



2011 - 2012
Campus Visit Application

CAMPUS VISIT ENROLLMENT FORM

I, _____, parent/guardian of
Name of Parent

_____ do hereby confirm the enrollment of my son/
Name of Student

daughter in the full-time _____ program for the 20__-20__ year.

He/She will participate as a Boarding Non-Boarding student

He/She will participate in: Snowboarding Skiing Skateboarding

Academics: Grade: _____ He/she will be enrolled from _____ to
month/day/year

_____. We agree to make the tuition payment as specified below:
month/day/year

_____ 5 Day Visit Program: \$200/Day = \$1,000

_____ 7 Day Visit Program: \$200/Day = \$1,400

_____ 10 Day Visit Program: \$200/Day = \$2,000

_____ Other: From _____ to _____ - Number of Days (_____) x \$200/Day = _____

_____ Summer 10 Day Visit Program: \$300/Day = \$3,000: From _____ to _____ Session # _____

The balance is due in full before the student's arrival to Windells Academy. A percentage of the fees will be applied towards the total cost of tuition once the student has enrolled in the full time program.

Form of Payment: Check # _____ (Must be drawn on a United States bank)

Credit Card: VISA, MC, AMEX (4% processing fee for all credit card transactions)

Card # _____ Exp. Date: _____

Name on Card: _____

Signature: _____

Wire Transfer (copy of W/T attached) Please contact us for wire transfer information.

Signature: _____ Date: _____

Registration Form – Windells Academy

(Please notify Admissions at once of any changes during sport program term)

SPORT: Snowboarding Freeride Skiing Skateboarding

PARTICIPANT'S NAME: _____

Participant's Mailing Address: _____
Last Name First Name Middle Initial

City: _____ State: _____ Zip: _____ Country: _____

Home Phone #: () Cell Phone #: () Home Fax #: ()
(Please include Country and City Codes)

Date of Birth: _____ Age: _____ Male Female E-Mail Address _____
Month/Day/Year

Shared Boarding/Dorm Housing Non-Boarding

SCHOOL: Kaplan Virtual Other: _____ **GRADE:** _____

Arrival Date: _____ Departure Date: _____

Country of Origin: _____ SSN# or Passport # _____

NON-BOARDING ONLY: Name of approved Local Host Family/Parent/Guardian: _____

Local Address _____

Local Phone # () Cell Phone #: ()

FATHER'S NAME: _____ E-Mail Address: _____

Father's Mailing Address: _____ City: _____

State: _____ Zip: _____ Country: _____

Home Phone # () Business Phone # () Cell #: ()

Place of Employment: _____ Position Held: _____

MOTHER'S NAME: _____ E-Mail Address: _____

Mother's Mailing Address: _____ City: _____

State: _____ Zip: _____ Country: _____

Home Phone # () Business Phone # () Cell #: ()

Place of Employment: _____ Position Held: _____

Alternative Person to Contact in an Emergency: _____

Relationship: _____ Phone #: () Cell #: ()

Are the Participant's parents/guardians divorced or separated? Yes No If yes, date: _____

Name of Custodial Parent/Guardian: _____ Country/State of residence? _____

What type of custody order* did the court issue? _____

(Enter one: sole, joint, shared or split custody)

What state or country issued the order: _____ (*Please provide a copy of the order with this form)

Windells Academy, Inc.
PHONE: 800.765.7669 or 503.622.3736
FAX: 503.622.4582
EMAIL: info@windellsacademy.com • windellsacademy.com

Waiver, Indemnification and Agreement to Participate

Participant's Name: (please print) _____ ("Participant")
Parent/Guardian's Name: (please print) _____ ("Parent/Guardian")

Waiver: With informed consent and in consideration of Windells Academy, Inc. accepting the enrollment of Participant in a program at Windells Academy and/or Participant's use (today and on all future dates) of the property, facilities, parking lot, buildings, fields, equipment, housing, dining areas (if applicable) and services of Windells Academy Inc., Participant and his/her Parent/Guardian, on behalf of Participant's heirs, next of kin, personal representatives, and/or assigns, promise not to sue or bring any action against Windells Academy INC..., its related entities, affiliates, divisions, departments and its and their members, directors, officers, principals, trustees, legal representatives, owners, employees, volunteers, sponsors, independent contractors, vendors or agents (together, "Windells") or the United States, and release each of them from all liability in connection with all claims, demands, suits, judgments, damages, actions, and liabilities of every name and nature whatsoever, whenever occurring, whether known or unknown, contingent or fixed, at law or in equity, for (1) personal injury or illness (including death or disability) and (2) damage to, or loss or theft of, property (including, but not limited to, personal items, cars, or money), arising out of, or connected in any way with, Participant's: enrollment in a program at Windells Academy; presence at Windells Academy; receipt of medical care or treatment for any physical or mental condition; use of Windells facilities, services, premises and equipment; as well as Participant's negligence, willful misconduct, or criminal behavior; involvement in accidents; participation in horse play, sport program practices, competitions, instruction, school activities, and social activities; travel; exposure to inclement weather; and/or any other circumstance or cause of a similar nature, including Windells' alleged or actual negligence or breach of any express or implied warranty, but excluding Windells' willful misconduct or criminal behavior.

