WYOMING COWBOY
CHALLENGE ACADEMY
Army National Guard Training Site, Bldg 505
PO Box 697
Guernsey WY, 82214-0697
(307) 836-7500 FAX: (307) 836-7525
TOLL FREE: (844) 996-9222
E-mail:wcca@wyo.gov
Website: www.wycowboychallenge.org

CADET APPLICATION

1. SOCIAL SECURITY NUMBER: _____

2. CANDIDATE NAME:

_____
(Last) (First) (Middle)

_____
(Address: Number and Street)

_____
(City) (State) (Zip) (County)

HOME PHONE: _____ CELL PHONE: _____

WHO DO YOU CURRENTLY LIVE WITH: _____

3. GENDER: ☐ Male ☐ Female Hair Color: Black Eye Color: Green (Click on the boxes to begin

4. BIRTH DATE: _____

5. AGE: _____

6. Ethnicity: Hispanic/Latino ☐ Yes ☐ No

RACE (Mark all that apply): ☐ American Indian ☐ Black ☐ Asian ☐ White ☐ Other:

7. US CITIZEN: ☐Yes ☐ No

8. DRIVERS LICENSE: ☐ Yes ☐ No

9. MARRIED: ☐Yes ☐ No

10. APPLICANT - IF YOU ARE A PARENT, NUMBER OF CHILDREN: _____

11. TOTAL NUMBER OF PEOPLE LIVING IN APPLICANT'S HOUSEHOLD: _____

12. FAMILY INCOME: ☐ Less than $15,000 ☐ $15,000- $25,000 ☐ $25,000- $35,000 ☐ $35,000- $45,000 ☐ Greater than $45,000

13. DO YOU HAVE MEDICAL INSURANCE: ☐ Yes ☐ No If yes, what kind:

14. LEGAL INFORMATION:

Have you ever been charged, indicted, or convicted of a felony (as a juvenile or adult)? ☐Yes ☐No **If "Yes," for what?**_____

Are you currently on adult probation? ☐ Yes ☐ No **If "Yes," for what?** _____

Are you under supervision of a social worker? ☐ Yes ☐ No **If "Yes," for what?** _____

Are you scheduled for any court dates? ☐ Yes ☐ No **If "Yes," when?** _____

SOCIAL WORKER OR PROBATION OFFICER INFORMATION: _____
(Name) (County)

_____
(Phone Number: Area Code + Number) (Fax Number) (E-mail Address)

Revised September 2014
Authority: W.S. 21-13-332
Purpose: To determine eligiblity of Wyoming Cowboy ChalleNGe Academy Applicants
Routine Uses: None. Disclosure is voluntary: however, failure to provide any information may result in your application and/or admission being denied.

15. How did you find out about Challenge Academy? (Mark all that apply)

- ☐ Applicant/Applicant's Family
- ☐ Newspaper
- ☐ School Staff
- ☐ TV
- ☐ Web Site
- ☐ Attorney
- ☐ Cadet
- ☐ Judge
- ☐ Probation
- ☐ Web Search
- ☐ Movie Theatre Ad
- ☐ Cadet's Family
- ☐ Mentor
- ☐ Psych/Counselor
- ☐ Social Worker
- ☐ Radio
- ☐ Facebook
- ☐ YouTube
- ☐ Other:

16. Do you know someone who is applyhing to attend, has attended, or has graduatetd from the Wyoming Cowboy Challenge Academy?

_____

17. Parent/Guardian: _____
(Last) (First) (Middle)

_____
(Address (Physical): Number and Street) (City) (State) (Zip)

_____
(Address (Mailing): Number and Street) (City) (State) (Zip)

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

Email: _____ Relationship: Mother (M)

AUTHORIZED FOR PICK UP: ☐ Yes ☐ No **LEGAL GUARDIAN**: ☐ Yes ☐ No **EMERGENCY CONTACT**: ☐ Yes ☐ No

18. Parent/Guardian: _____
(Last) (First) (Middle)

(Address (Physical): Number and Street) (City) (State) (Zip)

(Address (Mailing): Number and Street) (City) (State) (Zip)

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

Email: _____ Relationship: Father (F)

AUTHORIZED FOR PICK UP: ☐ Yes ☐ No **LEGAL GUARDIAN**: ☐ Yes ☐ No **EMERGENCY CONTACT**: ☐ Yes ☐ No

19. APPLICANT'S CURRENT SCHOOL STATUS:
- ☐ Traditional High School
- ☐ Home Schooled
- ☐ Alternative High School
- ☐ Expelled
- ☐ Drop Out
- ☐ Other _____

20. WHAT DAY DID YOU LAST ATTEND HIGH SCHOOL: _____ **LAST GRADE COMPLETED:** _____
(Month) (Day) (Year)

21. INDIVIDUAL EDUCATION PLAN (IEP): ☐ Yes ☑ No

21. What was the last public school you attended: _____

All statements made on this application are truthful. False statements made by me on this application are grounds for non-acceptance or release from the ChalleNGe Academy. Signature(s) below are certifying that the applicant has not been indicted, charged with, or convicted of a felony as a juvenile or an adult.

