



**2016 - 2017
Enrollment Materials**

Student Application Form – WA

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

SPORT: Snowboarding Freeride Skiing Skateboarding

PARTICIPANT'S NAME: _____

Last Name

First Name

Middle Initial

Participant's Mailing Address: _____

City: _____

State: _____

Zip: _____

Country: _____

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

Home Fax #: ()

(Please include Country and City Codes)

*All students are required to have a cell phone while in attendance

Date of Birth: _____

Age: _____

Male

Female

E-Mail Address _____

Month/Day/Year

Domestic Boarding Student

International Boarding Student

Current grade: _____ Applying for grade: _____ For the 20____ - 20____ academic year

Prospective trial dates: _____

Country of Birth: _____

Country of Citizenship: _____

SSN# or Passport # _____

What activities besides skiing, snowboarding, or skateboarding do you enjoy? _____

Have you participated in competitions before? Yes No

If yes, then where and what were your results? _____

Provide two preseason goals: _____

Provide two postseason goals: _____

In three words, describe yourself as an athlete: _____

Do you plan on attending college? Yes No Undecided

If yes, which colleges are you interested in attending? _____

Please list each school you have attended in the past four years:

Name: _____ Location: _____ Dates attended _____

Name: _____ Location: _____ Dates attended _____

List any honors or awards you have received: _____

Provide two academic goals: _____

In three words, describe yourself as a student: _____

Have you ever permanently or temporarily lived away from home? Yes No
Have you ever shared a room? Yes No
Why do you want to be involved with Windells Academy? _____
If you had a conflict with another person, how would you initiate a resolution? _____

In three words, describe yourself as a person: _____

Parent Questionnaire Form – WA

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

PARTICIPANT'S NAME: _____
Last Name First Name Middle Initial

Primary Parent: _____
Last Name First Name Middle Initial

Mailing Address: _____

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

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

Occupation or Title: _____ Employer: _____

Work Phone #: () Work Fax #: ()

Email: _____

Secondary Parent: _____
Last Name First Name Middle Initial

Mailing Address: _____

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

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

Occupation or Title: _____ Employer: _____

Work Phone #: () Work Fax #: ()

Email: _____

Please check all that apply:

Applicant lives with both parents Parents are separated Parents divorced

Applicant lives with father Father is remarried Father deceased

Applicant lives with mother Mother is remarried Mother deceased

Applicant lives with relatives or guardians Guardianship is not held by mother or father

Person legally and financially responsible for applicant? _____

To whom should all correspondence be sent? _____

Please provide a short description of the applicant's character and how it pertains to their relationships with you, siblings, and peers _____

Please provide any information that you feel may be pertinent for the admissions committee to be able to better understand the applicant and their potential integration with Windells Academy. _____

Does the applicant have any physical, emotional, or academic conditions that could inhibit his or her experience with Windells Academy?

Has the applicant ever been involved in an incident that resulted in disciplinary action? Yes No
If Yes, then please explain: _____

Has the applicant ever had an IEP or 504 plan? Yes No
If Yes, then please include a short description along with providing copies of the documents: _____

Where did you hear about Windells Academy? _____
Why do you think that Windells Academy would be a good fit for the applicant? _____

Please name the applicant's siblings and the schools they are currently attending:
Name: _____ Age: _____ School: _____
Name: _____ Age: _____ School: _____

Name: _____	Age: _____	School: _____
Name: _____	Age: _____	School: _____

My/our signature(s) below verifies that the parent questionnaire has been completed as best as possible and reflects factual information that is presented honestly.

Primary Parent/Guardian Signature: _____ Printed Name: _____ Date: _____

Secondary Parent/Guardian Signature: _____ Printed Name: _____ Date: _____



Camp Academy, LLC (DBA Windells Academy) (“WA”) Document Checklist

- Domestic Student
 - Copy of State Identification – Date Received: _____
 - Copy of Passport (minimum 6 month validity – Date Received: _____
- International Student
 - Copy of Passport (minimum 6 month validity) – Date Received: _____
 - Copy of 120-Visa – Date Received: _____
- Campus Visit Dates Scheduled _____ - _____
- Campus Visit Dates Attended _____ - _____
- Campus Visit Payment Amount _____ Received _____
- Enrollment Application - Date Received: _____
- Tuition Deposit \$5,000 – Date Received: _____
 - Full Payment – Date Received: _____
- Student Policies - Date Received: _____
- Current Transcripts (translated into English) - Date Received: _____
- Essay #1 – Date Received: _____
- Essay #2 – Date Received: _____
- Scholarship Essay – Date Received: _____

- Scholarship Video – Date Received: _____
- Reference #1 – Date Received: _____
- Reference #2 – Date Received: _____
- Medical Insurance Card (must be valid throughout attendance)– Date Received: _____
- Oregon Immunization Form – Date Received: _____
- Travel Policy – Date Received: _____
- Self-Medication Authorization (if applicable) – Date Received: _____

Notes:

FOR OFFICIAL USE ONLY

Reviewed By: _____

Date Reviewed: _____

Admissions Procedures

WA looks for student-athletes who are hard working and dedicated both in their sport and in life. Closely reviewed are personal characteristics, school performance, and individual sport history, ability and potential.

