

# Nawa Summer Programs

## APPLICATION FOR ADMISSION

FOR OFFICE USE ONLY

Dt. App. Rec. \_\_\_\_\_  
App. Compl. \_\_\_\_\_  
Deposit \_\_\_\_\_  
Dt. Deposit Rec. \_\_\_\_\_  
Interview \_\_\_\_\_

Today's Date \_\_\_\_\_

Applicant's Full Name \_\_\_\_\_  
(Last) (First) (Middle)

Male  Female

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Citizenship \_\_\_\_\_

Applicant's Home Address \_\_\_\_\_  
(Street)

(City) (State) (Zip) (Country) (Phone Number)

Applicant lives with  Mother  Father  Legal Guardian  Other (explain) \_\_\_\_\_

In case of an emergency, notify \_\_\_\_\_  
(Last) (First)

Relation to applicant \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

How did you hear about Nawa Academy? \_\_\_\_\_

Check if Applicable  Father Deceased  Parents Divorced  Father Remarried  
 Mother Deceased  Parents Separated  Mother Remarried

Student At-A-Glance Info: Applying to which program? *Not yet sure which program? That's okay!  
We will work closely with you to find the best fit.*

Current Age \_\_\_\_\_  Lassen Expedition \_\_\_\_\_

Current Grade Level \_\_\_\_\_  Girls on the Go \_\_\_\_\_

\_\_\_\_\_  Great Challenge \_\_\_\_\_

Summer T-Shirt \_\_\_\_\_  Trinity Challenge \_\_\_\_\_  
Size

Note: All summer programs listed  Experience China \_\_\_\_\_  
include a Summer T-Shirt. Please

indicate shirt size: Transcripts included?  Yes  No

FOR OFFICE USE ONLY  Yes  No  
Academ Subject: \_\_\_\_\_  
Transcripts Rec: \_\_\_\_\_  
Transcripts Complete: \_\_\_\_\_

Immunization records included with application?  Yes  No

Registration is on a first-come, first-served basis, with spaces limited. Please make checks payable to Nawa.  
A \$500 deposit is required to reserve a space in our summer programs.

Student Snapshot  
(optional)

Updated: 5-08

### NAWA SUMMER PROGRAMS

17351 Trinity Mountain Road • French Gulch, CA 96033 • www.nawa-summer-programs.com

(800) 358-6292 • (530) 359-2215 • Fax (530) 359-2229 • e-mail: info@nawa-academy.com

## Family Information

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

(Address) \_\_\_\_\_ (Address) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation/Title \_\_\_\_\_ Occupation/Title \_\_\_\_\_

Name of Business \_\_\_\_\_ Name of Business \_\_\_\_\_

Fax Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Who is the legal guardian?: (check all that apply) Name \_\_\_\_\_

Father  Stepfather (Address) \_\_\_\_\_

Mother  Stepmother (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Other (specify and give address) \_\_\_\_\_ Phone \_\_\_\_\_

Name of Parent/Guardian who is financially responsible for applicant: \_\_\_\_\_

Who should receive reports and other general notices? Name \_\_\_\_\_

Father (Address) \_\_\_\_\_

Mother (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Other (specify and give address) \_\_\_\_\_ Phone \_\_\_\_\_

Paternal Grandparents Maternal Grandparents

Name \_\_\_\_\_ Name \_\_\_\_\_

(Address) \_\_\_\_\_ (Address) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Please give names and ages of brothers and sisters \_\_\_\_\_

Academic courses currently taking (include approximate grade)	Which academic course would you like to take this summer?
	1st Choice:
	2nd Choice:
	3rd Choice:
	4th Choice:



# Background Questionnaire

## Previous Outdoor / Travel Experience

NOTE: Applicant is not required to have previous knowledge or training in any category to participate in any summer program.