APPLICANT'S SIGNATURE: _____ **DATE:** _____
(First) (Middle) (Last) (Initials)

PARENT/LEGAL GUARDIAN'S SIGNATURE: _____ **DATE:** _____
(First) (Middle) (Last) (Initials)

-Typing your name above will be treated as an actual signature.

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WYOMING COWBOY
CHALLENGE ACADEMY

Mentor Contact Information

Prospective Mentor #1: _____
(Last) (First) (Middle)

_____
(Address (Physical): Number and Street) (City) (State) (Zip)

_____
(Address (Mailing): Number and Street) (City) (State) (Zip)

HOME PHONE:_____ WORK PHONE: _____ CELL PHONE: _____

Email:_____ **GENDER:** Male ☐ Female ☐ DOB/Age: _____

How do you know this person?: _____

Date mentor contacted by candidate and type of contact:

_____

Prospective Mentor #2: _____
(Last) (First) (Middle)

_____
(Address (Physical): Number and Street) (City) (State) (Zip)

_____
(Address (Mailing): Number and Street) (City) (State) (Zip)

HOME PHONE:_____ WORK PHONE: _____ CELL PHONE: _____

Email:_____ **GENDER:** Male ☐ Female ☐ DOB/Age: _____

How do you know this person?: _____

Date mentor contacted by candidate and type of contact:

_____

WYOMING COWBOY
CHALLENGE ACADEMY
WCCA Mentor Information

Use this page to help you identify who can be a mentor and what mentors do

What is a mentor?
A mentor is an adult who, along with parents/guardians, provides young people with support, counsel, friendship, reinforcement and constructive example. Mentors are good listeners, people who care, people who want to help young people capitalize on the strengths they already possess.

What does this have to do with the ChalleNGe Academy?
The ChalleNGe Academy is a 17%-month program for youth ages 16 through 18 who are at- risk of not graduating from high school. The first 22 weeks of the Academy is spent at Camp Guernsey in a quasi-military environment. Cadets are provided the "opportunity to develop the strength of character and the life skills necessary to become successful, responsible citizens." This is accomplished through various activities including classroom instruction preparing for diploma equivalency certificate testing, character development instruction, service to community and leadership opportunities.

In the Post-Residential Phase, Academy graduates, with the help of their mentors, continue to sustain and build upon the progress made during the in-residence portion. Mentors assists with each cadets' transition from WCCA's structured environment into self-management after they graduate.

Who can be a mentor?
Mentors do not have to be someone the applicant personally knows. Mentors must:
• not be an immediate family member (ex: parent, step-parent, boyfriend/girlfriend of parent, sibling, brother/sister-in-law)
• not have a felony conviction during the past five years
• be at least 21 years of age
• be the same gender as the applicant/candidate/cadet
• live in close proximity to applicant's Post-Residential Phase home location
• not be living in the same household
• be a legal resident or citizen of the United States

How much time is involved in being a mentor?
Mentors will invest significant time helping their cadet. Mentors are expected to attend one Training Day in Guernsey with their cadet, (usually on a Saturday) as well as conduct weekly 10-minute phone calls (Weeks 13-22) while the cadet is in-residence at Camp Guernsey. When able, mentors are encouraged to visit their cadet in Guernsey before he/she graduates. During the program's Post-Residential Phase the mentor must have weekly contact (phone, email, texting, face-to-face) with their cadet. During this one year period mentors are required to submit monthly Mentor Reports to their cadet's Case Manager. These reports provide current status information on their cadet to include a review and any changes to their cadet's Post-Residential Action Plan (mentors are provided a copy). Mentors and Cadets are required to complete four total "service to community" projects, one during each quarter, of the Post- Residential Phase.

WYOMING COWBOY
CHALLENGE ACADEMY

Applicant Authorization

I fully understand that the Wyoming Cowboy ChalleNGe Academy is a residential program that includes academic instruction, military-style training and career/employment preparation.

At this time, I am in good health, drug and tobacco free and do not have an alcohol problem. I am not under the jurisdiction of a juvenile, municipal or circuit court, nor are there any actions pending against me in a general district court. To the best of my knowledge, all statements made in this application are accurate and truthful. I will report any and all changes to my application information to the Wyoming Cowboy ChalleNGe Academy. I further understand that the information I have provided in this application is subject to verification and that I may be disqualified from the program if it is determined that the information I have provided is untrue or inaccurate.

By submitting this application, I agree that any information I provide may be made available to any person having a legitimate need for the information. I further understand that the Wyoming Cowboy ChalleNGe Academy personnel shall determine who has such a need for this information.

-Eligibility Criteria: (Please initial each statement)

--I am a citizen or legal resident of the United States

--I do not have my high sl diploma or high school equivalency certificate (aka GED or HiSet)

--I am 16-18 years of age

--I am not currently on parole or probation for other than juvenile status offenses (MIP, MUI, Curfew -Violation etc.), not awaiting sentencing, and not under indictment, charged, or convicted of a crime that is considered a felony if charged as an adult.

--I have no other pending legal issues

--I am/will be drug free by day one of class

--Challenge by Choice (I am volunteering to attend WCCA)

--I am physically and mentally capable to participate in the program with reasonable accommodation for physical and other disabilities.