1. Complete the Full-Time Application and return to at the address or fax listed below:

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

Fax: 503.622.4582

2. Letters of Recommendation (2)

Please include **ONE** letter of recommendation from an academic teacher, principal, or advisor and **ONE** letter of recommendation from a coach or from an adult (other than a family member) who has been a positive influence and submit with the application.

3. Essay Questions (2)

To assist the Admissions Committee in becoming better acquainted with you, your thoughts, ideas, and goals, please submit answers to the included essays (minimum of 500 words):

Essay #1

Please select one of the following:

- How has technology helped or hindered your relationships with your friends or family?
- What is the role of staff members at a high school?

Essay #2.

- Who is your hero and why?

4. Scholarship Application – Available only for students enrolling for the Full Academic Year (August - May)

Essay (1,000 words or less): Why are you the best candidate for an academic or athletic scholarship?

Video (2 minutes or less): Show what distinguishes you and your talent. What do you bring to the Academy as a student athlete?

5. Official Transcripts from Previous Academic Institution

In order to enroll your student into our academic program, you are required to provide a copy of their official transcript from the previous academic institution. All documents must be translated into English prior to submission.

6. Interview and Visit

We require that all prospective students visit WA for a personal interview. Ideally this interview would take place during a one-week program at the academy (7 days). During that time you will have the opportunity to acquaint yourself with our environment and meet our coaches and staff, participate in the athletic program, look at the dorms and visit academy classes. This experience will allow you to get a feel for the type of training our full-time students receive. It will also give you an understanding of the lifestyle of the students at WA. If you are accepted into the full-time program at WA \$1,000 of the campus visit costs will be deducted from the full-time tuition. Otherwise, the individual is responsible for the cost. If you are unable to attend in person, a phone interview will be required prior to acceptance.

7. Summary

Mail, e-mail or fax the Full-Time Application and supporting documents to complete steps 1-6 as described above. If you have any further questions, please feel free to contact us directly at 503-622-8751 or email us at info@windellsacademy.com and a staff member will be happy to walk you through the process.

Fulltime Program Prices

- **PAYMENT PLAN #1** - The balance of the full tuition minus the Enrollment Deposit (\$5,000) is due on or before the student's arrival to WA. Tuition fees will be prorated based on the initial start date. **All international students must be paid in full 30 days prior to arrival.**

Full Academic Year September	Domestic Student Boarding	International Boarding
Snowboarding	\$42,000	\$47,000
Skiing	\$42,000	\$47,000
Skateboarding	\$42,000	\$47,000

Single Semester Fall/Winter/ Spring	Domestic Student Boarding	International Boarding
Snowboarding	\$25,000	\$30,000
Skiing	\$25,000	\$30,000
Skateboarding	\$25,000	\$30,000

- **PAYMENT PLAN #2** - 60% of the full tuition minus the Enrollment Deposit (\$5,000) is due on or before the student's arrival to WA. Tuition fees will be prorated based on the initial start date, and the remaining balance is due 30 days prior to departure day of the current semester. A 5% finance charge is applied to the total tuition under Payment Plan #2. All payment plans must be approved and arranged 30 days prior to the student's arrival. Please contact the Business Office directly for questions.

Domestic Students Full Academic Year	Boarding- Semester Installment	Boarding- Total Tuition
Snowboarding	\$22,050	\$44,100
Skiing	\$22,050	\$44,100
Skateboarding	\$22,050	\$44,100

Domestic Students Semester Only	Boarding- Semester Installment	Boarding- Total Tuition
Snowboarding	\$13,125	\$26,250
Skiing	\$13,125	\$26,250
Skateboarding	\$13,125	\$26,250

- A \$5,000 non-refundable Enrollment Deposit is payable upon student acceptance to WA and will be credited towards student tuition.
- All International students must be paid in full 30 days prior to arrival.
- Tuition & Fees include: Accommodations, 3 meals per day, athletic program, academics, residential staff supervision, enrichment activities & industry trips.
- Credit Card transactions will incur a 5% fee.
- Late payments will incur a 5% service charge.
- [Make All Checks Payable To: Camp Academy LLC.](#)

Note: Prices subject to change without notice

Summer Semester Program Prices

• **PAYMENT PLAN** - The balance of the full tuition minus the Enrollment Deposit (\$5,000) is due on or before the student's arrival to WA.