Publicity Consent: Participant and Parent/Guardian, on behalf of Participant's heirs, next of kin, personal representatives and/or assigns, consent to all recording, photographing and filming of Participant and all agree that Windells can use these recordings and images at any time and in any manner without payment to, or additional consent of Participant, Parent/Guardian, or any of Participant's heirs, next of kin, personal representatives, and/or assigns.

Indemnification: Participant and Parent/Guardian, on behalf of Participant's heirs, next of kin, personal representatives, and/or assigns, also agree to indemnify and hold Windells, the United States, and their insurance carriers harmless from all claims and amounts related to legal and other action brought against Windells or the United States for damages caused by Participant (e.g. for damages incurred while fighting with another participant) and to reimburse Windells for any expenses incurred for claims brought against Windells as a result of Participant's enrollment in a program at Windells; presence at Windells; receipt of medical care or treatment for any physical or mental condition; use of Windells' facilities, services, premises and equipment; as well as Participant's negligence, willful misconduct, or criminal behavior; involvement in accidents; participation in horse play, sport program practices, tournaments, instruction, school activities, and social activities; travel; exposure to inclement weather; and/or any other circumstance or cause of a similar nature, but excluding Windells' willful misconduct or criminal behavior. Participant and Parent/Guardian agree to pay all costs and attorneys' fees incurred by Windells in investigating and defending a claim or suit but only if Participant's (or Parent/Guardian's) claim is withdrawn or to the extent an arbitrator determines that Windells is not responsible for the injury or loss.

Assumption of Risks: Physical activity, by its very nature, carries with it certain dangers and risks that cannot be eliminated regardless of the great care taken to prevent or minimize harm. Windells has facilities for various sport specific activities including, but not limited to, skiing and snowboarding (including the use of ski lifts), race training, competition, biking, high altitude running, rock climbing, kayaking, skateboarding, avalanche/back country survival and techniques, soccer, golf, tennis, baseball, football and basketball and related activities including, but not limited to, strength training, running, cycling and swimming. Some of these activities involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, some involve contact with equipment, fixed objects (e.g. goal posts), other participants (including participants that are older or younger and who may be larger or smaller in terms of weight and height) and various surfaces types, and others involve sustained physical activity that places stress on the cardiovascular and nervous systems. The specific risks vary from one activity to another, but in each activity the risks range from (1) minor injuries including, but not limited to, cuts, bruises, muscle strains and sprains, to (2) major injuries including, but not limited to, broken or fractured bones, concussions, or lost teeth, to (3) catastrophic injuries including, but not limited to, heart attacks or fractured skull or those that cause disfigurement, loss of mental capacity, loss of sight, speech or hearing, disability, paralysis, or death. Specific risks associated with Windells Academy activities include, but are not limited to, marked and unmarked obstacles, rugged mountainous terrain, slick or uneven riding and walking surfaces, surfaces covered with snow and ice, strenuous activity, high altitude, running courses, other training on and off snow, drills and exercises, and free skiing or riding. Participant understands all rules and regulations of participation in all Windells Academy activities and assumes the responsibility of maintaining control at all times while engaging in all Windells Academy activities. Participant is responsible for reading, understanding and complying with all signage, including instruction on the use of the lifts. Participant and Parent/Guardian understand and agree that Participant, even if a minor, may use ski lifts without adult supervision. Participant and Parent/Guardian understand and consent that snowmobiles, snowmaking, snow-grooming and activity preparation equipment may be encountered at any time and that falls and collisions occur and injuries are a common and ordinary occurrence of Windells Academy activities. Participant and Parent/Guardian agree that Participant is a competitor at all times, whether practicing

