



Voyage Camp Application

June 6th - 28th, 2018

Last Name: _____ Middle Initial ____ First Name: _____
Address: _____ City: _____ State: ____ Zip: _____
School: _____ District: _____ Grade: ____
Gender: _____ T-Shirt Size: _____
Telephone Number: (____) ____ - ____ Student Email: _____
Birth Date: _____ Social Security Number: _____
Parent/Guardian Name: _____
Parent/Guardian Phone Number: (____) ____ - ____
Parent/Guardian Email: _____

Emergency Contacts (2 Required) -

Name: _____ Phone: _____
Relationship to Applicant: _____
Name: _____ Phone: _____
Relationship to Applicant: _____

Which session are you interested in, in order of **most** to **least**:

1. _____
2. _____
3. _____

If you are interested in **Outdoor Leadership**, please see bottom for further permissions slips.

If you are interested in working on your **Driver's License**, please check which of these you wish to obtain: Learner's Permit Driver's License Neither

The confidentiality of all information requested in this application is protected by Alaska Statutes 23.15.190 and 34 CFR 361.38, and complies with 45 CFR 164.508.

Questions for the Student

Short Answer -

What activities do you participate in during your free time?

What jobs have you had (paid and/or unpaid) - What were your responsibilities?

What job would you like after graduation?

List one goal you have for your future.

What do you think will be your greatest challenge in coming to Voyage School?

School Counselor or Teacher Recommendation / Evaluation

Student's Name _____

School _____ Grade _____

Teacher Name (Please Print) _____

How long have you known this student?

Please check any that apply (this information will be kept confidential):

Student has a disability: [] Student has an IEP: [] Student has a 504 Plan: []

Student has fallen behind or has difficulty in one or more subjects: []

If checked, please list subjects here:

Are this student's immunizations up to date? [] Yes [] No [] Exempt

How can Voyage assist the student in developing skills for school and work?

Describe the student. What motivates this student?

What can Voyage work on with this student?

Is there anything else we should be aware of regarding this student?

Counselor / Teacher Signature

Date

Student's Name: _____

Voyage Application Parent / Guardian Supplement **Completed at Site (by parent/guardian only)**

Date: _____ Parent's / Guardian's Name: _____

1. Tell us a little about your student! We'd like "rapport boosters" (interests, personal values or goals) and suggestions about how to make material relevant for this student.

2. What can the staff do at Voyage School to help this student, or to ensure we're effective?

3. Are there any additional challenges or issues of which we should be aware?

4. Students and staff will have their photos taken as they participate in the Phase activities. These photos could be used in our newsletter, or published on the Voyage to Excellence Facebook page. Please check the boxes below if you agree/disagree to these statements:

I grant permission for my child's name to be published.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I grant permission for my child's photo to be published.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Voyage School Student & Parent Agreement

Student's Name: _____

Student Agreement (please read fully)

As a participant of a Chugach School District Voyage School-sponsored activity, I agree to the following:

1. I will represent my school and district in a mature, responsible manner at all times.
2. I will not use or be in possession of drugs, tobacco products (in any form), or alcohol products at any time during the trip.
3. I will stay with the group/chaperone at all times, unless special permission is received.
4. During certain Voyage School activities there will be appropriate times when I might not be in the direct supervision of Voyage Staff.
6. I understand that all school rules, eligibility criteria, discipline, conduct rules, etc., apply during any student travel sponsored or approved by Chugach School District.

By signing below, I am acknowledging and agreeing to the above terms and conditions.

Student Signature: _____ **Date:** _____

Parent/Guardian Agreement (please read fully)

1. My student participant wishes to be released from liability to any other participants, faculty members or instructors of the Chugach School District arising out of acts or events which occur during the course of preparing for or participating in school travel/field trip programs and, accordingly, is willing to release the other participants, faculty members or instructors of Chugach School District from such liability. The Participant agrees to release and hold harmless the Chugach School District, its staff, faculty, instructors and students.
2. Voyage Student information must be reported to various state and Federal Government agencies, including the Department of Education, the Department of Labor, the Department of Health and Social Services, and others. However, Voyage Student information will be kept confidential to the greatest extent possible under the law.
3. I (parent or guardian) understand my son/daughter may participate in audio and/or video recording and photography that may become part of materials or products that could be used by the Chugach School District or shared with other school districts and business partners.