_____ _____

Applicant's Signature Date

-By typing your name above will be treated as an actual signature.

Revised September 2014
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WYOMING COWBOY
CHALLENGE ACADEMY

Parent/Guardian Certification and Authorization

I/we, the parent(s)/guardian(s) of _____, who has applied
(Applicant's name)
for enrollment in the Wyoming Cowboy ChalleNGe Academy, at Army National Guard Training Site at Camp Guernsey in Guernsey, Wyoming, do CERTIFY: (Please initial each statement below)

1. That, to the best of my/our knowledge, all statements made in this application are accurate and truthful. I/we will report any and all changes to the application information to the Wyoming Cowboy ChalleNGe Academy. I/we further understand that the information provided in this application is subject to verification and that my/our child may be disqualified from the program if it is determined that the information provided is untrue or inaccurate.

2. That I/we HEREBY PERMIT my/our child to participate in the Wyoming Cowboy ChalleNGe Academy.

3. That the program has been explained to me/us and that I/we UNDERSTAND what the program will attempt to do.

4. That I/we GIVE PERMISSION for the Wyoming Cowboy ChalleNGe Academy staff to maintain order by imposing consequence measures upon my/our child.

5. That I/we further AGREE that, if for any reason the Director may elect to dismiss my/our child from the program, we will provide transportation for his/her return to my/our home. I/we also AUTHORIZE the Wyoming Cowboy ChalleNGe Academy to transport my/our child as a passenger in commercial, government or private ground, water and/or air vehicles during the program period.

Parent's/Guardian's Signature _____ Date _____

-Typing your name above will be treated as an acutal signature.

A National Guard Program
Wyoming Cowboy Challenge Academy
Courage To Change
Army National Guard Training Site, Bldg 505
P.O. Box 697
Guernsey, Wyoming 82214-0697
(307) 836-7500

PARENT(S)/GUARDIAN(S) and CANDIDATE CERTIFICATE OF UNDERSTANDING AND RELEASE OF LIABILITY

I/We, the Parent(s)/Guardian(s) of the Candidate, and Candidate _____ who is applying to attend the Wyoming Cowboy Challe*NG*e Academy at Camp Guernsey, Wyoming, agree to permit my child/ward to fully participate in all aspects of the Wyoming Cowboy Challe*NG*e Academy. I understand this is a 17.5-month program consisting of a Residential Phase which includes a two-week Acclimation Period followed by twenty (20) weeks of academics and education, and a Post-Residential Phase that is twelve (12) months long.

I/We, the Parent(s)/Guardian(s) of the Candidate, or Candidate if 18 years of age, certify that I/we understand the following sections below (Parent(s)/Guardian(s) and/or Candidate, if 18 years old, must initial on line after reading each numbered section):

1) **Medical Screening.** I/We understand that my child/ward must pass a medical examination and may be dismissed if found unfit for the Program and its components.

_____ Initials

2) **Drug Testing.** I/We understand that my child/ward will be subject to screening upon arrival at the Challe*NG*e Program and scheduled for random drug screening during the Residential Phase.
   - **a.)** I/We do consent to my/our child's/ward's participation in preliminary, scheduled and random drug screening to determine eligibility and to ensure youth remains DRUG FREE.
   - **b.)** If my child/ward screen results are positive for any illegal substance or refuses to submit to a drug screening upon request by the Program Staff during the course of the program, my child/ward may be immediately dismissed from the Program.

_____ Initials

3) **Voluntary Program.** I/We understand that the Wyoming Cowboy Challe*NG*e Academy is a voluntary program. However, I/we will encourage my/our child/ward to complete the program if it is so recommended by the Program Staff.

_____ Initials

4) **Dismissal.** I/We understand and agree that if my/our child/ward is dismissed from the Residential Phase of the Program for any reason, I/we will pick up my/our child/ward at Camp Guernsey, WY within 24 hours of notification.

_____ Initials

Revised September 2014
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Purpose: To determine eligibility of Wyoming Cowboy Challe*NG*e Academy Applicants
Routine Uses: None. Disclosure is voluntary; however, failure to provide any information may result in your application and/or admission being denied.

5) **Challe*NG*e Program Transportation.** I/We authorize the Wyoming Cowboy Challe*NG*e Academy to transport my child/ward as a passenger in designated a) Challenge Program, b) National Guard government owned vehicles (GOV), and c) commercially procured transportation means, including ground and air vehicles, during the Candidate's/Cadet's participation in the Challe*NG*e Program for the purpose of conducting field trips, service to community events, program learning projects, etc… I/My child/ward will accept such transportation entirely at his/her own initiative, risk and responsibility.
   a. If necessary due to medical, physical, dental, disciplinary or other reasons, the Director of the Challe*NG*e Program may return my child/ward home by commercial or private carrier, for which I/we may be responsible for payment.

[ ] Initials

6) **Discipline.** I/We give my permission for the WCCA staff to maintain discipline in the program by imposing appropriate disciplinary measures upon me/my child/ward. The Director of the Challe*NG*e Academy and staff may assign physical exercise (push-ups, sit-ups, running in place, etc) or physical motivators (standing in place, sitting on floor, etc.) as a means of corrective discipline and retraining.