Note: Students registering for the Athletic & Academic program must enroll in a minimum of three consecutive sessions to complete their academic courses (30 days total).

June – August	Boarding with Athletics & Academics	Boarding with Athletics Only
Snowboarding	\$20,000	\$16,500
Skiing	\$20,000	\$16,500
Skateboarding	\$20,000	\$16,500

Minimum of 3 Sessions Required (30 days)	Boarding with Athletics & Academics	Boarding with Athletics Only
Session 1	\$2,700	\$2,250
Session 2	\$2,700	\$2,250
Session 3	\$2,700	\$2,250
Session 4	\$2,700	\$2,250
Session 5	\$2,700	\$2,250
Session 6	\$2,700	\$2,250
Session 7	\$2,700	\$2,250
Session 8	\$2,700	\$2,250

*Dates are subject to change
See Website for Session dates

Enrollment Deposit Form

I, _____, parent/guardian of
Name of Parent

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

daughter in the Full time Fall/Winter/Spring/Summer (circle one) program for the 20__-20__ year.

He/She will participate as a Domestic Boarding Student International 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

Payment Plan #1 - The balance of the full tuition minus the Enrollment Deposit (\$5,000) is due on or before the student's arrival to WA. Students registering for the Summer Athletic & Academic program must enroll in a minimum of three consecutive sessions to complete their academic courses (30 days total). For full-time students, tuition fees will be prorated based on the initial start date. All international students must be paid in full 30 days prior to arrival. (Credit card transactions incur a 5% fee)

Payment Plan #2 - 60% of the full tuition minus the Enrollment Deposit (\$5,000) is due on or before the student's arrival to WA. For summer students, the remaining balance is due 30 days prior to student departure. For full-time students, tuition fees will be prorated based on the initial start date, and the remaining balance is due 30 days prior to departure day of the current semester. A 5% finance charge is applied to the total tuition under Payment Plan #2. All payment plans must be approved and arranged 30 days prior to the student's arrival. Please contact the Business Office directly for questions. (Credit card transactions incur an additional 5% fee)

Other - If you have arranged for a special payment plan please mark here and attach the "Special Payment Plan Addendum" to this packet.

Enclosed is our non-refundable Enrollment Deposit in the amount of \$5,000.

Make Checks Payable To: Camp Academy LLC.

Form of Payment:

Check # _____ (Must be drawn on a United States bank)

Credit Card: VISA, MC, AMEX

(Note: There is an additional 5% convenience fee for all credit card transactions)

Card # _____ Exp. Date: _____ CVV Code: _____

Name on Card: _____

Signature: _____

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

Signature: _____ Date: _____

Registration Form – WA

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

SPORT: Snowboarding Free Skiing Skateboarding

PARTICIPANT'S NAME: _____
Last Name First Name Middle Initial

Participant's Mailing Address: _____

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

Home Phone #: (____) _____ Cell Phone #: (____) _____ Home Fax #: (____) _____
 (Please include Country and City Codes) *All students are required to have a cell phone while in attendance

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

Domestic Boarding Student International Boarding Student

SCHOOL: MEWA High School Other: _____ **GRADE:** _____

Arrival Date: _____ Departure Date: _____

Country of Origin: _____ SSN# or Passport # _____

PARENT/GUARDIAN'S NAME: _____ E-Mail Address: _____

Parent/Guardian's Mailing Address: _____ City: _____

State: _____ Zip: _____ Country: _____

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

Place of Employment: _____ Position Held: _____

PARENT/GUARDIAN'S NAME: _____ E-Mail Address: _____

Parent/Guardian'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)

Note: Unless a contrary order is provided, both parents will receive student information if requested.

Tuition / Enrollment Agreement

In consideration of the non-refundable Enrollment Deposit, in the amount of US\$ _____ from the undersigned, WA has reserved a place for: NAME OF THE PARTICIPANT: _____ in the:

Summer Semester (Session(s) # _____)

Domestic Boarding Student International Boarding Student

One School Year One Semester Other _____

A copy of this Tuition/Enrollment Agreement must be signed by the Participant and his/her parents or guardians and returned to WA along with the complete registration packet for the 20__-20__ school year, summer semester, or any portion thereof. A fully executed copy of the agreement will be returned to Participant/Parents/Guardians upon acceptance and approval by WA's Business Manager.

