 1-800-926-0643, 1-805-782-6853, 1-805-782-6888, 1-805-782-6889, 1-782-782-6867, 1-805-782-6893, or 1-805-782-6886. (Give us time after you send it to put it together and look at it before you call.) If a student tells us that they do not want to attend the program, we do not proceed any further with the application. A student can't be ordered to come here by the courts or forced to come here.
11. Once we have interviewed the applicant, the application is reviewed by the counseling department, the education department, the medical department, and a review of legal issues. The letter written by the applicant should express his/her desire to attend the program and make changes for a successful future.
12. We accept older students first because they may be too old for the next class. Typically we try to make acceptance phone calls at least a month before the class start date. We send a letter to those who are not accepted due to space limitations. Those who are not accepted are considered for the next class.

Grizzly Youth Academy is a great choice for most at-risk students. However, not everyone is suited for this very physically and emotionally demanding program. We do our best to look at every individual and their needs as we are making our selections.

Application Instructions – Read Carefully

Fill out completely and return promptly in order to be considered as an applicant. Incomplete applications will not be reviewed. If you have questions, contact the Academy (800) 926-0643. We recommend that you keep a copy of your entire application. **DO NOT SEND THE ORIGINAL BIRTH CERTIFICATE OR SOCIAL SECURITY CARD.** NOTE -When you send your application, send a copy of the student application along with the original. **We DO NOT need an extra copy of the IEP or Mentor application.** Make sure all pages are signed by both the Parent/Guardians and Applicant and be sure to send a copy of the student application (**not the IEP or Mentor application**)

Please assemble and send your application in the **following order**:

- 1.. Applicant & Parent information sheet, education, and emergency contacts: Fill in every blank, applicant and parent/guardian must sign.
2. Personal application Letter: Written by the applicant. Typed letters will not be accepted.
3. Recommendation Letter: Have the principal , counselor, or teacher at the last school you attended fill out this form.
- 4.. Copy of official Birth Certificate: (Copy on its own page) Do not send original
- 5.. Copy of Social Security Card: (Copy on its own page) Do not send original.
- 6.. Copy of California Identification Card or Drivers License: Each cadet must have a State issued I.D. Card. This can be a California drivers license, or California I.D. card. If you do not have one, apply for one at the DMV and send us a copy of your "proof of application".
7. Special Power of Attorney for Medical Care and Medical Expense Statement of Understanding: This page must be NOTARIZED.
- 8.. Copies of front and back of insurance card (also vision and dental cards **ALL STUDENTS MUST HAVE HEALTH INSURANCE WHILE THEY ATTEND THE ACADEMY!** If you do not have insurance, you should apply now. One inexpensive carrier is "Healthy Families" through MEDI-CAL. The number is 1-800-880-5305. You can also get 6 month term health insurance at most agencies or one of these In our area: Henry Elisarraraz Insurance (habla espanol) 805-238-0642 or Framberger Insurance at 805-549-0462. We do accept MediCAL.
9. Report of Medical History and Insurance Information page: Fill out completely and sign. Include a Release from your Doctor if you answer "Yes" to questions 9 or 10, or 11 on this page. The release should state that you can participate without restrictions.
10. A copy of Immunization/Shot Record (If Immunization Record is on school transcript, make separate copy)
11. Certificate of Understanding and Release of Liability and Drug, Alcohol, and HIV Test Acknowledgement: Signed
12. Transcripts from all high schools attended. (A form is included for you to present to the school)
13. Individualized Education Plan (IEP) : Only if this applies to you! We do not need an extra copy of the IEP
14. Legal Information Page: If student has had any contact with law enforcement, complete the legal form and provide any and all paper work from court, school and or law enforcement. list any involvement with law enforcement or the court system. We also must have any documents regarding your court case, probation info (rap sheet, minute order, probation report, etc.) also probation officers signature.
15. Papers establishing legal guardianship: If parents are separated or divorced, we need a copy of court document showing legal custody, such as divorce papers. Other cases requiring guardianship papers would be adoption, foster care, court order, etc.
16. Mentor Program Explanation - Student and Guardian - Read carefully and fill out the bottom of the page.
17. Mentor Application: Your mentor fills out this application. It must be returned with the student application along with a copy of the mentor's proof of auto insurance and a copy of the mentor' current driver's license. It should be in a sealed envelope for privacy . We do not need an extra copy of the mentor application. Mentor and Student - sign the " mentor program explanation" **together**.