	Beginner	Intermediate	Experienced
Family Camping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backpacking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rock Climbing (with ropes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
River Rafting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
International Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please include any comments about experience levels and/or phobias: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has the applicant ever attended another outdoor program?  Yes  No

If yes, which one? \_\_\_\_\_

Was the program completed?  Yes  No

If no, explain reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Dietary Information

Is the applicant practicing any specific diet?  Yes  No

If yes, explain: \_\_\_\_\_

Which foods will not be eaten? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional dietary needs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# Parent / Student Questionnaire

Parent: Please describe goals for the applicant while enrolled with Nawa during the summer: \_\_\_\_\_

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Student: Please have applicant describe his/her goals while enrolled at Nawa: \_\_\_\_\_

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What subjects do you find most difficult? Please explain: \_\_\_\_\_

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What subject(s) do you enjoy most? Please explain: \_\_\_\_\_

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If your best friend were to describe you, what would he/she say about you? \_\_\_\_\_

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What are some of your favorite hobbies (things to do)? Please explain: \_\_\_\_\_

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\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Please send your deposit payable to:  
NAWA  
17351 Trinity Mountain Road  
French Gulch, CA 96033

# Medical Questionnaire

(NOTE: A copy of the applicant's IMMUNIZATION RECORD is REQUIRED to enroll in Nawa)

Provide a copy of the applicant's medical insurance card  
Proof of Hepatitis B exam is required for all students entering 7th grade

General Medical History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Allergies: Poison Oak Y/N Bee Stings Y/N Do you carry a sting kit? Y/N

Other: (drug, asthma, hay fever, etc.) \_\_\_\_\_

Check if any of the following diseases have occurred in your immediate family:

- |                                       |                                                                     |                                        |                                               |
|---------------------------------------|---------------------------------------------------------------------|----------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Kidney Disease                             | <input type="checkbox"/> High BP       | <input type="checkbox"/> Allergies            |
| <input type="checkbox"/> Diabetes     | <input type="checkbox"/> Cancer                                     | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Neurological Disease |
| <input type="checkbox"/> Epilepsy     | <input type="checkbox"/> Familial or Hereditary Bleeding Tendencies |                                        |                                               |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social History: Where born? \_\_\_\_\_

Recently been outside USA?  Yes  No

If yes, where? \_\_\_\_\_

What length of time? \_\_\_\_\_

Past History (check any of the following illnesses you have had)

- |                                                  |                                               |                                        |
|--------------------------------------------------|-----------------------------------------------|----------------------------------------|
| <input type="checkbox"/> 3 Day Measles (Rubella) | <input type="checkbox"/> Colitis              | <input type="checkbox"/> Diabetes      |
| <input type="checkbox"/> Hard Measles (Rubeola)  | <input type="checkbox"/> Arthritis            | <input type="checkbox"/> Peptic Ulcer  |
| <input type="checkbox"/> Mumps                   | <input type="checkbox"/> Diptheria            | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Chicken Pox             | <input type="checkbox"/> Malaria              | <input type="checkbox"/> Other         |
| <input type="checkbox"/> Scarlet Fever           | <input type="checkbox"/> Hepatitis (Jaundice) | _____                                  |
| <input type="checkbox"/> Rheumatic Fever         | <input type="checkbox"/> T.B.                 | _____                                  |

Operations: \_\_\_\_\_

Other Hospitalizations: \_\_\_\_\_

Serious accidents or injuries not listed above: \_\_\_\_\_  
\_\_\_\_\_

Medications currently taken: \_\_\_\_\_

Preferred times administered:  a.m. \_\_\_\_\_  noon \_\_\_\_\_  p.m. \_\_\_\_\_  other \_\_\_\_\_

Blood Transfusions (date & reason): \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Comments: \_\_\_\_\_

# Emergency Notification and Data Sheet

Student/Camper: \_\_\_\_\_

(1) Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

(2) Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

## In An Emergency Notify

(1) Name: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Best Times to Call: \_\_\_\_\_