Waiver, Indemnification and Agreement to Participate

for competition or in competition, that Participant and Parent/Guardian have the opportunity to inspect the training course and/or competition course prior to participating in any activity, and that Participant and Parent/Guardian assume the risk of all course conditions, including but not limited to, course construction or layout and obstacles. I also understand that the Participant may be exposed, or expose others, to contagious and potentially harmful or deadly disease including, but not limited to, influenza, common cold, chicken pox, meningitis, or measles. Participant will also be exposed to risks while traveling (including, but not limited to, vans when traveling to and from competitions, social events, or the airport), exposure to large crowds (including, but not limited to, big competitions or music concerts), and exposure to risks related to receipt of treatment for any physical or mental condition. Participant and Parent/Guardian have read the previous paragraphs and (1) understand the nature of the activities at Windells Academy, (2) understand the demands of those activities relative to the physical condition and skill level of Participant, and (3) appreciate the types of injuries and illnesses and risks related to treatment for any physical or medical condition that may occur as a result of activities that I participate in at Windells Academy. Participant and Parent/Guardian hereby assert that participation in a sport program at Windells Academy and use of Windells' facilities and services is voluntary and that Participant and Parent/Guardian knowingly assume all related risks.

Medical Condition/Care: Participant and Parent/Guardian represent that Participant is in good health and there are no special problems associated with hi/her care. Participant and Parent/Guardian authorize Windells and/or Windells' authorized personnel to call for medical care for Participant or to transport Participant to a medical facility or hospital if, in the sole opinion of personnel, medical attention is needed. Participant and Parent/Guardian agree that upon Participant's transport to any medical facility or hospital that Windells will not have any further responsibility for Participant. Further Participant and Parent/Guardian agree to pay all costs associated with medical care and related transportation provided for Participant and will indemnify and hold Windells harmless from any costs incurred therein or any claims originating there from.

Severability: Participant and Parent/Guardian further expressly agree that this waiver is intended to be as broad and inclusive as is permitted by the laws of the State of Oregon and that if any portion thereof is held invalid, it is agreed that the remaining portion of the waiver will continue in full legal force and effect.

Dispute Resolution: All claims and disputes between the Participant and/or Parent/Guardian and Windells, including those related to this agreement ("Disputes"), will be resolved through neutral binding arbitration conducted by one arbitrator in Clackamas County, Oregon by a single arbitrator. Arbitration must be demanded in writing by certified mail with selection of the arbitrator by mutual assent within thirty (30) days of the demand for arbitration. Arbitration is to be governed by the laws of the State of Oregon, including statutes of limitations, burdens of proof and available remedies. Jurisdiction for enforcement of the terms of dispute resolution and/or an arbitration judgment will be maintained by the state court for the County of Clackamas, State of Oregon. The parties waive any defenses or objections based on lack of personal jurisdiction over the parties with regard to the courts described in this paragraph. All arbitration proceedings will be confidential. Any arbitration award must be in writing, accompanied by findings of fact and an explanation for the award. The arbitrator's fees and the costs of administration of the arbitration are to be divided equally between the parties.

Acknowledgement of Rules and Standards of Conduct: I understand that Windells has rules and standards of conduct that are set forth in the Windells Academy Student Handbook. I agree to abide by these rules and standards for the safety of all participants, staff, guests and employees.

Acknowledgment of Understanding: Participant and Parent/Guardian have read this waiver and agreement to participate and fully understand its terms. Participant and Parent/Guardian understand that Participant is giving up rights, including the right to compensation for injury resulting from any negligence of Windells. Participant and Parent/Guardian acknowledge freely and voluntarily signing this waiver and agreement to participate and intend the signatures to signify a complete assumption of the inherent risks of participating in or observing activities at Windells Academy to the greatest extent allowed by law and a complete and unconditional release of all liability to the greatest extent allowed by law. If Participant is a minor, Parent/Guardian expressly acknowledges that he/she is also signing this release on behalf of the minor and that the minor will be bound by all the terms of this release. Additionally, by signing this release as the parent or legal guardian of a minor, Parent/Guardian understanding that he/she is waiving certain rights on behalf of the minor that the minor otherwise may have. Parent/Guardian agrees that but for the foregoing, Participant would not be permitted to participate in any Windells Academy activities. By signing this release without a parent or guardian's signature, Participant represents that he/she is at least eighteen (18) years of age, or, if signing as the parent or guardian of Participant, Parent/Guardian represents that he/she is the legal parent or guardian of the minor Participant. In signing this Agreement, Participant and Parent/Guardian each acknowledge that he or she is consenting to the Participant's participation at Windells Academy and acknowledge that each of Participant and Parent/Guardian expressly assumes all inherent risks of Windells Academy's activities and expressly waives in advance all related claims.