I give permission

I do NOT give permission

By signing below, I am agreeing to the above terms and giving my permission for my student to participate in the CSD Voyage-sponsored activity. Further, I understand that my child may be sent home from any trip if he/she violates any rules or policies under the CSD Student Handbook, and that I am responsible for the cost of his/her return.

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

Student Name: _____

Medical Permission/Release

By signing below, I am giving my permission for my student to obtain medical care in the event that such care is necessary. If possible, the parent(s) or guardian will be contacted in the event of an emergency. Permission is hereby granted to a licensed physician or accredited hospital and their associates to perform any medical and/or surgical procedures that are deemed essential to the treatment of the above named individual. The disclosure of health information within the school is limited to information necessary to serve the student's health and education interests. Your *voluntary* agreement gives permission for the school to inform school staff of precautions and procedures necessary to protect your child at school and foster academic success and gives permission for the school to inform medical staff of precautions and procedures necessary to protect your child in the event medical treatment is required.

Brief Medical History:

Your student's health history is important to provide the best care at school. It is the responsibility of the parent /guardian to notify the school of new or existing health concerns. If your student is prescribed medication or requires a treatment at school, it is the responsibility of the parent or guardian to notify the school and provide the medication or necessary equipment for use at school.

Does this student have a history of Asthma? **No** **Yes**

If yes, does the student have / use an Albuterol Inhaler? _____

When was student's last attack? _____

What triggers attacks? _____

List student allergies: _____

Any other health information our staff should be aware of: _____

Insurance Information:

Primary Healthcare Provider: _____ Preferred Hospital: _____

Health Insurance Company or Organization: _____

Name of Policy Holder: _____ Policy or Contract Number: _____

The information above is accurate to the best of my knowledge.

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

Student Name: _____

Authorization to Distribute Prescription Medication

Medications (including Prescriptions & Emergency Inhalers):

Voyage to Excellence staff will assist students with medications. The medication must be delivered in a labeled pharmacy container with the student name. *ONLY CURRENT PRESCRIPTIONS WILL BE ADMINISTERED.* List on a separate page if necessary.

List student prescription medication information here:

Medication Name	Daily Dosage		Time to be given		Begin Date	End Date	Possible Side Effects
	AM	PM	AM	PM			

Authorization to Distribute Over-the-Counter (OTC) Medication

The following is a list of over-the-counter medications that may be dispensed by our staff when requested by your student, and based on staff assessment of the student’s symptoms.

Please check yes or no to indicate which of these over-the-counter (OTC) medications may be administered to your student. You may also check “Yes to All” or “No to All”

OTC Medication	Yes or No	OTC Medication	Yes or No	OTC Medication	Yes or No
Acetaminophen (Tylenol)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Ibuprofen (Advil or Motrin)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cough Drops/Throat Lozenges	Yes <input type="checkbox"/> No <input type="checkbox"/>
Midol or generic	Yes <input type="checkbox"/> No <input type="checkbox"/>	Nasal Decongestant	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dayquil Cold & Flu or generic	Yes <input type="checkbox"/> No <input type="checkbox"/>
Benadryl or generic	Yes <input type="checkbox"/> No <input type="checkbox"/>	Tums / Alka Seltzer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pepto Bismol	Yes <input type="checkbox"/> No <input type="checkbox"/>
YES TO ALL: <input type="checkbox"/>		NO TO ALL: <input type="checkbox"/>			

The information above is accurate to the best of my knowledge.

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

Student Name: _____

ON-CAMPUS VISITS AND EVENING CHECKOUTS

During VOYAGE Phases, student family members have the option to visit students in the evenings. Family members may join the students for dinner and certain evening activities. Visits must be scheduled in advance and approved by the student's parent/guardian. All visitors must:

- Sign in and show identification
- Be listed as an approved visitor on this form
- Stay within the Voyage School boundaries
- Not go into dorm room wings unless accompanied by Voyage staff

Longer phases may have scheduled evening checkout days. Students will be given the schedule on the first day of the phase and can contact family to arrange a checkout. Voyage Staff must be informed in advance if a student plans to be checked out. Evening checkouts begin at 7:00 PM. Students must arrive back on campus by 9:00 PM. The person checking the student out must:

- Sign in and show identification
- Be listed on this form as approved by student's parent/guardian
- Be 21 years of age or older
- Be physically present when picking up the student (sending a person to pick the student up for them is not allowed)
- Be a close family member (parent, guardian, brother, sister, aunt, uncle, grandparent, etc.)