PAYMENT OF TUITION:

The undersigned agrees to pay tuition in the amount of US\$ _____ in the following manner: (Check one)

PAYMENT PLAN 1: The balance of the full tuition minus the Enrollment Deposit (\$5,000) is due on or before the student's arrival to WA. Students registering for the Summer Athletic & Academic program must enroll in a minimum of three consecutive sessions to complete their academic courses (30 days total). For full-time students, tuition fees will be prorated based on the initial start date. All international students must be paid in full 30 days prior to arrival.

PAYMENT PLAN 2: – 60% of the full tuition minus the Enrollment Deposit (\$5,000) is due on or before the student's arrival to WA. For summer students, the remaining balance is due 30 days prior to student departure. For full-time students, tuition fees will be prorated based on the initial start date, and the remaining balance is due 30 days prior to departure day of the current semester. A 5% finance charge is applied to the total tuition under Payment Plan #2. All payment plans must be approved and arranged 30 days prior to the student's arrival. Please contact the Business Office directly for questions.

SPECIAL PAYMENT PLAN: – See Attached Special Payment Plan Addendum
(All Credit Card Transactions incur a 5% fee)

ADDITIONAL DEPOSIT: In addition to the tuition, the undersigned agrees to pay the following **mandatory** deposits due prior to arrival:

ENROLLMENT DEPOSIT – US \$5,000. This deposit is payable upon student acceptance by WA and will be credited towards student tuition.

TRAVEL FEE DEPOSIT- US \$5000 SKATEBOARDING \$5,000 SNOWBOARDING/SKIING \$3000 New Zealand. FULL-TIME STUDENTS ONLY.

This deposit will be placed in a Travel/Competition Fee Deposit Account and will be available exclusively for the purpose of the payment of tournament expenses including, but not limited to, the following areas: entry fees, travel expenses, transportation, hotels, coaches' expenses. The Participant and his/her Parents/Guardians agree to and hereby authorize a charge by WA against the credit card number written below whenever the Tournament Fee Deposit Account falls below the minimum balance of US\$100. The Participant will not be allowed to participate in tournaments if his/her Tournament/Competition Fee Deposit Account or any tuition payment is in arrears.

Requirements vary according to sport.

MEDICAL DEPOSIT – US \$200- BOARDING PARTICIPANTS ONLY: This deposit will be placed in a Medical Deposit Account and will be available exclusively for the purpose of the Participant's medical related expenses. Credit card on Consent for Treatment Form is the first form of payment--medical deposit is for emergency use. The Participant and his/her Parents/Guardians agree to and hereby authorize a charge by WA against the credit card number written below whenever this Medical Deposit Account falls below the required minimum balance of US\$50. Nothing in this Agreement will be construed to make WA liable in any way for any medical services or payments in connection therewith.

SECURITY DEPOSIT – US \$300- BOARDING PARTICIPANTS ONLY: This deposit will be placed in a Security Deposit Account and will be available to cover any and all property damages caused by the Participant (either alone or with other persons) to WA's property. The Participant and his/her Parents/Guardians agree and **hereby authorize** the automatic and immediate repayment of the cost of damages, and the amount needed to bring the Security Deposit Account balance back to the initial level of US\$300, through a charge by WA against the credit card number written below (or via wire transfer if applicable). This deposit will be held until after the Participant's departure from WA. At final checkout paint, bath, furniture, fixtures, doors, carpets, and all other unit furnishings will be inspected, and if acceptable, this Security Deposit Account will be refunded as set out below in "Refund of Deposits".

FINANCIAL OBLIGATION: The Participant and his/her Parents/Guardians acknowledge that the obligation to pay the total tuition (which includes room and board charges and the non-refundable Enrollment Deposit) outlined above (the "Fees") is unconditional and that no portion of the Fees, whether paid or owing to WA, will be refunded for any reason except when the limited reasons specified below in the Tuition Refund provision are deemed "in effect" and agreed to by Windells Academy. Also, the Participant and his/her Parents/Guardians acknowledge that if Fees are not paid when due, the Participant will not be allowed to attend instruction at his/her sport/academic program, WA may refuse to provide continued room and board, and withhold transcripts, if applicable. The Participant and his/her Parents/Guardians agree to pay any costs, including attorneys' fees, incurred by WA in enforcing this Agreement and collecting any balances due hereunder. There is no refund of any Fees for any period of time when the Participant is away from WA regardless of the reason or circumstances, including vacations and tournaments. If the Participant is suspended or expelled from WA for disciplinary reasons, Fees will not be refunded and all costs incurred to return home will be the sole responsibility of the Participant and his/her Parents/Guardians. If the Participant changes from the boarding to the non-boarding program, the Participant and his/her Parents/Guardians will be charged a boarding termination fee equal to or greater than 50% of the difference between the costs of the two programs.