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(If Participant is under 18)

Student Health Form

Student Name: _____ Date of Birth: ____/____/____ S.S.#: ____-____-____

Sex: Male Female Sport: _____ Parent / Guardian Name: _____

TO BE COMPLETED BY PARENT OR GUARDIAN

Any known Allergies: Yes No Reaction? (List) _____

HEALTH HISTORY

1	Anemia	<input type="radio"/> Yes <input type="radio"/> No	Date:	Comments:
2	Ear Infection	<input type="radio"/> Yes <input type="radio"/> No	Date:	Comments:
3	Hepatitis	<input type="radio"/> Yes <input type="radio"/> No	Date:	Comments:
4	Meningitis	<input type="radio"/> Yes <input type="radio"/> No	Date:	Comments:
5	Mononucleosis	<input type="radio"/> Yes <input type="radio"/> No	Date:	Comments:
6	Pneumonia	<input type="radio"/> Yes <input type="radio"/> No	Date:	Comments:
7	Sinusitis	<input type="radio"/> Yes <input type="radio"/> No	Date:	Comments:
8	Tonsillitis	<input type="radio"/> Yes <input type="radio"/> No	Date:	Comments:
9	Asthma/bronchitis	<input type="radio"/> Yes <input type="radio"/> No	Date:	Comments:
10	Does the student have painful periods? <input type="radio"/> Yes <input type="radio"/> No How is it treated?			<input type="radio"/> Yes <input type="radio"/> No Date:
11	Does the student have an ongoing illness such as diabetes?			<input type="radio"/> Yes <input type="radio"/> No Date:
12	Has the student ever had a rash or hives develop during or after exercise?			<input type="radio"/> Yes <input type="radio"/> No Date:
13	Does the student have any current skin problems? (ex: itching, rashes, acne, warts, fungus)?			<input type="radio"/> Yes <input type="radio"/> No Date:
14	Has the student ever had a head injury or concussion?			<input type="radio"/> Yes <input type="radio"/> No Date:
15	Has the student ever been knocked out, become unconscious, or lost their memory?			<input type="radio"/> Yes <input type="radio"/> No Date:
16	Has the student ever had a seizure?			<input type="radio"/> Yes <input type="radio"/> No Date:
17	Does the student have frequent or severe headaches or migraines?			<input type="radio"/> Yes <input type="radio"/> No Date:
18	Has the student ever had numbness or tingling in their arms, hands, legs, or feet?			<input type="radio"/> Yes <input type="radio"/> No Date:
19	Does the student cough, wheeze, or have trouble breathing during or after activity?			<input type="radio"/> Yes <input type="radio"/> No Date:
20	Does the student have asthma?			<input type="radio"/> Yes <input type="radio"/> No Date:
21	Has the student or any family member ever had an adverse reaction to anesthesia (ex: malignant hyperthermia)?			<input type="radio"/> Yes <input type="radio"/> No Date:
22	Does the student have a history of or currently have an eating disorder?			<input type="radio"/> Yes <input type="radio"/> No Date:
23	Does the student have a history of or currently have any mental health issues (ex: depression, anxiety, stress, ADD/ADHD)?			<input type="radio"/> Yes <input type="radio"/> No Date:

Explain "Yes": Answers: _____

List any surgeries or hospitalizations (dates): _____

ORTHOPEDIC HISTORY

Please provide any previous injuries your student has suffered: Include dates, surgeries, special tests (CAT scan, x-ray, MRI, etc), right or left body parts

Head (Including ear, teeth, nose, and eyes):	
Neck:	
Back:	
Chest:	
Shoulders:	
Arms:	
Elbows:	
Wrists:	
Hands/Fingers:	
Hips:	
Thighs:	
Knee:	
Lower Leg (skin/calves):	
Ankles:	
Feet/Toes:	

Is there anything else we should be aware of regarding your student's health? _____

I hereby state, to the best of my knowledge, my answers to the above questions are complete and correct. I understand and acknowledge that I am hereby advised that the student should undergo a cardiovascular assessment, which may include such diagnostic tests as electrocardiogram (EKG), echocardiogram (ECG or ECHO) and/or cardio stress test. If any of the above tests are performed on your student, please include a copy with this form.

Signature of Parent /Guardian _____ Date of Completion _____

Student Health Form

PHYSICIAN'S REPORT

WA is dedicated to the health and safety of our athletes. For that reason we have adopted the American Heart Association's 12 point Recommendations for Participation Screening of High School and College Athletes. If any of the following criteria are present, then all of the following items are required prior to participating at WA: (1) ECG (2) echocardiogram (3) letter of clearance from a cardiologist. Results of each of these tests and a letter of clearance from the cardiologist must be on file prior to student's arrival.