(2) Name (someone in another city or state): \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Best Times to Call: \_\_\_\_\_

## Medical Insurance Billing Information

Company Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Policy/I.D. Number: \_\_\_\_\_

Address: \_\_\_\_\_

Comments: \_\_\_\_\_

Provide a copy of the applicant's medical insurance card

Proof of Hepatitis B exam is required for all students entering 7th grade • A copy of the applicant's IMMUNIZATION RECORD is REQUIRED



## Authorization to Consent to Treatment of Minor

(If under 18 years old)

(I) (WE), the undersigned, parent(s) of \_\_\_\_\_ a minor, do hereby authorize Nawa as agents for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician, surgeon, and anesthesiologist, licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgement may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Parent: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Parent: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Witness: \_\_\_\_\_ Date Signed: \_\_\_\_\_

### Insurance Billing Information

Carrier: \_\_\_\_\_

I.D./Certification#: \_\_\_\_\_

Address: \_\_\_\_\_

# NAWA SUMMER PROGRAMS

## Admission Agreement

This is an agreement for admission dated \_\_\_\_\_, between Nawa and \_\_\_\_\_ referred to in this agreement as Parent. Parent wishes to enroll \_\_\_\_\_ age \_\_\_\_\_ in the \_\_\_\_\_ summer program.

(Parent Name)

(Date)

(Student Name)

(Program Name)

Initial Here

1. Nawa requires a \$500.00 deposit to reserve a space. The deposit is subtracted from the listed price of the summer program chosen. This deposit is refundable only if a cancellation is received in writing prior to 20 days before the day of summer registration.
2. Summer program tuition minus deposit is due and payable on or before the day of summer registration. Exceptions must be agreed to in advance between Parent and Nawa.
3. Tuition refunds will not be given for parent withdrawal or if the minor is expelled from the program. By separately initialing this paragraph, parent confirms that he/she understands and agrees with Nawa's tuition refund policy.
4. Nawa reserves the right to expel minor for just cause. Cause for expulsion may include, but is not limited to: illegal behavior (including substance abuse), physical danger to self or others, out of control behavior, failure to pay tuition, and failure to provide adequate and/or accurate information regarding the minor's medical and/or psychological diagnosis and treatment prior to enrollment.
5. Nawa provides the following services as a part of the tuition charge: adult care and supervision of campers, meals and snacks, educational instruction in academic courses and wilderness and rescue classes, use of facilities at Base Camp, safe and proper equipment for each challenge, qualified instructors and staff, staff management of all prescription medications, and transportation to and from challenges, airport or bus station (upon arrival or departure) and to medical care as needed.
6. Nawa will provide the following services with associated costs billed or charged separately to parents: medical/dental charges, spending money, clothing, and personal items.
7. Nawa reserves the right to use any photographs or video tapes of program participants for publicity purposes and maintains sole proprietorship of all photographs and video tapes.
8. Parent agrees to provide medical insurance for minor, and/or to reimburse all providers for medical costs associated with minor.
9. Parent is responsible for all medical costs associated with injury resulting from accidents and sickness while camper is enrolled in the program. Parent acknowledges that even though Nawa takes prudent and proper precautions against injury, there are inherent risks and dangers to camping and participating in wilderness and rescue training. As such, Parent agrees to read and sign the Assumption of Risk and Responsibility form prior to minor's participation in program.
10. Parent is responsible for the cost of transportation between home and camp and holds Nawa harmless when camper uses public transportation.
11. Nawa does not discriminate regarding race, sex, color, religion, natural origin, or ancestry in its admission policies and services offered to campers.