Dental work, eye exams, and medication needs should be taken care of before coming to Grizzly. When you have completed this check list, mail your application (**and one copy**) to one of the addresses on the cover **Incomplete applications will not be accepted**

Instructivo para la Solicitud - Léalo Detenidamente

Las siguientes planillas deben ser llenadas por completo y devueltas oportunamente para que se le considere como solicitante. No se aceptará ninguna solicitud incompleta. Si tiene alguna duda respecto a como llenar la solicitud, comuníquese con la Academia, al teléfono (805) 782-6880 o (800) 926.0643. Recomendamos que conserve una copia de su solicitud completa. **NO ENVÍE SU PARTIDA DE NACIMIENTO O CARNET DE SEGURIDAD SOCIAL ORIGINAL.** NOTA - Cuando envíe su solicitud, incluya una **COPIA COMPLETA** de la misma junto con el original. ¡Asegúrese de que todas las hojas hayan sido firmadas tanto por el Padre/Representante como por el Solicitante!

Por favor compongo y envíe su solicitud en el siguiente orden:

► **IMPORTANTE : ENVÍENOS LA SOLICITUD ORIGINAL DEL ALUMNO Y UNA COPIA COMPLETA DE DICHA SOLICITUD.**

- 1. Hoja de información sobre el Solicitante y su Padre/Representante: Llene **todos** los espacios; tanto el solicitante como el padre/representante deben firmarla.
- 2. Carta personal de solicitud: Escrita por el solicitante. No se aceptarán cartas mecanografiadas.
- 3. Carta de Recomendación: Haga que el director o su asesor del último plantel educativo al que asistió llene esta planilla.
- 4. **Copia de su Partida de Nacimiento oficial:** (Copia en su propia página) **No envíe el original.**
- 5. **Copia de su Carnet de Seguridad Social:** (Copia en su propia página) **No envíe el original.**
- 6. **Copia de su Carnet de Identificación o Licencia de Conducir de California:** Cada cadete **debe** poseer una identificación del Estado. Puede ser una licencia de conducir de California o un carnet de identificación de California. Si no la tiene, solicítela a la DMV y envíenos una copia de su "comprobante de solicitud".
- 7. **Poder Especial para Atención Médica y Declaración de Comprensión de Gastos Médicos:** Esta hoja debe ser **NOTARIADA.**
- 8. **Copias de ambos lados del carnet de seguro (así como de los carnet de visión y odontológico).** **¡TODOS LOS ALUMNOS DEBEN TENER SEGURO DURANTE SU ASISTENCIA EN LA ACADEMIA!** Si no tiene seguro, debe solicitarlo ya. Una aseguradora no muy costosa es "Healthy Families", por medio de MEDI-CAL. El teléfono es 1-800-880-5305. También se puede adquirir un seguro médico por seis meses en la mayoría de las agencias. Telefono por información : Henry Elisarraraz Insurance (habla espanol) 805- 238-0642
- 9. **Hoja de Informe de Historia Médica e Información de Seguro:** Llénela por completo y fírmela. Incluya una "Autorización del Médico" si responde afirmativamente a las preguntas 9 y 10 de esta planilla.
- 10. **Una copia de la Historia de Inmunizaciones** (Si la Historia de Inmunizaciones figura en el informe de notas certificadas del plantel educativo, haga una copia aparte)
- 11. **Certificado de Comprensión y Exención de Responsabilidad, y Reconocimiento de Prueba para Drogas, Alcohol y VIH:** Firmado
- 12. **Informes de notas certificadas de todos los planteles de educación secundaria a los que ha asistido.** (Se incluye una planilla que debe presentar ante el plantel)
- 13. **Plan Educativo Individualizado (IEP):** ¡Únicamente si este es su caso!
- 14. **Hoja de Información Legal:** Si el alumno ha tenido algún contacto con el sistema de policía y justicia, llene la planilla legal y suministre toda la documentación del tribunal, el plantel educativo o la policía. Relacione toda interacción con la policía o el sistema de justicia. También requerimos cualquier documento relacionado con su situación judicial, libertad bajo vigilancia (lista de ofensas y detenciones, orden de actas, informe de libertad vigilada, etc.)
- 15. **Documentos que establecen la custodia o representación legal:** Si sus padres están separados o divorciados, requerimos una copia de los documentos emitidos por el tribunal que comprueban la custodia legal, tales como el decreto de divorcio. Otros casos que suponen custodia o representación legal son los de adopción, crianza en familia sustituto, auto judicial, etc.
- 16. **Explicación del Programa de Mentor - Alumno y Representante - Léala detenidamente** y llene la parte inferior de la hoja.
- 17. **Solicitud de Mentor:** Su mentor llena esta solicitud. Debe ser devuelta con la solicitud del alumno, junto con una copia de la evidencia de seguro automovilístico y una copia de la licencia de conducir vigente del mentor. Debe presentarse en un sobre sellado para fines de privacidad. Mentor y Alumno - firmen la "explicación del programa" **juntos** (ubicada en la solicitud del Mentor).