Parent/Guardian Agreement:

I, _____, hereby give permission for the following adults, 21 years of age
Print Parent/Legal Guardian Name
or older, to visit and/or check out my son/daughter _____ during the
Print Student Name

Voyage camp. I have read the Voyage visitation policy and support this process for allowing our relatives to visit my child during the Voyage Camp.

Parent/Guardian Signature

Date

Family Member Name:

Can Visit

Can Check Out

1. _____
2. _____
3. _____
4. _____
5. _____

- | | |
|-----|----|
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |

- | | |
|-----|----|
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |
| Yes | No |

Student Expectations

To be reviewed, understood, and signed by parent and student.

Voyage to Excellence BEHAVIORS AND EXPECTATIONS:

You are representatives and ambassadors for your schools, teachers, families, selves, and communities. You are expected to conduct yourself in a responsible and mature manner at all times. We strive for excellence at Voyage and expect excellence from each participant. Be ready to give 100% - it's your future!

VISITATION/SHOPPING:

VOYAGE activities are extensions of the classroom; these activities are where a student can complete a tremendous amount of standards in very little time. It is not a time to go shopping and visit relatives.

FACILITY MAINTENANCE:

Students are expected to make their beds every morning. House chore assignments will be selected/assigned and are mandatory. Clean up after yourself in all areas. All meals are to be prepared and eaten at the Voyage to Excellence facility. Furniture and equipment must be treated with care. Report any damage to a staff member immediately.

CHANGING ROOMS /QUIET HOURS

Room assignments do not change. Students need to be in their rooms by **10:00 pm**. Students must have lights out at **10:30 pm**, and be quiet and in their beds.

THEFT

Unfortunately, the loss of money or personal property due to theft or negligence is a possibility. VOYAGE is not responsible for replacing lost or stolen valuables. Please leave valuables at home.

PERSONAL PHONE USAGE:

Phone usage will be limited to evenings. Phone calls made on Voyage facility phones will need to be less than ten minutes and limited to one call per evening. When making a long distance phone call, you will need to use a phone card, credit card, or call collect.

MEDICATION:

All prescription medications need to be given to the Voyage staff. Medications will be logged and administered by the staff.

NON-NEGOTIABLES:

- The use or possession of alcoholic beverages, controlled substances, or tobacco (any form)
- Leaving the Voyage School Campus or group without informing a staff member of your whereabouts
- Inappropriate use of the internet, computers, cell phones or other electronic devices
- Leaving your room at night for non-emergency situations
- Disrespecting students, staff or the facilities
- Refusing to turn in personal computer and cell phone when asked
- Purposely destroying Voyage property, breaking things, writing on furniture, etc.
- Body piercing, hair dyeing, tattoos, etc. during Voyage activities
- Bringing weapons to Voyage activities, including any kind of knife, etc.
- PDA's – Public Displays of Affection

I have read and understand these rules and agree to abide by them. **I also understand that willful violation of these rules may result in my immediate dismissal from the program and expedited return home at my parent or guardian's expense.** I also understand I may be subject to further discipline as outlined under my School District's Student Policy.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Acknowledgement of Risk and Release of Liability

Alaska Geographic

Name: _____ Date: _____

In consideration of Alaska Geographic, its agents, employees, officers, contractors and all other persons or entities associated with it, **I agree as follows:**

RISK ACKNOWLEDGEMENT

Although Alaska Geographic has taken reasonable steps to provide me with skilled staff and appropriate equipment for the activity that I am about to undertake, I acknowledge that this activity has risk, including inherent risks that cannot be eliminated without drastically altering the character of this activity. The same elements that help create the unique character of this activity may cause loss or damage to my equipment, accidental injury, illness, permanent disability or death. I understand that Alaska Geographic does not want to reduce my enthusiasm for the activity, but wants me informed in advance about the activities' inherent risks.