[ ] Initials

7) **Inspections.** I/We give permission for the Program staff to conduct inspections and/or searches of my/child/ward's personal property and belongings as determined necessary by the Challe*NG*e Program staff.

[ ] Initials

8) **Policies.** I/We agree to support the policies, procedures and rules established for the orderly conduct of the Challe*NG*e Program. At times, this may include during WCCA Field Trips or Service to Community events the presence and/or use of tobacco and/or alcohol by non-Academy staff (e.g. spectators/bystanders at the Wyoming State Fair Parade who are in the vicinity of WCCA cadets).

[ ] Initials

9) **Program Completion**. I/We understand that upon completion of the Challe*NG*e Program there will be no guaranteed stipend or other monetary award.

[ ] Initials

10) **Youth Participant Status.** I/We understand that program participants are neither Federal employees nor members of the National Guard. For the purpose of compensation for work injuries, youth participants shall be considered Federal employees under Subchapter 1 of Chapter 81 of Title 5, US Code; this also applies to Sections 1346(b) and Chapter 171 of Title 28 US Code, and any provision of law relating to US liability for tortious conduct of employees. Participants are not considered to be in the performance of duty when not on Camp Guernsey or other scheduled activity authorized per the Program Agreement except when traveling to or from the location or is on pass from training. In computing compensation benefits for disability or death, the monthly pay of a participant shall be deemed that received under the entrance salary for a grade GS-2 Federal employee. The disability entitlement to receive compensation shall begin on the day following the date that the person's participation in the program is terminated.

[ ] Initials

[ ] Youth Initials (if under 18 years old)

I/We, the Parent(s)/Guardian(s) and Candidate do voluntarily understand, accept and agree to the following:

Failure to Disclose Information. I/We have reviewed all the information provided in this application and, to the best of my/our ability, have willingly and truthfully provided all requested information and do hereby certify this data is true and complete to the best of my/our knowledge. I/We understand upon program staff discovery of the failure to disclose all requested application information it may result in acceptance declination or program dismissal.

Acknowledgement of Risk. I/We and my child fully understand and accept the risks inherent in their participation in the Challe*NG*e Program and activities, including the possibility of injuries, illness, accidents while traveling in vehicles or aircraft (to include military aircraft), or injuries while participating in community projects or any other activities deemed proper by the Director of the Challe*NG*e Program. This includes, but is not limited to: rappelling, aircraft and helicopter flights, low and high ropes course, navigation courses, and the Leadership Reaction and Obstacle Courses. This includes activities my child/ward might participate in with their approved and matched Mentor.

Releases of Liability. In consideration of my child/ward being allowed to participate in the Wyoming Cowboy Challe*NG*e Academy, I/We hereby release and forever discharge the State of Wyoming, its officers, agents, and employees, acting officially or otherwise from any and all claims, demands, actions or cause of action, on account of any injury or illness to my child/ward, which may occur from any cause arising out of their participation in the Wyoming Cowboy Challe*NG*e Academy. I also agree to indemnify and hold harmless the State of Wyoming, its officers, agents, and employees, from any/all liability or cause of actions which may arise from my child's/ward's participation in this program.

*Parent/Guardian Signature	Date

*Parent/Guardian Signature	Date

Applicant (if 18 years old)	Date

*If joint custody, must be signed by parent with court ordered, physical placement.

-Typing your name above will be treated as an actual signature.

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A National Guard Program

Wyoming Cowboy Challenge Academy

Courage To Change

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CONSENT TO OBTAIN/RELEASE INFORMATION

I authorize Wyoming Cowboy Challenge Academy (WCCA) to release or receive the information indicated to the agency or persons listed below for purposes of service coordination, continuity of care and case management.

The authorization pertains to:

(Please Print) _____ (Candidate/Cadet Name) (Date of Birth)

Information to be released or requested by WCCA staff member: _____
WCCA Staff Member Name/Title (Candidate/Cadet Leave Blank)

- ☐ **All Medical And Mental Health Treatment Records Which Include Mental Health Condition And Treatment, for all dates of treatment:** Including, but not limited to clinical charts, office notes, test reports, test data, physician notes, notes of Progress-to-Date, consultation reports and notes, outpatient records, and correspondence related to clinical matters.
- ☐ **Communications, for all dates:** Including communication either verbally or in writing with the person(s) or entity(ies) listed below, regarding all the released information available, including information contained in treatment records as described above, and is authorized to give opinions and answer questions.
- ☐ **Drug Abuse Or Alcohol Abuse, Which Includes, In Any, Alcohol And Substance Abuse Condition And Treatment Information, for all dates.** Includes all information regarding any assessment, diagnosis, referral, history, or discussion of drug abuse or alcohol abuse.
- ☐ **School Records, for all dates:** Including, but not limited to transcripts, IEP's, immunizations
- ☐ **Legal Records, for all dates:** Including, but not limited to proof of custody, domestic restraining orders/protection orders for above named individual, guardianship, all civil and/or criminal court orders.
- ☐ **Other:** _____

Information to be released to or from: -This section will be filled out by WCCA staff.