Los tratamientos odontológicos, exámenes de visión y necesidades de medicamento deben ser resueltos antes de llegar a Grizzly. Cuando haya completado esta lista de verificación, envíe su solicitud (**y una copia**) por correo a una de las direcciones indicadas en la portada **No se aceptarán solicitudes incompletas**

Grizzly Youth Academy - Academia de Juventud Grizzly

Explicación del Programa de Mentor (para el alumno solicitante)
Al Solicitante y el Representante: Favor Leerla Detenidamente y Firmarla

Cada cadete en la Academia de Juventud Grizzly DEBE tener un mentor. Elegir a un mentor es una decisión de mucha importancia. Usted debe pensarlo bien. El mentor debe ser una persona elegida por **USTED**, el solicitante. Su madre o su padre podrá hacer sugerencias, pero usted debe tomar la decisión. Una vez que usted esté aquí, su mentor le escribirá y usted le escribirá a su mentor. Su mentor también podrá visitarlo mientras asista a la Academia de Juventud Grizzly, por lo que debe tratar de elegir a una persona que estará a su disposición. Entre las cualidades que debe tomar en cuenta a la hora de elegir a un mentor figuran: saber escuchar, ser una persona que disfrute interactuar con adolescentes, ser un buen modelo, ser un adulto maduro que se preocupe sinceramente por el éxito de usted.

- El mentor debe ser una persona del mismo sexo del joven, y no un familiar cercano que vive en el mismo hogar.
- El mentor debe vivir en la misma comunidad que el joven y tener 25 años o más.
- Entre las personas más aptas podría figurar: un entrenador atlético, un docente, un director de plantel educativo, un asesor, un sacerdote o un amigo de la iglesia.

Hemos incluido en este paquete una "Solicitud de Mentor," la cual también puede ser bajada de nuestro sitio del Internet. Se debe devolver la Solicitud de Mentor **junto con** su Solicitud de Alumno completa. Sin embargo, a fin de proteger la privacidad de la información, se puede colocar la solicitud de su Mentor en un sobre sellado aparte. Se enviará a su mentor una planilla de presentación de huella dactilar "Escaneo Vivo" una vez que usted haya **culminado las primeras dos semanas del programa.** De esta manera, el mentor estará presentando sus huellas dactilares para una verificación de antecedentes. Es un requisito aplicable a todos los mentores. También requerimos el nombre, la dirección y el número telefónico de otra persona que servirá como su mentor suplente. **Llene la información en la parte inferior de la hoja.**

Explicación del Programa: La Academia de Juventud Grizzly (GYA) es un programa de dos partes. La primera parte es una fase de internado de 22 semanas de duración, cuando el cadete vive en las instalaciones de la GYA, en un ambiente controlado de tipo militar que estimula el trabajo en equipo y el crecimiento personal. Durante este período el cadete se esforzará por lograr metas educativas y formular un "Plan de Vida" para seguir después de dejar la Academia. En la mitad de esta fase residencial, se asigna a cada joven un mentor, tras una verificación de antecedentes en detalle del mentor. Mientras el cadete se encuentre en la Academia, el mentor asistirá a una actividad de capacitación y podrá visitarlo en ciertas fechas programadas. Dichas visitas no son obligatorias, pero sí recomendadas. El cadete y el mentor se escribirán a lo largo de la fase residencial.

La segunda parte del programa es una fase de 12 meses, en la cual el joven regresa a su comunidad. Durante esta fase, el joven se reunirá con su mentor cuatro veces por mes (al menos dos reuniones deben ser de cara a cara), para hablar del "Plan de Vida" y de cualquier tema de preocupación o interés. Suelen ocurrir exitosas relaciones entre el mentor y el joven cuando tanto el mentor como el cadete participan en actividades que ayuden a construir la relación. Si usted tiene alguna pregunta acerca del programa de Mentor, no dude en llamar al Coordinador de Mentores en cualquier momento, al teléfono (800) 926-0643.

Queremos que usted tenga una buena comprensión de lo que se trata, y sobre todo, queremos que usted tenga un buen mentor.

¿Está la Solicitud de Mentor anexa a su solicitud? _____ Nombre del Mentor Propuesto _____

¿Por qué eligió a esta persona para ser su mentor? _____

¿Cómo conoció a esta persona? _____

¡Es obligatorio llenar esta parte!