REFUND OF TRAVEL FEE, MEDICAL AND SECURITY DEPOSITS: Remaining deposit account balances will be refunded 4 weeks after departure provided: (a) the Participant's room condition is acceptable to WA at check-out, and (b) all tuition, medical, tournament and any other financial obligations are paid in full. Student's and their guardians are responsible for all damages (repair, replacement) of Windells Academy Property in their dorm and on campus. Please note that should a students travel fund run out the student will not be able to continue travelling until necessary funds are submitted to Windells Academy.

Tuition / Enrollment Agreement Continued

TUITION REFUNDS: In rare circumstances, students who are registered to attend WA are forced to withdraw. For example, disciplinary action, qualifying medical condition (as defined below), or qualifying changes in family financial circumstances. In such circumstances, **WA may refund tuition** (in whole or in part) as set forth below. **However, under no circumstances will tuition be refunded if a student is disciplined or expelled for violation of WA's Chemical Use Policy or Code of Conduct Policy, regardless of when that violation occurs during the academic year. As well, any student currently on a tuition assistance or scholarship program that loses their scholarship due to violation of policies, poor performance, or behavioral concerns will be immediately billed the full tuition amount for the school year. This means that the parents or guardians of students who lose their scholarship will be responsible for the entire years tuition and will be billed accordingly. Parents or Guardians of withdrawing students will be responsible for all travel, medical, room, or any other expense incurred during their stay at Windells Academy.**

Certification of Medical Condition. A "qualifying medical condition" for future credit or refund means a severe illness, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice, or residential medical care facility, or continuing treatment by a health care provider, which results in a period of incapacity (i.e., inability to participate in or attend school or perform other regular daily activities due to the medical condition, treatment therefor, or recovery therefrom) of more than thirty (30) consecutive calendar days as determined by WA. Participant and/or his/her Parents/Guardians must submit a certificate of Participant's qualified medical condition from their health care practitioner in connection with any request for a refund of tuition. For purposes of this provision, a health care practitioner is a doctor of medicine or osteopathy, podiatrist, dentist, clinical psychologist, optometrist, who is authorized to practice medicine or surgery by the state in which he or she practices. The amount of refund, if any, will be determined by Windells Academy and at their sole discretion. Should a student be deemed able to participate by Windells Academy in academy programming (academics, athletics, life, activities etc) then no refund will be provided should the student and guardians decide to withdraw.

Family Circumstances. At Windells Academy's sole discretion, tuition may be credited for future attendance and in rare circumstances refunded pursuant to the schedule above in the event a change in Participant's family circumstances warrants such refund. For example, the death or terminal illness of a Participant's parent or sibling. The amount of refund, if any, will be determined by Windells Academy and at their sole discretion.

PROCEDURE FOR REFUND: Parents/Guardians must submit a written request for a partial refund (if all tuition payments, the non-refundable Enrollment Deposit, and other deposits and fees specified in the Tuition/Enrollment Agreement have been paid in full), or a credit against remaining tuition payments then due as soon as possible after the onset of Participant's qualifying medical condition or change in family circumstances. Any refund or credit granted will first be applied toward the outstanding balance of any of the Participant's and his/her Parents/Guardians' accounts. Refunds not required to settle the Participant's and his/her parents/guardians accounts with WA, if any, shall be made to the Participant's parents/guardians who signed the Tuition/Enrollment Agreement. Calculation of a refund or credit (as the case may be), if any, will be completed within 60 days after written notice has been received by the Admissions Director, confirming the Participant's withdrawal.

CANCELLATION POLICY: The Enrollment Deposit is non-refundable.

A credit card number is required to cover balances due on any WA accounts (including but not limited to tuition, property damage, tournament fees, medical accounts, etc.). The Participant's Parents/Guardians are required to maintain a current credit card number on file at all times and hereby authorize all charges made by WA under this Agreement.

Visa Master Card American Express

Credit Card #: _____ Name on Card: _____

Expiration Date: _____ CVV Code _____ Signature of Card Holder: _____

Participant and Participant's Parent/Guardian hereby acknowledge that each has read and agrees to the terms and conditions contained in this Tuition/Enrollment Agreement. Further, Participant and Participant's Parent/Guardian understand that all disputes arising in or out

of Participant's participation with WA and/or this Agreement are subject to final binding arbitration as set forth below, and may not be brought in a court of law.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Participant: _____ Date: _____

Release of Student Transcripts/Records

Name of applicant _____

Grade for which applying _____

<input type="checkbox"/> Domestic Boarding Student	<input type="checkbox"/> International Boarding Student
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To whom it may concern:

This student is seeking admission to WA in Sandy, Oregon, an independent, secondary co-educational boarding school. Official transcripts should include **all marks earned in the past three years**, a description of the marking system (e.g. A = 90-100), and all standardized test scores for achievement, ability, and intelligence. The transcripts need to be mailed or faxed directly to WA Academy. A parent cannot "hand carry" the transcripts to the school. The Committee on Admissions cannot act until this information has been received.