Name of Agency or Person — Address / Telephone / Fax

Typing your name below will be treated as an actual signature.

- **Confidentiality.** I understand that my records and/or those of any individuals listed above are protected under federal and state confidentiality regulations. I understand that if I have authorized the release of drug abuse and/or alcohol abuse information that the confidentiality of this information is protected by Federal Law [42 CFR, Part2]. This information cannot be disclosed without my written consent, unless otherwise specifically provided for in the regulations. I understand that I may revoke this consent at any time. Copies of this form may be used in lieu of the original. I understand and agree that this release form may be sent to the agencies identified above.
- **Disclosure**. I understand that there is a potential for information disclosed as a result of this release/authorization to be re-disclosed by the recipient and therefore no longer protected under the HIPAA Privacy Restrictions.
- **Expiration**. This consent expires and cannot be used past the following date: (Not to exceed (two) 2 years): _____

Candidate/Cadet Signature — Date

Parent/Guardian signature (If Candidate/Cadet is minor under 18) Please print and state your legal authority to sign for client — Date

Witness/3rd Person Signature (If Required) — Date

I hereby revoke this Consent to Release/Authorization for Information.

Cadet Signature — Date — Witness Signature — Date

Revised: March 2015 Authority: W.S. § 21-13-332 Purpose: To determine eligibility of WCCA Applicants Routine Uses: None
Disclosure is voluntary; however, failure to provide any information may result in your application and/or admission being denied.

Wyoming Cowboy ChalleNGe Academy

Applicant/Youth Medical Information

Applicant Name:_____ Date of Birth: _____
Male Female Social Security #:_____
Mailing Address: _____
City: _____State: _____ Zip Code:_____

Guardian/Emergency Contact:_____
Relationship to Candidate: _____
Home Phone Number: _____
Cell Phone Number: _____
Work Phone Number: _____
Email Address: _____

Guardian/Emergency Contact:_____
Relationship to Candidate: _____
Home Phone Number: _____
Cell Phone Number: _____
Work Phone Number: _____
Email Address: _____

With Whom may we Discuss Your Health Issues:	
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

Allergies/Intolerances/Sensitivities:

Allergic to Latex: Y N

Past Surgeries with Dates: None

Anesthesia Complications: Y N

Wyoming Cowboy ChalleNGe Academy

Have you ever been patient in any type of hospitals? Y N
If yes, specify when, where, and give details

Social/Psychosocial History:

Tobacco Use:	Y	N	Quit
Alcohol:	Y	N	Quit
Alcohol Abuse:	Y	N	
Street Drugs:	Y	N	Quit

Have you ever been treated for mental conditions? Y N
If yes, specify: when, where, and give details

Family History: (mother, father, brother, sister)

Heart Disease:	Y	N	Who: _____
Stroke:	Y	N	Who: _____
Cancer:	Y	N	Who: _____
Diabetes:	Y	N	Who: _____

Current Medications: (include all prescription medications, non-prescription/Over-the-Counter medications, herbs and vitamins, with dose and directions)

Past History / Diseases:

Wyoming Cowboy Challe*NG*e Academy

Special Diet: Y N Type:_____

Have you ever had, or do you have you now:

(For every item checked 'YES', must be explained below, including date of occurrence.)

Check each item	**Y**	**N**	**?**	**Explanation, with date**
Do wear glasses or contact lenses?				
Have vision in both eyes?				
Wear a hearing aid?				
Frequent or severe headache				
Eye trouble				
Ear, nose, or throat trouble				
Hearing loss				
Sinusitis				
Hay Fever				
Head injury				
Head injury with period of unconsciousness				
Skin diseases				
Thyroid disease				
Tuberculosis				
Asthma				
Heart trouble				
Broken bones				
Rupture/Hernia				
Bed wetting since age 12				
Diabetes				
Bone, joint or other deformity				
Lameness				
Recurrent back pain				
STD – Syphilis, gonorrhea, genital warts, etc.				
"Trick" or locked knee				
Foot trouble				
Epilepsy, seizures/fits (childhood seizures)				
Car, train, sea, or air sickness				
Frequent trouble sleeping				
Depression or excessive worry				
Loss of memory or amnesia				
Nervous trouble/anxiety				
Periods of unconsciousness				
Anorexia or Bulimia				

Wyoming Cowboy ChalleNGe Academy

Check each item	**Y**	**N**	**?**	**Explanation, with date**
Arthritis, Rheumatism or Bursitis				
Had Chicken Pox				
Lived with anyone who had tuberculosis				
Coughed up Blood				
Attempted suicide				
Been a sleepwalker				
Stutter or stammer?				
Wear a brace or back support?				
Scarlet fever, erysipelas				
Swollen or painful joints				
1.Have you been refused employment or been unable to hold a job or stay in school due to: •Sensitivity to chemicals, dust, sunlight, etc. •Inability to perform certain motions? •Inability to assume certain positions? •Other medical reasons?				
Have you ever had any illness or injury other than those already noted? If yes, specify when, where, and give details				
Females Only: Have you ever:				
•Had a change in menstrual pattern				
•Been pregnant				
•Been treated for female disorder				
•Are currently pregnant				

Notes:

Wyoming Cowboy Challe*NG*e Academy
Army National Guard Training Site, Bldg 505
P.O. Box 697
Guernsey, Wyoming 82214-0697
(307) 836-7500; FAX -7525

Cadet Medication Sharing Document

In the State of Wyoming it is unlawful for any person to obtain, possess or distribute a controlled substance. A controlled substance is any medication that has been declared illegal by federal or state law to be used for sale or use, unless dispensed by a physician's prescription. If a cadet is proven to have taken a medication that has been prescribed to another cadet, or is proven to have given another cadet their own medication, he/she will be dismissed immediately and possible criminal charges may be brought against the candidate/cadet pursuant to the Laws of Wyoming.