Nombre, Dirección y Número(s) de Teléfono de una segunda persona a quien podremos contactar si el primer mentor no resulta adecuado:

Nombre _____ Dirección _____ Teléfono Residencial _____

Teléfono de Trabajo: _____ ¿Cómo conoció a esta persona? _____

Comprendo que tener un mentor es un requisito para la admisión al programa. Igualmente comprendo que estaré obligado a reunirme con mi mentor durante los 12 meses después de dejar la Academia Juvenil Grizzly.

→ Firma del Representante _____ Firma del Solicitante _____

Grizzly Youth Academy
Applicant & Parent/Guardian Information Sheet

Applicant's Information: **PRINT CLEARLY and fill in ALL of the information.**

Social Security # _____ Today's date: _____ Have you applied here before? Yes ___ No ___ When _____
Last Name: _____ First Name: _____ Middle Initial: _____ Suffix: _____
Date of Birth: ___/___/___ Age ___ Gender: Male Female What language do you use most often: _____
Ethnicity: **(must check one)** American Indian/Alaskan Native ___ Asian or Pacific Islander ___ Black ___ Hispanic ___ Multiracial ___ White ___
Is applicant married: Yes No Does applicant have any children?: ___ Number of people living in applicants household: ___
Family income: _____ (For statistical purposes only)
Height ___ Weight ___ Eye Color ___ Hair Color ___ Are you a United States Citizen ___ Legal Resident ___

Applicant's Contact Information :

Applicant's Home Phone : (____) _____ Work Phone: (____) _____ Email : _____
Fax: (____) _____ Cell Phone: (____) _____ Pager: (____) _____
Address: _____ City: _____ State: _____ Zip: _____
County of residence: _____ Is this a mailing address: Yes No

Natural Mother's Name _____ alive ___ deceased ___ whereabouts known ___ unknown ___
Natural Father's Name _____ alive ___ deceased ___ whereabouts known ___ unknown ___
Were natural mother and natural father ever married? Yes ___ No ___

Parent/Guardian Information:

Check here if address is the same as the applicants

1) Relationship to Applicant: Parent ___ Step Parent ___ Legal Guardian ___ Other ___ Explain: _____

Legal Guardians must submit court documents. If parents have joint custody, both parents must sign all forms or provide written permission for the applicant to attend the Academy.

Last Name: _____ First Name: _____ Middle Initial: _____ Suffix: _____
Home Phone : (____) _____ Work Phone : (____) _____ ext: _____ Email: _____
Fax: (____) _____ Cell Phone: (____) _____ Pager: (____) _____
Address: _____ City: _____ State: _____ Zip: _____
Employer: _____ Occupation: _____

Is this Person authorized for Pickup: Yes No Legal Guardian: Yes No Emergency Contact: Yes No

If Parents are divorced, who has physical custody? _____ **Is it joint custody** _____ **or sole custody** _____
If it is joint custody, **BOTH** parents must sign the application pages **or** provide **written** permission for the applicant to attend the Academy.

Parent/Guardian Information:

Check here if address is the same as the applicants

2) Relationship to Applicant: Parent ___ Step Parent ___ Legal Guardian ___ Other ___ Explain: _____

Legal Guardians must submit court documents. If parents have joint custody, both parents must sign all forms.

Last Name: _____ First Name: _____ Middle Initial: _____ Suffix: _____
Home Phone : (____) _____ Work Phone : (____) _____ ext: _____ Email: _____
Fax: (____) _____ Cell Phone: (____) _____ Pager: (____) _____
Address: _____ City: _____ State: _____ Zip: _____
Employer: _____ Occupation: _____

Is this Person authorized for Pickup: Yes No Legal Guardian: Yes No Emergency Contact: Yes No

Name of Person filling out application: _____ **Relationship to the Student applying:** _____

**Grizzly Youth Academy
Applicant & Parent/Guardian Information Sheet (continued)**

EMERGENCY CONTACT INFORMATION

In the event of an emergency, and the parents/guardians can't be reached, we will make every attempt to reach one of the emergency contacts. The emergency contacts may also be allowed to pick up the student in the absence of the parent/guardian.

The emergency contact should be over 21, and will be required to show picture ID when picking up a student.