Alaska Geographic activities generally take place in the outdoor environment where I will be subject to many risks, both environmental and otherwise. Activities may vary depending on the course or event, but often include hiking, river crossings, camping, sea kayaking, canoeing, snowshoeing, skiing, trail work, volunteer labor and being a passenger in a vehicle, airplane, train or watercraft. Other activities may be undertaken depending upon the intent of the course. All of these activities have common and inherent risks associated with them. Due to the remote and challenging nature of Alaska, the terrain and conditions during our travel and activities will pose additional risk. More detailed information about the physical activities and challenges for your particular course are included in the overview documents provided to you.

Illness and medical conditions can jeopardize my safety and in some cases the environmental conditions and/or physical challenge during our activities can exacerbate the situation causing complications or death. The activities may occur in remote places that are a significant distance from definitive medical care. In addition, the difficulty of communication and transportation can significantly delay evacuation to a medical facility. I agree that my physical fitness at the start of the program allows me to safely participate. Any medical concerns I have related to the activities, I have verified with a physician that I am safely able to participate. All information on the medical form is complete to the best of my knowledge and I will notify Alaska Geographic of any changes in my condition before the start of the program. I authorize Alaska Geographic to obtain and/or provide emergency hospitalization, surgical, or medical care for me.

Decisions are made by the instructors and participants, often while immersed in the wilderness context. These decisions are dependent upon a variety of perceptions and evaluations that by their nature are imprecise and subject to error in judgment. Participants may experience unsupervised time during periods where the staff is not needed for their technical expertise. At all times, I, as a participant am responsible for my own safety, and should take reasonable responsibility for the safety of other participants in the program.

I agree to submit any disagreement under this document or with Alaska Geographic first to confidential mediation. Each party agrees to meet in Anchorage, Alaska with a mutually agreed upon mediator.

I am aware that the proposed Alaska Geographic activities include the risk of injury or death. I recognize that the description of risks given above is not complete, and that other unknown risks may result in property loss, injury, or death. I fully acknowledge the inherent risks in these activities, both those identified in this document as well as those not identified. My participation in this activity is voluntary, I am not forced to participate, and I am participating with full knowledge of these risks.

RELEASE FROM LIABILITY

In addition to acknowledging the inherent risks of the activities I will undertake, I further agree, to the maximum extent permitted by applicable law, to the following waiver and release from liability:

I agree, for myself, my heirs and my personal representatives, to hold harmless, release and forever discharge Alaska Geographic, and its current and former officers, employees, agents, and insurers, from and against any and all claims, relating to any accident, illness, personal injury, property damage, removal from participation in the activity, or death. I specifically acknowledge that hazards or accidents may arise from the negligence, or alleged negligence, of Alaska Geographic staff and contractors, and I specifically intend to waive and release claims against Alaska Geographic which may arise from negligence. This waiver and release does not waive or release claims arising from gross negligence or intentional misconduct.

I understand that this release is voluntary in that there are other classes or activities that I could choose to undertake. I have read this release and understand it fully. I understand that signing this release is a condition of my participation in the activities and that this release is legally binding on me, my heirs, successors, and assigns. I am giving up certain rights to sue Alaska Geographic and its representatives for injuries, damages, or losses that I may incur, even if caused by the alleged negligence of Alaska Geographic, its employees, agents, and contractors.

Therefore, I, and my parent(s) or guardian, if I am a minor, assume and accept full responsibility for me and for injury, death, and/or loss of personal property and expenses suffered by me and them as a result of the risks identified in this document and activity descriptions.

MEDIA PERMISSION: I give Alaska Geographic permission to use photographic images, written material, video and/or audio that include me or created by me for media produced and distributed by Alaska Geographic and its partner organizations. This includes use on websites and social media sites used by Alaska Geographic and its partner organizations.

I, and my parent(s) or guardian, if I am a minor, have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative of estate, and all of my family members. This agreement will apply until replaced or cancelled in writing, or for up to one year from date of signature.

Signature: _____

Date: _____

If the participant is under 18, I am signing this as parent or guardian to reflect my agreement to this document. (Please include the minor's signature in the above section.)

Signature: _____

Date: _____