CARDIAC EVALUATION:

Please check each box, make any notations for "yes" answers and your signature is required.

Personal Medical History:		Comments:
Syncope/near syncope	<input type="radio"/> yes <input type="radio"/> no	
Excessive exertion and otherwise unexplained dyspnea/fatigue associated with exercise	<input type="radio"/> yes <input type="radio"/> no	
Prior recognition of heart murmur	<input type="radio"/> yes <input type="radio"/> no	
Elevated blood pressure	<input type="radio"/> yes <input type="radio"/> no	
FAMILY MEDICAL HISTORY:		
Premature death (sudden or otherwise) related to heart disease in relatives	<input type="radio"/> yes <input type="radio"/> no	
Disability from heart disease in close relative younger than 50 years	<input type="radio"/> yes <input type="radio"/> no	
Specific knowledge of hypertrophic or dilated cardiomyopathy, ion channelopathies such as long QT syndrome, Marfan, syndrome, ore clinically important arrhythmias	<input type="radio"/> yes <input type="radio"/> no	
PHYSICAL EXAMINATION:		
Heart murmur	<input type="radio"/> yes <input type="radio"/> no	
Aortic Coartation noted on Femoral Pulse Exam	<input type="radio"/> yes <input type="radio"/> no	
Physical Stignata of Marfan syndrome	<input type="radio"/> yes <input type="radio"/> no	
Abnormal Brachial artery blood pressure (sitting position)	<input type="radio"/> yes <input type="radio"/> no	

Notes: _____

Remember any "yes" answers need to result in: (1) ECG (2) echocardiogram (3) letter of clearance from a cardiologist.

SCREENING TESTS

Vision	Date:			
Distance Acuity	Right: _____ Left: _____	With correction	Wear Glasses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Right: _____ Left: _____	With out correction	Wear Contacts?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe any variations from the norm _____

N=Normal Ab=Abnormal

Teeth: _____	Extremities: _____	Other: _____
Glands: _____	Eyes: _____	Menses: _____
Lungs: _____	Ears: _____	Chest x-ray: _____
Skin: _____	Abdomen: _____	Note: CXR must be done if student has had BCG or +TB
Heart: _____	GI system: _____	Scalp: _____
Vital Signs: _____	Abnormal explained: _____	

PHYSICIAN'S EXAMINATION

Height: _____ Weight: _____ Medications: _____

BP: _____ Pulse: _____ Rx: _____

Reasons for medications taken: _____

This student is cleared to participate as follows:

- Unrestricted Clearance
- Restricted Clearance limitations are advised: Specify limitations: _____

Additional information the examiner believes should be brought to the attention of Windells Academy to enable the student to participate in athletics or to provide for student's well being: _____

I understand that Windells Academy's programs may include vigorous physical activities and exertion, which occur at a high altitude. I have discussed the "12 point" cardiac evaluation with the student and parents, performed a physical examination and believe he/she is physically able to participate in athletic and sports activities as described. Note: Please print or stamp*

Examiner's Name: _____ Examiner's Signature: _____ Date: _____

Student Health Forms

IMMUNIZATIONS	DATES RECEIVED (MM/DD/YY)				
DPT (diphtheria, tetanus, pitussis) or TD (tetanus, ditheria) or DTP-Hib (5 required)					
Td (Tetanus)					
MMR (Mumps, Measles, Rubella) 2 doses required					
Hepatitis B (Series of 3 required)					
HIB HID 0-14 mo. -3-4 doses 14-49 mo. - 1 dose					
Varicella (Chicken Pox) required unless documented history of disease	Vaccine:	Vaccine:		Disease:	
Tuberculosis Test	Date Placed: Date Read:	Within the past year:	<input type="checkbox"/> Negative 0mm	<input type="checkbox"/> Positive	__Mmx__mm
Have you ever received the BCG Vaccine?	<input type="checkbox"/> Yes Date:	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		

VACCINATION HISTORY

DPT/DPT aP5: 5 doses required. If the 4th primary dose is given on or after the 4th birthday, a 5th dose is not required.