1. Additional emergency contact: Name _____ **Relationship** _____ **Phone #** _____

Alternate phone number: _____ **E-mail address** _____

Is this Person authorized for Pickup: Yes No

2. Additional emergency contact: Name _____ **Relationship** _____ **Phone #** _____

Alternate phone number: _____ **E-mail address** _____

Is this Person authorized for Pickup: Yes No

3. 2. Additional emergency contact: Name _____ **Relationship** _____ **Phone #** _____

Alternate phone number: _____ **E-mail address** _____

Is this Person authorized for Pickup: Yes No

By submitting this application, I agree that any information I provide may be made available to any person having a legitimate need for the information. I further agree that the Grizzly Youth Academy is authorized to obtain any information from any agency to assist in assessing this application,
in accordance with the Privacy Act of 1974, by authority of Executive Order 9397

Parent/ Guardian Signature: _____ **Date:** _____

Parent/ Guardian Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

**Grizzly Youth Academy
Applicant & Parent/Guardian Information Sheet (continued)**

**Applicant Information
Education Information Page**

Last High School Attended:

Date Last Attended: _____ School: _____ Was this school in California? Yes___ No___

Check type of school: High School___ Community School___ Adult Ed___ Independent Study___ Charter School ___
Home School___

Guidance Counselor: _____ Phone Number: _____ City: _____ State: _____

Last Grade Attended _____ Other High Schools
Attended _____

Are you a high school drop out??? Yes___ No___ If yes, please tell us why you decided to drop
out? _____

What grade are you presently in? _____ What grade SHOULD you be in _____

Are you behind in credits? Yes___ No___ How many credits do you need to graduate in your district? _____

How many credits have you earned? _____

How many credits are you behind?? _____

Are you in danger of not graduating Yes___ No___ If "yes",
Why? _____

Do you have an IEP? _____ Are you in Resource classes _____ **(This will not disqualify anyone from the program. We
need to know the needs of each student, so that we can serve them to the best of our ability.)**

Do not withdraw from school until the first day you are attending Grizzly Youth Academy!!

Parent/Guardian Signature: _____ **Parent/Guardian Signature:** _____

Applicant Signature: _____

Grizzly Youth Academy
Recommendation Letter

Please have your school counselor, vice principal, or principal complete this form

GYA APPLICANT'S NAME: _____
Last First Middle

To be filled out by person making recommendation:

Name: _____ Phone (H) () (W) ()

Address: _____ City, State, Zip: _____

Name/Address of your employer: _____

Your position: _____

Your recommendation of this youth to the Grizzly Youth Academy is an important element of the application package. Please tell us why you believe Grizzly Youth Academy will help this applicant educationally, and why he/she is at risk of dropping out or not graduating. (If more room is needed, please use the back of this form)

Is this student in danger of: not graduating ___ dropping out ___ How many credits is the student deficient ___

Explain: _____

What contribution can he/she make to the group: _____

Would you consider being a mentor for this youth? YES NO

Would you consider being a mentor for a future cadet? YES NO

A few hours a month is all that is required to be a mentor. If you would like more information, contact the Mentor Coordinator at (800) 926-0643.

Grizzly Youth Academy
Special Power of Attorney for the Authorization of Medical Care
and Medical Expense Statement (To be Notarized)

KNOWN ALL MEN/WOMEN BY THESE PRESENTS:

That I _____, Social Security Number _____
Guardian (or Applicant if 18 years old) (Guardian's SS# or Applicant's if 18 years old)
am a legal resident of _____ County, California, hereby appoint the director of Grizzly Youth
(Name of County)
Academy, located at Camp San Luis Obispo, San Luis Obispo, CA, as my true and lawful attorney-in-fact to do the following in
my name and in my behalf: Anything necessary to maintain (my health) the health of my child*, _____.

I want my attorney-in-fact to have the power to consent to any medical or dental treatment needed for my child and to sign any papers needed to authorize those treatments. I want my attorney-in-fact to be able to do anything I could do if I were personally present. Anything my attorney-in-fact does to maintain the health of my child (my health) will be the same as if I had done it myself. This is a Durable Power of Attorney. It will stay in effect if I become disabled, incapacitated or incompetent.

This Power of Attorney shall expire, becoming null and void at the end of the 22 week program or when the Cadet withdraws or is terminated from the program.

*If the applicant is 18 years of age, there is no need to fill out this form. Write "18 years of age" on the top of the page.

Medical Expenses Statement of Understanding

The medical staff at the Grizzly Youth Academy consists of Registered Nurses. They will make medical determinations regarding scheduling appointments., administering prescriptions, etc. Additionally, (one Medical Doctor is on call) to assist them in the decisions regarding the health of each cadet. Grizzly Youth Academy **DOES NOT** pay for normal medical expenses incurred by your cadet. The cadet, and ultimately the parent/guardian, regardless of insurance coverage, is responsible for all normal medical and dental expenses, to include all co-payments, deductibles, and all non-covered charges. The Academy will provide physician, hospital, or pharmacy needs with the appropriate insurance information or Medical or Medicaid coverage.