Please mail or fax this form with the transcripts to:

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

Fax: 503-622-4582

PARENTAL RELEASE

I/we hereby declare that I/we are the parent(s)/guardian(s) of _____
Applicant's Name

I/we authorize the release of my/our child's academic records and psychological testing scores as requested by WA. I/we will not seek access to confidential information provided before or after the admission decision is made. I/we release every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to Windells Academy for that purpose. If and when acceptance has been offered, I/we authorize release of the full record when transfer to Windells Academy occurs.

Signature of Parent/Guardian _____ Date _____

Waiver/Release, Indemnification and Assumption of Risk

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

Waiver & Release: With informed consent and in consideration of WA accepting the enrollment of Participant in a program at WA 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 WA, Participant and his/her Parent/Guardian, on behalf of Participant, Participant's Parent(s)/Guardian(s), and Participant's heirs, next of kin, personal representatives, and/or assigns, promise not to sue or bring any action against WA, its related entities (including, but not limited to We Are Camp, LLC), affiliates, divisions, departments and its and their members, managers, directors, officers, shareholders, principals, trustees, legal representatives, owners, employees, volunteers, sponsors, independent contractors, vendors or agents (together, "WA"), R.L.K. and Company dba Timberline Ski Area ("Timberline"), and Mt. Hood Meadows Ski Resort ("Meadows"), 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 WA; presence at WA; receipt of medical care or treatment for any physical or mental condition; use of WA's, Timberline's and Meadow's 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 WA's, Timberline's and/or Meadow's alleged or actual negligence or breach of any express or implied warranty, but excluding WA's, Timberline's and/or Meadow's willful misconduct or criminal behavior.

Publicity Consent: Participant and Parent(s)/Guardian(s), on behalf of Participant and Participant's heirs, next of kin, personal representatives and/or assigns, consent to all recording, photographing and filming of Participant and all agree that WA 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(s)/Guardian(s), on behalf of Participant and Participant's heirs, next of kin, personal representatives, and/or assigns, also agree to indemnify and hold WA, and its insurance carriers harmless from all claims and amounts related to legal and other action brought against WA for damages caused by Participant (e.g. for damages incurred while fighting with another participant) and to reimburse WA for any expenses incurred for claims brought against WA as a result of Participant's enrollment in a program at WA; presence at WA; receipt of medical care or treatment for any physical or mental condition; use of WA's 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 WA's willful misconduct or criminal behavior. Participant and Parent(s)/Guardian(s) agree to pay all costs and attorneys' fees incurred by WA in investigating and defending a claim or suit but only if Participant's (or Parent(s)/Guardian(s)) claim is withdrawn or to the extent an arbitrator determines that WA is not responsible for the injury or loss.

Assumption of Risk: 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. In conjunction with Timberline and Meadows, WA 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 WA 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 WA activities and assumes the responsibility of maintaining control at all times while engaging in all WA 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 WA activities. Participant and Parent/Guardian agree that Participant is a competitor at all times, whether practicing for competition or in competition, that Participant and Parent(s)/Guardian(s) have the opportunity to inspect the training course and/or competition course prior to participating in any activity, and that Participant and Parent(s)/Guardian(s) assume the risk of all course conditions, including but not limited to, course construction or layout and obstacles. Participant and Parent(s)/Guardian(s) also understand that 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(s)/Guardian(s) have read the previous paragraphs and (1) understand the nature of the activities at WA, (2) understand the demands of those activities relative to the physical condition and skill level of Participant, and (3)

Waiver/Release, Indemnification and Assumption of Risk

Assumption of Risk, cont.:

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 Participant engages in at WA. Participant and Parent(s)/Guardian(s) hereby acknowledge that participation in a sport program at WA and use of WA's, Timberline's and/or Meadow's facilities and services is voluntary and that Participant and Parent(s)/Guardian(s) knowingly assume all related risks.