Updated: 1-08

# NAWA SUMMER PROGRAMS

## Admission Agreement Continued

- 12. If any legal action is necessary to enforce the terms of this agreement, the prevailing party shall be entitled to reasonable attorney's fees in addition to any other relief to which that party may be entitled.
- 13. The Summer Program Admission Agreement, Summer Camp/School Application, Summer Camp/School Application Questionnaire, Summer Camp/School Application Medical Information, Summer Camp/School Application Emergency Notification and Data Sheet, Authorization to Consent to Treatment of Minor, Acknowledgment of Risks, Assumption of Risk and Responsibility, Release of Liability and Acknowledgement Risk Form for Participation on National Forest Land, collectively and in their entirety, constitute the entire agreement of the parties relating to the rights, duties and obligations of all parties. Any oral representations or modifications concerning this agreement shall be of no force or effect unless contained in a subsequent written modification signed by all parties.
- 14. Tuition rate for the above services:

Program \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_  
(Program Name)

Program Cost \_\_\_\_\_  
(Refer to our web site for current prices)

\_\_\_\_\_  
 Parent

\_\_\_\_\_  
 Director, Nawa

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

- and -

- or -

\_\_\_\_\_  
 Student (if age 18 or above)

\_\_\_\_\_  
 Administrator, Nawa

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

Please send your deposit payable to:  
 NAWA  
 17351 Trinity Mountain Road  
 French Gulch, CA 96033

Updated: 1-08



## ACKNOWLEDGMENT OF RISKS • ASSUMPTION OF RISK AND RESPONSIBILITY • RELEASE OF LIABILITY

**WARNING:** NAWA takes precautions to provide proper organization, supervision, instruction, equipment and supplies for participation in programs; maintains commercial general liability insurance; and recognizes that there could be cases where we could be liable for an accident or injury. However, there are significant elements of risk - physical, emotional or mental in nature - in any adventure, sport, activity or training associated with the outdoors or wilderness, including development of wilderness skills, safety and rescue techniques, and teamwork; camping, caving, hiking, technical rock climbing, rappelling, swimming, canoeing and/or rafting (referred to herein as “activity”) and the use of any related equipment.

**ACKNOWLEDGMENT OF RISKS:** I recognize the fact that there is an inherent danger in this type of activity. These risks may result in serious injury or death, and include but are not limited to: 1) falls; 2) cold weather related injuries including hypothermia; 3) heat related illnesses including heat exhaustion and heat stroke; 4) altitude related sicknesses; 5) an “act of nature” which may include rock fall, crevasse fall, high winds, and change in temperature or water flow; 6) river crossings or travel including travel to or from activity; 7) risk associated with crossing, climbing, or down climbing rock; 8) equipment failure; 9) overturn of watercraft; 10) my physical coordination, and ability to follow directions.

I realize that personal property may be lost or damaged, that certain foreseeable and unforeseeable events can contribute to the unpredictability of the activity; that using the “buddy-system” is a basic safety precaution while swimming; that I may suffer accidents or illnesses in remote places where there are no available medical facilities; that wearing appropriate clothing and footwear are basic safety precautions; that wearing a U.S. Coast Guard approved personal floatation device is a basic safety precaution while in or upon any water craft; and that I should ask about other potential risks, dangers and hazards and recommended precautions and procedures.

**EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY:** In recognition of the inherent risks of the activity which I and any minor children for which I am responsible, will engage in, I confirm that I am (we are) physically and mentally capable of participating in the activity and/or using equipment. I/We participate willingly and voluntarily and I assume full responsibility for personal injury, accidents or illness, including death. I also assume responsibility for damage to or loss of personal property as the result of any accident that may occur.

I assume the risk(s) of personal injury, accidents and/or illness, including but not limited to sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions, and/or contusions; dehydration, oxygen shortage (anoxia), exposure and/or altitude sickness; head, neck, and/or spinal injuries; animal bite or attack, insect bite, allergic reaction; shock, paralysis, drowning, and/or death; and acknowledge that if, during the activity, I/we experience fatigue, chill and/or dizziness, it may diminish my/our reaction time and increase the risk of accident.