I have read and understand the foregoing document and understand that medication sharing at the Wyoming Cowboy Challe*NG*e Academy is **STRICTLY PROHIBITED**.

_____ _____
Cadet Date

_____ _____
Parent/Legal Guardian Date

_____ _____
Parent/Legal Guardian Date

- Typing your name above will be treated as an actual signature.

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Medical Insurance Information Sheet

I/we DO ____ DO NOT ____ possess medical/dental insurance, (includes Medical Assistance/Kids Care) for payment of any incurred medical/dental cost. (*Check one*)

PLEASE INCLUDE A COPY OF ALL YOUR INSURANCE CARDS (BOTH SIDES) WITH THE APPLICATION

ALL AREAS MUST BE COMPLETED ~ IF IT DOES NOT APPLY, PLEASE RESPOND WITH "N/A"

Name of Medical Insurance Card Holder DOB

Social Security Number of Medical Card Holder

Name of Medical Insurance Company

Address of Medical Insurance Company

(Area Code) Telephone Number

*Parent/Guardian Date

Social Security Number of Parent/Guardian

Parent/Guardian Date of Birth

Address

Home Telephone Number

Candidate (if over 18) Date

Name of Dental Insurance Card Holder Date of Birth

Social Security Number of Dental Card Holder

Name of Dental Insurance Company

Address of Dental Insurance Company

(Area Code) Telephone Number

*Parent/Guardian Signature Date

Social Security Number of Parent/Guardian

Parent/Guardian Date of Birth

Address

Home Telephone Number

*If joint Custody, must be signed by parent with court ordered, physical placement.

Please ensure you fill out all the fields above. They are required for all candidates under 18 at every medical facility.

- Typing your name above will be treated as an actual signature.

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Wyoming Cowboy Challenge Academy

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Army National Guard Training Site, Bldg 505
P.O. Box 697
Guernsey, Wyoming 82214-0697
(307) 836-7500

Academic Choice Selection Form

As of January 2011, the WCCA Academic Department is now able to offer two educational options, Credit Recovery using the online Apex curriculum or the High School Equivalency Certificate (commonly called the GED).

Credit Recovery Apex students must be self-starters. This academic selection, if chosen, relies heavily on each cadet's desire to achieve. Credit Recovery is computer-driven and reading-based. Cadets have access to and work with WCCA instructors to ask the questions they need in order to succeed.

Obtaining the High School Equivalency Certificate (HSEC) is WCCA's original and primary educational option. Cadets on this track will be working with the academic instructors to fill-in educational gaps and build skills, while also preparing for HSEC testing which typically begins Week 19.

Please remember, once a track is chosen it cannot be changed. The Credit Recovery track is not guaranteed.

If you have any questions, please feel free to contact Angie Schultz, the WCCA Lead Instructor, at angie.schultz@wyo.gov or 307-836-7509.

Applicant Name:

_____

☐ Credit Recovery (Apex)

☐ High School Equivalency Certificate (HiSET, commonly called GED)

Applicant Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

- Typing your name above will be treated as an actual signature.

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Applicant Questionnaire

(Please answer all questions completely; this will help determine your admission into WCCA.)

1. What is your motivation to attend Challe*NGe*?

2. What goals do you have for your life? Please list three (3).

3. Why are you a good candidate for admission to Challe*NGe*?

4. What do you expect Challe*NGe* to do for you? …and how?

5. What is something about the Academy you think will be difficult for you?

Applicant Signature

Date

Printed Name (First, MI, Last)

P. O. Box 697 | Guernsey, Wyoming 82214
(307) 836-7500
www.wycowboychallenge.org

- Typing your name above will be treated as an actual signature.

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P.O. Box 697
Guernsey, WY 82214
307-836-7503
www.wycowboychallenge.org

Packing List

Please try to bring all the items listed below. If you already own any items listed below, you may bring them—clothes do not have to be new, but should be in good condition. Some seasonal items will be difficult to find in stores (i.e. sweatshirt for the summer class, shorts for the winter class). On Reception Day, your items will be marked with a permanent laundry marker.

If you are taking medications, please continue to take them. Please bring all of your prescribed medications in the original prescription bottles. If you have an inhaler and you no longer have the original prescription label, please make sure your physical exam indicates you use an inhaler.