Medical Condition/Care: Participant and Parent(s)/Guardian(s) represent that Participant is in good health. Participant and Parent(s)/Guardian(s) authorize WA and/or WA's authorized personnel to provide first aid assistance or obtain medical care for Participant or transport Participant to a medical facility or hospital if, in the sole opinion of WA personnel, medical attention is needed. Participant and Parent(s)/Guardian(s) also consent to transportation of Participant in an ambulance if conditions warrant such transportation. Participant and Parent(s)/Guardian(s) understand that WA does not provide medical insurance for Participant and that medical insurance for participant must be provided by Participant or his/her Parent(s)/Guardian(s). Participant and Parent(s)/Guardian(s) agree that upon Participant's transport to any medical facility or hospital that WA will not have any financial responsibility for Participant. Further Participant and Parent(s)/Guardian(s) agree to pay all costs associated with medical care and related transportation provided for Participant and will indemnify and hold WA harmless from any costs incurred therein or any claims originating there from.

Severability: Participant and Parent(s)/Guardian(s) further expressly agree that the Waiver/Release above 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(s)/Guardian(s) and WA, including those related to this agreement ("Disputes"), which include claims against Timberline and Meadows, will be resolved through neutral binding arbitration conducted by a single arbitrator in Clackamas County, Oregon. 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. If a single arbitrator cannot be mutually selected, Participant/Parent(s)/Guardian shall select one arbitrator and WA shall select a second arbitrator and the two arbitrators shall select a single arbitrator to preside over the Dispute. Arbitration under this Agreement shall take place before United States Arbitration and Mediation Service pursuant to its rules and procedures, or before such other arbitration service as the Participant and/or Parent(s)/Guardian(s) and WA may mutually select. Participant and/or Parent(s)/Guardian(s) and WA shall be permitted to conduct discovery as is appropriate to the nature of the claim and necessary to its full and fair determination in arbitration, including at a minimum access to essential documents and witnesses. Arbitration is to be governed by the laws of the State of Oregon, including statutes of limitations, burdens of proof and available remedies. Participant and/or Parent(s)/Guardian(s) and WA each waive any defenses or objections based on lack of personal jurisdiction with regard to the arbitration forum 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. The decision of the arbitrator shall be final and binding, subject to review only as provided by the law of the state in which the arbitration took place governing review of arbitration awards. The award shall be enforceable in any court of competent jurisdiction.

Acknowledgement of Rules and Standards of Conduct: Participant and Parent(s)/Guardian(s) understand that WA has rules and standards of conduct that are set forth in the WA Student Policies. Participant agrees to abide by these rules and standards for the safety of all participants, staff, guests and employees.

Acknowledgment of Understanding: Participant and Parent(s)/Guardian(s) have read the above Waiver, Indemnification and Assumption of Risk provisions (collectively, the "Waiver"), and fully understand the terms therein. Participant and Parent(s)/Guardian(s) understand that Participant is giving up rights, including the right to compensation for injury resulting from any negligence of WA, Timberline and Meadows. Participant and Parent(s)/Guardian(s) acknowledge freely and voluntarily signing the Waiver and intend the signatures to signify a complete assumption of the inherent risks of participating in or observing activities at WA, Timberline and Meadows 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(s)/Guardian(s) expressly acknowledges that he/she is also signing the Waiver on behalf of the minor and that the minor will be bound by all the terms of the Waiver. Additionally, by signing the Waiver as the parent(s) or legal guardian(s) of a minor, Parent(s)/Guardian(s) understanding that he/she is waiving certain rights on behalf of the minor that the minor otherwise may have. Parent(s)/Guardian(s) agrees that but for the foregoing, Participant would not be permitted to participate in any WA 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(s)/Guardian(s) represents that he/she is the legal parent or guardian of the minor Participant. In signing the Waiver, Participant and Parent/Guardian each acknowledge that he or she is consenting to the Participant's participation at WA and acknowledge that each of Participant and Parent/Guardian expressly assumes all inherent risks of WA's activities and expressly waives in advance all related claims.

Signature of Participant: _____ Date: _____

Signature of Parent(s)/Guardian(s): _____ 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:
2	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 – Cont'd.

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 Form – Cont'd.

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: Yes No

Site: _____ Results in MM: _____ Date of 2nd 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

Oregon Certificate of Immunization (see inserted document) – Date completed _____

Mandatory Insurance Coverage Information

(Please Attach a Copy of the Front and Back of the 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 WA 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, WA, 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. "Reasonable suspicion" is defined as follows: specific articulable observations concerning such circumstances as the appearance (including, for example, noticeable odor of an intoxicating beverage), behavior, or speech of the participant, possession of drug paraphernalia, or as being involved in an accident or incident which results in physical or property damage. 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 WA.