1. **Td:** Students 11 years old are required to have vaccine if they have not had the booster vaccine in the past 5 years. After this dose, it is given every 10 years.
2. **Polio:** 4 doses required. If the 3rd dose in an all OPV or all IPV is given on or after the 4th birthday, a 4th dose is not required.
3. **Hib:** Required for childcare, and pre school attendance only.
4. **MMR:** Rist dose valid if given on or after 1st birthday. Second dose valid if given at least 1 month after 1st dose.
5. **Hepatitis B:** A series of 3 vaccines given as follows: HBV #1, HBV #2; 1-2 months later; HBV #2; 4-6 months.
6. **Varicella** vaccine is not required if there is documentation of having Varicella disease. Children 13 years of age and older should receive 2 doses, given at least 4 weeks apart. Children less than 13 should receive 1 dose.
7. **TB test:** The TB questionnaire is due annually for all full time students. Short time students are not required to complete the TB questionnaire. If any of the questions are answered yes (and there is no previous history of BCG vaccination), a Mantoux TB test is required. If there is history of previous BCG vaccination, a chest x-ray is required.
8. **BCG:** Don't worry if you have never received this vaccine. Many foreign countries give this vaccine to children.

Person Completing Vaccination

Form: _____

Date: _____

Student Name: _____

Student Health Form

TUBERCULOSIS SCREENING (MANTOUX PPD SKIN TEST)

Have you been experiencing any of the following signs and symptoms that may be associated with tuberculosis?

1. Persistent Cough (>3 weeks) Yes No
2. Coughing up Blood Yes No
3. Unexplained Weight Loss Yes No
4. Loss of Appetite Yes No
5. Fever/Chills Yes No
6. Night Sweats Yes No
7. Tire Easily Yes No
8. Have you ever had a positive TB skin test? Yes No
9. Have you ever taken medication prophylactically because you were exposed to TB? Yes No
10. Females: Are you pregnant? Yes No

(Anyone with a "Yes" response will require a TB test or chest x-ray)

Date of Test: _____	Date Read: _____	2nd Test Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Site: _____	Results in MM: _____	Date of 2 nd Test: _____
By: _____	By: _____	Site: _____
Manufacturer: _____	By: _____	
Lot #: _____	Results in MM: _____	Exp. Date: _____

MENINGOCOCCAL VACCINE

I understand the meningococcal (meningitis) vaccine is strongly recommended by the Centers for Disease Control (CDC) in Atlanta for students living in dorms. It is also recommended for children aged 11 and 12 years and teens entering high school. Windells Academy will not transport students to receive the vaccine.

- I wish to decline the vaccine for my student. I understand and accept the risks of Meningococcal meningitis, which can cause very severe illness and death.
- I will take my student to his/her local physician or Health Department to obtain the meningococcal vaccine, and I will provide Windells Academy with proof of vaccination.
- My student has already received the meningococcal vaccine on date: _____, and I will provide Windells Academy with proof of vaccination.

Signature of Parent/Guardian

Date of Completion

Mandatory Insurance Coverage Information

(Copy of Front and Back of Insurance Card)

Student's Name: _____
Name of Insurance Company: _____ Insurance Policy Number: _____ HMO PPO
Insurance Company Address: _____ Insurance Company Ph #: (____) _____
Name of Policy Holder: _____ Policy Holder DOB: _____
Relationship to Participant: _____ Policy Holder SS#: _____ - _____ - _____

Note: Medical fees will be charged to credit card as medical providers usually do not accept international health insurance. Receipts will be provided for insurance claims.

MEDICAL INFORMATION: Family Doctor: _____ Telephone: (____) _____

Are you currently taking any medication: YES NO If yes, please give name of medications(s) and explain reason for and method of use: _____

PLEASE PROVIDE INFORMATION IMPORTANT FOR MEDICAL TREATMENT ON ANY CHRONIC ILLNESSES, SPORTS INJURIES, SURGERIES, ALLERGIC REACTIONS TO CERTAIN DRUGS; FOODS; ETC: _____

REQUIRED CONSENT FOR TREATMENT

This is to certify that the administrative staff of Windells Academy INC. is being given authority by me

_____ Parent Guardian of _____ to act on my behalf for any
(Please Print Name) (Please Print Name)

Medical/mental health care treatment (including immunizations) and prescriptions reasonably necessary or medically advisable to maintain the life, health and well being of my child. This includes, but is not limited to, first aid care and prevention of injuries, mental health interventions, follow-up care and the taking of over-the-counter or prescription medicines that are approved by a physician even when the child is not seen by a physician. This consent for treatment extends to the signing and conduct of: (1) legal authorization for treatment; (2) consultations; (3) anesthesia; (4) emergency examinations; (5) consent for hospitalization; (6) mental health treatment, (7) treatment or surgery that may be deemed necessary by appropriate medical personnel and (8) disclosure of all medical information, electronically, orally or in print, related to any treatment.