IN WITNESS WHEREOF, I have affixed my signature hereto this _____ day of _____ 200_____

➔ SIGNATURE _____
Guardian (or Applicant if 18 years old)

***** **TO BE COMPLETED BY NOTARY** *****

STATE OF CALIFORNIA, COUNTY OF _____

On _____, before me, _____,

personally appeared _____, personally known to me/ proved to me on the basis of satisfactory evidence – to be the person (s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS My hand and official seal.

Signature of Notary Public

Grizzly Youth Academy- Report of Medical History and Insurance Information

- 1. Student Name: _____ SSN: _____ Birth Date _____ Height _____ Weight _____
- 2. Statement of Health - - Good--- Fair--- Poor---explain _____
- 3. Have you ever been hospitalized _____ For What _____ When _____
- 4. Do you normally go to the Doctor for headaches, colds, or minor ailments? Yes ___No___
- 5. List current medications and diagnosis for medication _____

- 6. Allergies (insect bites, foods, and medications?) _____
- 7. Do you have any special dietary needs or foods that you **can't** eat? _____
If you answered YES to question 7, is this dietary restriction due to a medical condition, a religious belief, or personal choice?
Explain: _____
- 8. Your Doctor's Name _____ Phone# _____ 24 hr. # _____
- 9. Do you wear braces ? Yes___ No ___ Do you wear contact lenses ? Yes___ No ___
- 10. Have you been hospitalized in the last 6 months? _____ Why? _____
- 11. Have you had a broken bone in the last 6 months? _____ What happened _____
- 12. Are you under a Doctor's care for **ANY** condition, or diagnosis, or ANY prescribed medication? _____

NOTE: If you answered "Yes" to question 10, 11, or 12, you must include **a letter from your Doctor** stating that you are emotionally and physically capable to participate in all parts of the program. A physical exam and release is recommended for all applicants.

Immunizations must be up to date with current PPD, Tetanus, Polio, and MMR #2.

Insurance Information: Health Insurance is **REQUIRED** in order to be accepted. Include copy of front and back of insurance card.

Name of Insurance Company _____ Name of Subscriber _____

Subscriber's Place of Work _____ Subscriber's birthdate _____ Subscriber's SS# _____

Address of Insurance Company _____ Phone # of Insurance Co. (____)

Account or Identification Numbers _____

Parent/Guardian Mailing Address _____

Dental Insurance Info: (name of company, phone number and your ID number): _____

Vision Insurance Info: (name of company, phone number and your ID number): _____

Signature of Parent/Guardian _____ **date:** _____

Signature of Parent/Guardian _____ **Applicant Signature** _____

MEDICAL HISTORY PAGE

CIRCLE ALL OF THE ITEMS THAT APPLY NOW OR THAT YOU HAVE EVER EXPERIENCED. IF YOU CIRCLE ANY ITEM, PUT THE YEAR THAT THE CONDITION OCCURRED NEXT TO THE CONDITION, AND A BRIEF EXPLANATION BELOW IT.

If this is a current condition, write NOW next to the condition. Failure to disclose known issues could result in expulsion

Eye, ear, nose, or throat trouble	Frequent indigestion	Pregnant at this time
Chronic or frequent colds/coughs	Stomach, liver, or intestinal	Treated for female disorder
Severe tooth or gum trouble	Gall bladder trouble	Change in menstrual cycle
Bleeds easily	Arthritis, rheumatism	Recent gain/loss of weight
Liver disorder/disease	Diabetes or Hypoglycemia	Had 1 or more children
Nose bleeds	Jaundice or hepatitis	Unconsciousness
Skin disorders	Bone, joint or deformity	Thyroid trouble or goiter
Sinusitis, hay fever	Tumor, growth, cyst, cancer	Lameness or neuritis
Asthma, shortness of breath	Rupture/hernia	Broken Bones
Coughed up blood	Anemia/Sickle Cell	Rectal disorder
Tuberculosis	Painful/frequent urination	Recurrent back pain
Sleepwalker	Scarlet/ Rheumatic fever	Bedwetting since age 12
Dizziness or fainting spells	Palpitation or pounding heart	Leg or feet cramps
Frequent or severe headaches	Heart trouble or murmur	Sugar or albumin in urine
High or low Blood Pressure	Sexually Transmitted Disease	Knee brace or back support
Paralysis (include infantile)	Epilepsy, seizures, or fits	Motion sickness
Frequent trouble sleeping	Eating Disorder	Depression or heavy weeping
Loss of memory or amnesia	Nervous disorder	Head Injury
Adverse reaction to medication	Attempted suicide	Swollen or painful joints
Kidney stone/ blood in urine	Loss of finger, toe, arm, or leg	Painful or "trick" knee, shoulder, Or elbow

Before coming to the Academy, we recommend that you have a dental check up and have any dental problems fixed prior to attending.