On Reception Day (R-Day), please come dressed in a white t-shirt, sweatshirt, sweat shorts underneath your sweat pants, white socks and your running shoes. Do not wear your civilian clothes. Please put the remainder of your items in a sturdy plastic bag, which can be double-bagged to ensure the bag does not break and secure your liquids in a Ziploc bag to prevent leakage on your clothing. Please do not pack your items in suitcases, duffle bags or backpacks. All female cadets are required to get a non-eccentric haircut prior to arrival (see female haircut sample form.)

ITEMS FOR ALL CADETS:

___ Picture Identification Card (Original Agency Issue, Not School ID)

___ 2 Pair of Cross Training/Running Shoes (No Skater or Hi-Top Style)

___ 1 Book of Postage Stamps

___ 1 Long-Distance Phone Calling Card

___ 1 Pair of Black Swim Trunks (Males)

___ 1 Pair of Prescription Eyeglasses (If Needed; Spare Pair is Beneficial in Case of Breakage)

___ 1 Pair of Shower Shoes (Rubber or Plastic Sliders with Band Over Top of Foot, Open Back, NO foam or cushion bottom)

___ 10 Pairs of White Crew Socks (No Ankle Socks)

___ 10 Pairs of White Cotton Underwear (Males: Briefs or Boxer Briefs (No Loose Legs) (Females: Women Briefs)

___ 10 Plain White Crew Neck T-Shirts (No V-Neck)

___ 4 Light Gray Long Sleeve Sweatshirts

___ 4 Pairs of Light Gray Gym Sweat Shorts (Longer Length; Mesh is acceptable)

Boxer Briefs

___ 4 Pair of Light Gray Sweatpants (No Pockets)

___ 2 Pair Thermal Underwear/Long Johns (Oct-Mar and Jan-Jun classes only)

___ 2 Plain Bath Towels (Dark Green or Brown)

___ 2 Plain Washcloths (Dark Green or Brown)

___ 2 Toothbrushes

___ 3 Tubes of Toothpaste (Large)

___ 1 Nail Clipper (Single, No Case or Manicure Set)

___ 1 Large Bottle of Unscented Sunscreen SPF 30

___ 2 Sticks of Deodorant (Stick Only)

___ 4 Sticks of Chap Stick SPF 30 (Non-flavored)

___ 2 Packs of Disposable Razors (No Scented Handles)

___ 2 Large Shaving Cream (Tube only, non-Aerosol)

___ 4 Bars of Soap – (No Bodywash)

___ 1 Plastic Toothbrush Holder

___ 1 Soap Holder

___ 3 Bottle of Shampoo (Approx 12 oz size)

Items for Female Cadets

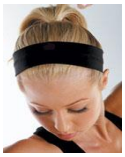
___ 1 One Piece Full Black Swim Suit

___ 5 White Sport Bras

___ 3 Bottles of Conditioner or Hair Grease (Approx 12 oz size)

___ 2 Containers of Hair Gel (If Needed)

___ 5 2-inch Black Cotton Hairbands



Optional Items for ALL Cadets

___ 1 Pair Gel Insoles for Shoes

___ 1 Pair Weight Lifting Gloves

___ 1 Tube/Bottle of Facial Wash (Not Multi-Stage System like ProActive)

___ 1 Floss Pics (Plastic White Generic Type)

___ 1 Bible

Do Not Bring:

- Prescription contact lenses (Bring eyeglasses)
- Nail Files
- Excessively Baggy Shorts or Short Shorts. (Shorts should be at least half way to your knee but not below.)
- Clothing items with logos on them
- Jewelry and Watch (please remove all body piercings)
- Aerosols of any kind
- Religious items (other than Bible)
- Suitcase, duffel bag, backpack, purse, wallet, money, cell phone, laptop, tablet

For items not available locally, please check websites such as Jiffyshirt.com, Hanes.com, and Walmart.com. If you are unable to find shorts or sweatpants without pockets, please sew pockets shut.

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Application Checklist

Instructions:
Fill out all paperwork completely; do not leave anything blank. Please make sure copies of the documents listed below are completed and submitted with your six-page Cadet Application. These items must be submitted before WCCA will review your application for an Acceptance decision. Incomplete applications are not reviewed for Acceptance.

If you do not have a driver license you can go to the nearest WYDOT licensing facility and obtain a Wyoming State Identification (ID) card. ***A high school ID Card is NOT acceptable.***

The sports physical must be **less than 6 months old** from class start date. Vision Exam or results must be less than 12 months old. Dental Exams must be within the past 6-9 months.

- ☐ **Parent/Guardian Understanding and Release of Liability**
- ☐ **Consent to Obtain or Release Information**
- ☐ **Driver License or Photo ID (COPY) (Must bring photo ID card on Reception Day)**
- ☐ **Social Security Card (COPY)**
- ☐ **Birth Certificate (COPY)**
- ☐ **Applicant Questionnaire**
- ☐ **2 x Proposed Adult Mentors' Contact Info (Cadet Application, Pg 3 of 6)**
- ☐ **1 x Proposed Mentor Application**
- ☐ **Immunization Records (COPY)**
- ☐ **Medical/Health Insurance Card (COPY)**
- ☐ **Academic Choice Selection Form**
- ☐ **Most recent High School Transcript (COPY)**
- ☐ **IEP (COPY) If applicable**
- ☐ **Sports Physical Exam within 6 months prior to class start (COPY)**
- ☐ **Dental & Eye Health Exams/Verification from doctor/dentist (COPY)**
- ☐ **3 x Medical related Forms (Applicant Medical Information; Medication Sharing Form; Medical Insurance Information Sheet)**
- ☐ **Legal / Court Custody Documents**