**CONVENANT OF GOOD FAITH:** I recognize that you, as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate an activity due to forces of nature, medical necessities or problems in the group; and/or refuse or terminate the participation of any person you judge to be incapable of meeting the rigors or requirements of participating in the activity. I accept your right to take such actions for the safety of myself and/or other participants.

**AUTHORIZATION:** I hereby authorize any medical treatment deemed necessary in the event of any injury while I am participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf. I agree that any photographs of me/us, as program participants, become your property and may be used for publicity purposes.

**RELEASE:** In consideration of services or property provided, I, for myself and any minor children for whom I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns, do hereby release: **NAWA**, its principals, directors, officers, agents, employees and volunteers, and each and every land owner, municipal and/or governmental agency upon whose property an activity is conducted, from all liability and waive any claim for damage arising from any cause whatsoever (except that which is the result of gross negligence).

**I HAVE READ THE FOREGOING ACKNOWLEDGMENT & ASSUMPTION OF RISK AND RESPONSIBILITY AND RELEASE OF LIABILITY. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I MAY BE WAIVING VALUABLE LEGAL RIGHTS.**

Participant’s Name (printed): \_\_\_\_\_ Participant’s Signature: \_\_\_\_\_

In an emergency, notify: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age of Participant: \_\_\_\_\_

If the Participant is under 18, the Parent or Legal Guardian must also sign: \_\_\_\_\_



## ACKNOWLEDGMENT OF RISK FORM FOR PARTICIPATION ON NATIONAL FOREST LAND

**WARNING:** NAWA takes precautions to provide proper organization, supervision, instruction, equipment and supplies for participation in programs; maintains commercial general liability insurance; and recognizes that there could be cases where we could be liable for an accident or injury. However, there are significant elements of risk - physical, emotional or mental in nature - in any adventure, sport, activity or training associated with the outdoors or wilderness, including development of wilderness skills, safety and rescue techniques, and teamwork; camping, caving, hiking, technical rock climbing, rappelling, swimming, canoeing and/or rafting (referred to herein as “activity”) and the use of any related equipment.

**ACKNOWLEDGMENT OF RISKS:** I recognize the fact that there is an inherent danger in this type of activity. These risks may result in serious injury or death, and include but are not limited to: 1) falls; 2) cold weather related injuries including hypothermia; 3) heat related illnesses including heat exhaustion and heat stroke; 4) altitude related sicknesses; 5) an “act of nature” which may include rock fall, crevasse fall, high winds, and change in temperature or water flow; 6) river crossings or travel including travel to or from activity; 7) risk associated with crossing, climbing, or down climbing rock; 8) equipment failure; 9) overturn of watercraft; 10) my physical coordination, and ability to follow directions.

I realize that personal property may be lost or damaged, that certain foreseeable and unforeseeable events can contribute to the unpredictability of the activity; that using the “buddy-system” is a basic safety precaution while swimming; that I may suffer accidents or illnesses in remote places where there are no available medical facilities; that wearing appropriate clothing and footwear are basic safety precautions; that wearing a U.S. Coast Guard approved personal floatation device is a basic safety precaution while in or upon any water craft; and that I should ask about other potential risks, dangers and hazards and recommended precautions and procedures.

**EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY:** In recognition of the inherent risks of the activity which I and any minor children for which I am responsible, will engage in, I confirm that I am (we are) physically and mentally capable of participating in the activity and/or using equipment. I (we) certify that I (we) have the necessary skills and ability to participate in the said activity and assume full responsibility for myself (ourselves) for bodily injury, death and loss of personal property and expenses thereof as a result of my (our) negligence in participating in said activity except to the extent such damage or injury may be due to the negligence of NAWA.