WINDELLS ACADEMY DRUG AND ALCOHOL TESTING AUTHORIZATION

The use of illegal drugs, controlled substances and alcohol can have a detrimental impact on behavior, interfere with academic and athletic performance, cause permanent physical and mental harm to the user and increase the risk of injury to teammates, athletic opponents and all others with whom the user interacts. Therefore, Windells Academy INC. has implemented a Drug and Alcohol Testing Policy ("Policy") that is described in the Student Handbook. *All parties signing this form acknowledge that they have received, read and understand the Policy, and also understand that penalties may be imposed, including expulsion, for violating the Policy. Further, all parties signing this form agree to all of the terms, conditions and rules of the Policy.*

A participant who is age 13 and older will be subject to mandatory testing during the school year. Reasonable suspicion testing may be conducted for all participants regardless of age. Each test will consist of hair analysis, urine analysis or other method adopted by WA.

I hereby consent to having samples of my student's hair, urine or other body sample tested for the presence of drugs, alcohol or other substances covered by the Policy at such times as tests are required under the Policy. I also authorize the release of information concerning the results of such test to the Participant and Windells Academy.

REQUIRED CREDIT CARD INFORMATION

I hereby authorize the use of my credit card to cover all medical expenses. CARD TO BE USED: VISA MASTER CARD
Card Number: _____ Expiration Date: _____ Code: _____
Name on Card: _____

REQUIRED AUTHORIZATION FOR ALL PURPOSES

My signature below gives my permission for the above that includes Consent for Treatment, Drug and Alcohol Testing and use of my credit card as needed for medical treatment:

Participant Signature: _____ Printed Name: _____ Date: _____

Printed Name: _____ Date: _____

Activity Permission Form

Participant's Name: _____ Date: _____

ACTIVITY/PERMISSION

I hereby give my child permission to participate in all athletic, social and educational activities offered at or through Windells Academy, on-campus and off-campus, such as, without limitation, the following:

- Permission to go to tournaments, parks, shops, movie theatres and other entertainment venues and other activities or outings not specifically listed above accompanied by Windells Academy staff.
- Permission to eat at a local restaurant unaccompanied by Windells Academy staff. I understand the Academy will use reasonable efforts to notify restaurant management to ensure proper behavior (i.e., no purchase of alcoholic beverages, no smoking).
- Permission to play at local attractions on weekends. I understand the Windells Academy staff may drop off and pick up my child, but may not supervise my child in all instances.
- Permission to be transported by teachers and/or staff of the academic school he/she is attending while enrolled at Windells Academy.
- Permission to participate in sport product testing.
- Permission to participate in sports activities and play, which are not supervised by Windells Academy or under its control (i.e., biking, pick up basketball games, rollerblading, etc.) for which we will have no responsibility.

OFF CAMPUS RELEASE

- I hereby give my child permission to go off-campus or on an overnight visit with adult individuals and/or families specified on the **Sign Out** form. I understand that my child will not be given permission to go off campus with individual families or other persons unless specified by me in writing. Windells Academy will not accept permissions other than those placed on attached form or submitted in writing to WA. I further understand that Windells Academy does not monitor the individuals or families authorized by me and that once my child is released to the individuals authorized by me; I agree that Windells Academy will have no responsibility or liability for anything that happens with or to my child.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ E-Mail Address: _____

Sign Out Form (boarding students only)

Participant's Name: _____

Please specify name of adults who you authorize to "sign out" your child from the Windells Academy:
(Please specify any restrictions)

(1) Full Legal Name: _____ Phone Number: _____

Address: _____

Please indicate: Overnight Dinner School Night Other Activity (specify): _____

Restrictions/Comments: _____

(2) Full Legal Name: _____ Phone Number: _____

Address: _____

Please indicate: Overnight Dinner School Night Other Activity (specify): _____

Restrictions/Comments: _____

(3) Full Legal Name: _____ Phone Number: _____

Address: _____

Please indicate: Overnight Dinner School Night Other Activity (specify): _____

Restrictions/Comments: _____

(4) Full Legal Name: _____ Phone Number: _____

Address: _____

Please indicate: Overnight Dinner School Night Other Activity (specify): _____

Restrictions/Comments: _____

(5) Full Legal Name: _____ Phone Number: _____

Address: _____

Please indicate: Overnight Dinner School Night Other Activity (specify): _____

Restrictions/Comments: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

General Information on Windells Academy

Suggested Items to Bring:

The items below are based on a one-week stay at the Academy. Students staying multiple weeks will need to adjust this list to accommodate their stay. PLEASE MARK ALL CLOTHING AND EQUIPMENT WITH THE STUDENT'S NAME. The Windells Academy is not responsible for any lost or stolen articles or clothing. We recommend not bringing any expensive or unnecessary items.