We highly recommend that you receive the regular flu vaccine and the H1N1 flu vaccine before attending.

Grizzly Youth Academy

Certificate of Understanding and Release of Liability,
Drug, Alcohol, and HIV/STD Test Acknowledgement

Please read carefully and sign in all designated places- * If the applicant is 18 years old he/she should enter their own name and enter "N/A" in the second * place.

I*, _____, parent/guardian of, * _____, Social Security # _____,
(Guardian Name - or Applicant if 18 years old) (Applicant) (Applicant's SS#)

having applied for enrollment with the Grizzly Youth Academy, also known as the California National Guard Youth ChalleNGe Program, and referred to as the "Academy" in this document, do hereby certify:

1. That I hereby permit my child to participate in all Academy activities which may include UNIQUE activities such as rappelling, ropes courses, aircraft rides (to include military aircraft), extreme physical activities, and various off campus activities; to include transportation to and from such events. This release also includes all activities that might be involved with the Mentor assigned by the Academy to the student. This release shall remain in effect for the 17 ½ months duration of both the Residential and Post-Residential program.
2. That the Academy has my permission to release photographs of my child to the media and non-confidential information of my child to the same for publicity or marketing purposes.
3. That the Academy has been explained to me and I understand what the Academy will attempt to do.
4. That I give my permission for the Academy Staff to maintain discipline by imposing disciplinary measures upon my child.

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

Drug, Alcohol, and HIV Test Acknowledgement

1. I, * _____ parent/guardian of * _____, hereby authorize my son/daughter to be tested by qualified individuals for drugs and alcohol as part of their physical examination.
2. I also understand that during the course of the program my son/daughter may be randomly tested for drugs, alcohol, STD and HIV.
3. I also understand that a positive test result for drugs or alcohol will subject my child to immediate expulsion from the program.
4. By signing this form I give my consent for these tests.

IN WITNESS WHEREOF, I have affixed my signature hereto this _____ day of _____ 200_____

➔ **Signature of Parent/Guardian** _____ **Date** _____

Signature of Parent/Guardian _____ **Date** _____

Signature of Applicant _____ **Date** _____

Grizzly Youth Academy

Legal Information

Applicant's Name: _____

Please Note: **We can't accept any applicant who has been adjudicated of a felony, or who is currently on a "deferred entry of judgment".** The felony **MUST** be reduced to a misdemeanor or expunged before acceptance. If you are on probation you must have your probation officer sign this form. **ANY FALSE OR MISLEADING INFORMATION COULD RESULT IN DENIAL OR**

TERMINATION FROM PROGRAM

1. Have you ever been arrested, apprehended, charged, cited, or held by federal, state or other law enforcement or juvenile authorities, regardless of whether the citation was dropped, dismissed or found not guilty? YES ___ NO___ If your answer is "NO", sign and go to the next page.

2. If your answer to question # 1 was "YES", please answer the following:

What were you charged with; the dates; the locations; outcomes; PLEASE BE THOROUGH

	Date	Nature of Offense or Violation	Law Enforcement Agency	Outcome
a.	_____	_____	_____	_____
b.	_____	_____	_____	_____
c.	_____	_____	_____	_____
d.	_____	_____	_____	_____

YOU MUST SEND ALL DOCUMENTS RELATING TO THE INCIDENT'S LISTED ABOVE (minute orders, tickets, outcomes showing the status of charge (misdemeanor/ felony)

3. Are you currently awaiting a hearing or sentencing ? YES___ NO___

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

We can't accept anyone with a pending court case that is scheduled after the program starts.