I assume the risk(s) of personal injury, accidents and/or illness, including but not limited to sprains, torn muscles and/or ligaments; fractured or broken bones; eye damage; cuts, wounds, scrapes, abrasions, and/or contusions; dehydration, oxygen shortage (anoxia), exposure and/or altitude sickness; head, neck, and/or spinal injuries; animal bite or attack, insect bite, allergic reaction; shock, paralysis, drowning, and/or death; and acknowledge that if, during the activity, I/we experience fatigue, chill and/or dizziness, it may diminish my/our reaction time and increase the risk of accident.

**COVENANT OF GOOD FAITH:** I recognize that you, as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to terminate an activity due to forces of nature, medical necessities or problems in the group; and/or refuse or terminate the participation of any person you judge to be incapable of meeting the rigors or requirements of participating in the activity. I accept your right to take such actions for the safety of myself and/or other participants.

**AUTHORIZATION:** I hereby authorize any medical treatment deemed necessary in the event of any injury while I am participating in the activity. I agree that any photographs of me/us, as program participants, become your property and may be used for publicity purposes.

**Agreement:** I (we) also agree to abide by the rules or instructions given to (us) either verbally or in writing by NAWA. I (we) further understand that NAWA reserves the right to refuse to allow any person to participate who is judged to be incapable of meeting the rigors and requirements of participating in said activity.

I (we) have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me (us) during the entire period of participation in the said activity.

**I HAVE READ THE FOREGOING ACKNOWLEDGMENT & ASSUMPTION OF RISK. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I MAY BE WAIVING VALUABLE LEGAL RIGHTS.**

Participant’s Name (printed): \_\_\_\_\_ Participant’s Signature: \_\_\_\_\_

In an emergency, notify: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age of Participant: \_\_\_\_\_

If the Participant is under 18, the Parent or Legal Guardian must also sign: \_\_\_\_\_

# NAWA SUMMER PROGRAMS

## Transcript Release Form

Fully accredited by the  
Western Association of Schools and Colleges

Parent/Guardian: Please submit to your current school's registrar:

School Registrar: Please mail this form to the Admissions office at Nawa.

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Student Name: \_\_\_\_\_

Applicant's Home Address: \_\_\_\_\_  
(Street)

(City) (State) (Zip) (Country) (Phone Number)

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name of Present School: \_\_\_\_\_

School Address: \_\_\_\_\_  
(Street)

(City) (State) (Zip) (Country) (Phone Number)

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### To the Guidance Office or Registrar:

Please send a current transcript to:

Nawa Summer Programs  
Director of Admissions  
17351 Trinity Mountain Road  
French Gulch, CA 96033

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Signed: \_\_\_\_\_  
Parent or Legal Guardian

Date: \_\_\_\_\_

## Random Drug Testing Parent Permission Form

Substance abuse is prevalent in all areas of our society. Nationally recognized studies have demonstrated repeatedly that most students in grades 7-12 have, at least once, tried some form of substance abuse. Many experiment much more than their parents ever suspect. In a school that does not worry about substance abuse until an overdose, or behavior that sabotages educational performance, testing is viewed as a nuisance and possible infringement upon a teenagers rights.

However, Nawa feels differently. We are concerned with substance abuse because we know the tragic effects it can have on ones education and ones life. Impulsiveness and low self-esteem are not uncommon with this age group. Substance abuse simply magnifies these issues and makes them chronic problems. Therefore, Nawa believes strongly in prevention and the best available form of prevention besides staff diligence is random testing. Please help us to help your child make good decisions by signing this Parent Permission Form.

This form must be signed in order for a student to enroll in Nawa.

I (parent or legal guardian name) \_\_\_\_\_ hereby give my  
 permission for Nawa to conduct occasional random drug testing of my child (child's name) \_\_\_\_\_  
 \_\_\_\_\_, date of birth \_\_\_\_\_, to be performed on site by a  
 trained and qualified staff member. I understand that data will be taken to a medical clinic or laboratory  
 that is chosen by Nawa for evaluation. I am willing to sign any required forms requested by the medical  
 clinic or laboratory and pay the costs for the drug testing.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_