LIST OF ITEMS TO BRING FOR DORM LIFE

2 pillow cases 6 Bath Towels 2 sets queen size mattress sheets (2 fitted, 2 flat) Toiletry Bag and Toiletries 4 Hand towels 1 Blanket Alarm clock Sports watch One set Dress Clothes/Shoes 2 Laundry bags Hangers Running/Training Shoes Swimming Suit/Beach Towel Casual Dress for Extracurricular Activities Sun Screen Light and Medium Jacket Personal Laptop Computer/Cable Lock (Required)
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SPORT-SPECIFIC ITEMS

Snowboarding

Helmet – CPSC multi-impact (Required) Gloves or mitts Gym training/yoga clothes -2 sets Running shoes Boarding clothing (jacket preferably with down for cold days, pants, neck gator, etc) Base layer clothing (long johns etc – moisture wicking) -2 sets	Snowboarding boots 2 pair of goggles (sunny lens and flat light lens) Light rain/wind gear (jacket and pants) 3 snowboards (park, pipe, boardercross)
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Freeride Skiing

All teams: Big Mountain, Pipe and Park, Ski boots Gloves or mitts Running Shoes Ski clothing (jacket, pants, etc) Gym training/yoga clothes – 2 sets	Helmet (Required) 2 pairs of poles (in case one break) 1 pair of goggles with extra lenses
Big Mountain: 1 pair of all mountain skis (80-90 mm underfoot and preferably twin tip) with bindings 1 pair of big mountain/fat skis (90-100mm underfoot) with bindings	
Park and Pipe: 1 pair of park skis with bindings 1 pair of all mountain skis (80-90mm underfoot and preferably twin tip) with bindings	

General Information on Windells Academy

Spending Money:

Based on past history, an amount of approximately \$20-50 per week is adequate for personal spending. It is recommended that students bring a combination of cash and a debit/credit card to use throughout their stay. There are a number of local banks where a bank account may be set up for your student.

Accommodations:

Boarding Students are housed in our on-site dormitory. Each dormitory room can accommodate up to 4 students, there is a private bathroom, kitchen and common living room area. Students have full access to campus facilities, including trampolines, a foam pit, a workout facility, cafeteria, and laundry room.

Laundry and Linens:

Self-service laundry facilities are available at our campus laundry room. Washers cost \$0.75 cents and dryers \$1 per cycle.

Additional Activities:

All additional activities are supervised and may include trips to Sandy, Portland, the movie theater etc. The cost of these activities and any related transportation expenses are in addition to the tuition fee. The fees for additional activities are deducted from the student's personal account, or paid by cash prior to departure.

Insurance:

Tuition fees do not include any provisions for personal, medical or property insurance. It is mandatory that each student provides proof of health insurance. The Student Health Form, Consent for Treatment and Insurance Information forms are mandatory and must be received by the Windells Academy prior to the participation in any of our programs.

Wiring Instructions:

When sending payments by wire, please specify the breakdown between tuition payments and personal spending account funds. Processing fees incurred during the transfer of monies as they clear through all banking channels are paid by the sender. The amount of the credit to your account by the Windells Academy is the exact dollar amount received from the bank.

Please contact us directly for the Wire Routing number and account number.

NOTE: Please be sure that the student's name is on the wire transfer!

IMPORTANT NOTICE TO PARENTS: All enclosures must be filled out completely and returned to Windells Academy prior to arrival. NO STUDENT WILL BE ALLOWED TO PARTICIPATE IN ANY PART OF OUR PROGRAMS IF ALL FORMS ARE NOT COMPLETED. THERE WILL BE NO CREDIT OR REFUND GIVEN FOR THE AMOUNT OF TIME MISSED FOR UNCOMPLETED FORMS. We have provided a medical form for your use, however a copy of any medical form which contains the required information, and is signed by a certified physician is acceptable, provided it is not more than 1 year old at the time of the reservation.

Please send all signed documents to the following address:

Windells Academy, Inc.
P.O. Box 6
Brightwood, Oregon 97011

Email: info@windellsacademy.com

Fax: 503.622.4582 (Please include a cover letter)