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: _____

Parent/Guardian Signature: _____ 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 WA, 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 WA staff.
- Permission to eat at a local restaurant unaccompanied by WA staff. I understand WA 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 WA 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 WA.
- Permission to participate in sport product testing.
- Permission to participate in sports activities and play, which are not supervised by WA or under its control (i.e., biking, pick up basketball games, rollerblading, etc.) for which we will have no responsibility.

DOMESTIC STUDENT 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. WA will not accept permissions other than those placed on attached form or submitted in writing to WA. I further understand that WA 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 WA will have no responsibility or liability for anything that happens with or to my child.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

INTERNATIONAL STUDENT 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. WA or ICS will not accept permissions other than those placed on attached form or submitted in writing to WA and ICS. I further understand that WA and ICS do 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 WA and ICS will have no responsibility or liability for anything that happens with or to my child.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Sign Out Form from WA

Participant's Name: _____

Please specify name of adults who you authorize to "sign out" your child from the WA:
(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 full semester stay at the Academy. Students staying for a trial week or less 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.

Academics

- Personal Laptop Computer (Required)
- Schools Supplies/Books (Please contact Academic director)

Dorm Life

- Cell Phone (Required)
- 2 chargers (with blocks and auto port) required
- Phone case with battery backup or battery backup pack (Recommended)
- Mattress Topper pad(Recommended)
- Warm comforter and Blanket (required)
- Electric Blanket (Recommended)
- 2 pillow cases (Required)
- 6 Bath Towels (Required)
- 2 sets queen size mattress sheets (2 fitted, 2 flat) (Required)
- Toiletry Bag and Toiletries
- 4 Hand towels (Required)
- Alarm clock (With battery back up) (required)
- Sports watch (Required)
- One set Dress Clothes/Shoes (Required)
- 1 Laundry Hamper (Required)
- 1 Laundry Basket (Required)
- 2 dozen Hangers (Required)
- Running/Training Shoes (Required)
- Swimming Suit/Beach Towel (Required)
- Casual Dress for Extracurricular Activities
- Sun Screen
- Sunglasses
- Light, Medium, and Heavy Jacket (Required)
- Boot Dryer (Required)
- Sleeping Bag (For Camp outs) (Required)
- Warm Pajamas (recommended)
- Entertainment supplies (Personal TV, game console, tablet, books)(Optional)
- Reading Lamp (Recommended)

Snowboarding

- **Helmet – ASTM F2040 multi-impact (Required)**
- Gloves (1 pr mitts, 1 pr mid weight, 1 pr Spring)
- Gym training/yoga clothes -2 sets
- Running shoes
- Snowboard clothing (jacket preferably with down for cold days, pants, neck gator, etc)
- Base layer clothing (long johns etc – moisture wicking) -2 sets
- Mid layers
- Puffy (recommended)
- Snowboarding boots (Back up pair recommended)
- 6 pr Thin snowboard socks
- 2 pair of goggles (sunny lens and flat light lens)
- Light rain/wind gear (jacket and pants)
- 3 snowboards (Slopestyle, Halfpipe, Boardercross)
- Wax and basic tool kit (Required)

Free Skiing

- **Helmet ASTM F2040(Required)**
- Ski boots
- 2 pairs of poles (in case one break)
- Gloves or mitts
- 1 pair of goggles with extra lenses
- Ski clothing (jacket, pants, etc)
- Gym training/yoga clothes – 2 sets
- Running shoes
- **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

Skateboarding

- **Helmet (Required) CPSC/ASTM F1427**
- Pads (Required)
- 2 Skateboards
- Skate tool
- Extra bearings, wheels, trucks
- Wax
- Gym training/yoga clothes – 2 sets
- Running shoes
- 3 pairs of skate shoes

General Information on WA

Spending Money:

We recommend that parents set up performance based spending allowance with the Academy Program Manager. Please contact the Program Manager at info@windellsacademy.com for more details.

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 cabins. Each cabin can accommodate up to 5 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, waxing center, and cafeteria. Students can request a private room within a shared cabin for an additional cost.

- Private Rooms - \$2000 per semester

Laundry and Linens:

Self-service laundry facilities are available in our onsite laundry facility at no additional cost. Students can also use the local Mt Hood Cleaners service to have their laundry picked up and delivered.

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 and boarding fees. The fees for additional activities are deducted from the student's personal account, or paid by cash prior to departure.

Travel Expenses:

We strive to stay under our required \$5000 travel account deposit. Students traveling to New Zealand or other international locations will incur additional travel expenses. You will be notified should your child's travel exceed the deposit amount. In years that we travel abroad costs will likely exceed the base amount.

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 WA 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.

IMPORTANT NOTICE TO PARENTS: All enclosures must be filled out completely and returned to WA 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.