5. Where will the hearing or sentencing take place? (What City, County) _____

6. Are any of these charges a felony? YES___ NO___ Are you on a "deferred entry of judgment? YES___ NO___

A. If "YES", which one(s): _____

7. Are you currently on probation? YES___ NO___ For how long? _____ Is it Formal___ or Informal___

A. Who is your probation officer: _____

B. What is your probation officer's phone number: _____

Signature of Probation Officer: _____ Date: _____

8. Are you currently doing community service? YES___ NO___

9. If yes, how many hours do you have pending? _____

→ Applicant Signature _____ Date _____

→ ParentGuardian Signature _____ Date _____

→ ParentGuardian Signature _____ Date _____

Grizzly Youth Academy Mentor Program Explanation

Applicant and Guardians: Please Read Carefully and Sign

Every cadet at Grizzly Youth Academy MUST have a mentor. Choosing a mentor is a very important decision. **DO NOT JUST PICK SOMEONE TO GET INTO THE PROGRAM.** You need to go to our website at www.ngycp.org/ca and review the videos about choosing a mentor under "How to Apply". They will help you understand the importance of this. The mentor should be someone that **you** like, trust, and feel comfortable with. Your mom or dad can make suggestions, but the decision should be yours. Once you are here, your mentor will be writing to you and you will be writing to your mentor. Your mentor is also able to visit while you are at Grizzly Youth Academy, so try and pick someone who will be "in your corner" ! Some qualities to look for when choosing a mentor might be: a good listener; a person who enjoys being with teenagers; someone who is a good role model; a mature adult who really cares about your success.

- The mentor should be someone of the same sex as the youth and not a close relative or living in the same home as the applicant.
- The mentor should live close enough to the youth to be able to meet regularly when the cadet returns home.
- The mentor should be 25 years of age or older.
- Good choices might be: a coach, neighbor, teacher, principal, counselor, pastor, church friend.
- IF YOU HAVE ANY QUESTIONS ABOUT WHO CAN BE A MENTOR – CALL US!!

The completed Mentor Application must be returned **with** your completed Student Application. However, in the interest of privacy of information, your Mentors' application can be **sealed in a separate envelope included with your application.** Your mentor will be **sent** a "Live Scan" fingerprint submission form once you have **completed the first two weeks of the program.** He or she will then be submitting fingerprints for a background check. This is a requirement for all mentors. **We also need the name, address and phone number of a second person who will be the alternate mentor.** Enter information at bottom of page.

Program Explanation: The Grizzly Youth Academy (GYA) is a two-part program. The first part is a 22-week residential phase where the cadet lives on the GYA campus in a controlled, military environment which encourages teamwork and personal growth. During this time the cadet will work toward achieving educational goals and developing a "Life Plan" to use after leaving the Academy. Midway through this residential phase, each youth is matched with a mentor after a detailed background check of the mentor is completed. While the cadet is at the Academy, the mentor will attend one training session and can visit on scheduled days. Visits are not mandatory, but encouraged. The cadet and mentor will be writing to each other during the residential phase.

The second part of the program is a 12-month phase, where the student returns to his/her home community. During this phase, he/she will meet with his/her mentor four times a month (at least two meetings must be face to face) to discuss the "Life Plan" and any areas of concern or interest. Successful mentor-youth relationships happen when the mentor and cadet participate in activities that help build the relationship. If you have any questions regarding the Mentor program, please feel free to call the Mentor Coordinator at any time, (800) 926-0643. We want you to have a very good understanding of what is involved and most of all, we want you to have a good mentor.

Your Mentor Application must be sent WITH your application. Name of Prospective Mentor _____

Why did you chose this person to be your mentor? _____

_____ **How do you know this person** _____

Name, Address, and Phone #'s of a SECOND PERSON that could be your mentor. (REQUIRED)

Name _____ **Address** _____ **Home Phone** _____

Work Phone: _____ **How do you know this person** _____

I understand that having a mentor is a requirement for admission into the program. I also understand that I am required to meet with my mentor for 12 months after leaving Grizzly Youth Academy in order to receive my Certificate of Completion.

Parent/ Guardian Signature _____ **→Parent/ Guardian Signature** _____

Applicant Signature _____



Grizzly Challenge Charter School
P.O.Box 3209
San Luis Obispo, CA93403

School Registrar:

The student presenting this letter is now applying to the Grizzly Challenge Charter school for a period of 5 ½ months. This is a temporary school assignment for this student.

Please provide the student a copy of the documents indicated below so that he/she can turn it in as part of their application.

This information is vital to ensuring that upon entrance into our program the student receives appropriate services and is placed in appropriate courses.

The student needs the following documents:

- Transcripts**
- CELDT assessment information (if applicable)**
- A copy of the complete IEP, if appropriate**
- Psycho-educational evaluation, if appropriate**

Sincerely,

**Paul Piette
Principal
Grizzly Challenge Charter School**

Note to Parent/Guardian: Make copies of this form if your student has attended more than one high school.