Please retain this sheet for your records

Mail, FAX or scan/email all application documents to:

Mail: WCCA, Attn: Recruiting/Admin
PO Box 697
Guernsey, WY 82214

Email: wcca@wyo.gov **FAX:** 307-836-7525

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Guernsey, Wyoming 82214
(307) 836-7500

Tammie Kennedy, RN, BSN
Medical Officer/Nurse
(307) 836-7510 Office
(307) 836-7525 Fax
Email: tammie.kennedy@wyo.gov

Sports Physical Exam Form

Name:_____ **DOB:** ___/___/___ **Sex: M F**

HT:_____**inches WT:** _____ **pounds** **Temp:** _____ **Pulse:** _____ **Resp:** _____ **B/P:** _____

STI exposure: Y N **Tanner Scale:**_____ **Substance Use:** _____

Females ONLY: **LMP:** ____/____/____ **Menarche:**_____ **years old** **Dysmenorrhea Y N**

Vision test: R: _____/_____ **L** _____/_____ **Both** _____/_____ ***(It is preferred that cadet have 2 pair of glasses)***

(Note to Parents: If Vision test is 20/20, or better, page 4 is not required)

System	Normal	Initial Normal	Abnormal Findings
General			
MS	FROM all joints; No Pain, Deformity		
EENT	WNL		
Lymph	WNL		
CV	WNL (For Abnormal: cardiac workup prior to clearance)		
Respiratory	WNL		
Abdomen	WNL		
Derm	WNL: No Scabies or Pediculosis		
Genitals	(Males ONLY) WNL		
Neuro	WNL		
Extremities	WNL		

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Tammie Kennedy, RN, BSN
Medical Officer/Nurse
(307) 836-7510 Office
(307) 836-7525 Fax
Email: tammie.kennedy@wyo.gov

Current Medications:

_____

_____

_____

Has individual stopped taking prescription medications within the last 3 months? If yes, list medications, reason for taking medication(s) and reason for discontinuing

_____

_____

_____

(please ensure student will have refills for the entire 5 ½ month residency)

Allergies:_____

_____

I have examined the above individual and:

[ ] Declare the individual CLEARED without any restrictions to activity and is ready for entrance into WCCA.

(Cadets will be required to do strenuous physical activity daily, including, but not limited to: running, jumping, push-ups, climb stairs and lift a minimum of 20 lbs.)

[ ] Recommend the individual be followed by a physician for medical reasons (please specify below):

[ ] Restrict physical activity to exclude the following activities (please specify below):

[ ] NOT recommended for entrance into WCCA

_____

_____

_____

_____
Signature and Title of Examiner **Date**

_____
Printed Name and Title **Name of Clinic**

_____
Address

_____
Phone Number **Fax Number**

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P.O. Box 697
Guernsey, Wyoming 82214
(307) 836-7500

Tammie Kennedy, RN, BSN
Medical Officer/Nurse
(307) 836-7510 Office
(307) 836-7525 Fax
Email: tammie.kennedy@wyo.gov

Dental Health Verification

This form is to be completed by primary dental provider prior to admission to ensure they are ready and able to participate.
Only previously scheduled and urgent dental issues are permitted during your child's attendance at WCCA. Routine work will be deferred until the post-residency phase.

Name:_____ **DOB:** ___/___/___ **Sex: M F**

Date of Last Dental Exam: ___/___/___ **Results:**_____

Does the applicant:

Need fillings or extractions that require immediate attention:

_____

_____

Have previous extractions (including wisdom teeth) and date completed:

_____

_____

Have dental conditions in need of urgent attention in the following six (6) months.

_____

_____

List any removable prosthetics or retainers:

_____

_____

Require a night guard or any special mouth care on a daily basis?

_____

_____

Have a TMJ problem?

_____

This applicant WILL / WILL NOT be able to complete a 5 ½ month training program without dental intervention.

_____

Signature and Title of Person Completing this Form **Date**

_____

Printed Name and Title **Name of Clinic**

_____

Address

_____

Phone Number **Fax Number**

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Medical Officer/Nurse
(307) 836-7510 Office
(307) 836-7525 Fax
Email: tammie.kennedy@wyo.gov

Vision Examination Record

(This page is NOT required if Sports Physical Exam Form states Vision at 20/20, or better)

Name:_____ **DOB:** ___/___/___ **Sex: M F**

Examination Results:

_____

Recommendations:

_____

Vision test: R: _____/_____ **L** _____/_____ **Both** _____/_____

RX

	Sphere	Cylinder	Axis	Prism	Add	DVA	NVA
O.D.							
O.S.							

(It is preferred that cadet have 2 pair of glasses)

_____

Signature and Title of Examiner **Date**

_____

Printed Name and Title **Name of Clinic**

_____

Address

_____

Phone Number **Fax Number**