

IN BALANCE RANCH ACADEMY



IN BALANCE
RANCH ACADEMY

ENROLLMENT APPLICATION TO BE COMPLETED BY PARENT OR GUARDIAN

**IN BALANCE RANCH ACADEMY ADMISSIONS OFFICE
6151 EAST GRANT ROAD
TUCSON, AZ 85712
Phone: (520) 722-9631
Fax: (520) 722-9676**

IN BALANCE RANCH ACADEMY

Pre-Enrollment Requirements

This packet is required **only** if the applicant is accepted for enrollment. It should **not be completed** until the applicant's acceptance is confirmed and you are instructed to proceed with this stage of the admissions process by the Admissions Office. There are a number of procedures that must be completed prior to the student's enrollment. Please read the following instructions carefully.

Travel Arrangements

Travel arrangements should not be made until you receive final confirmation of the student's acceptance for enrollment. The Admissions Director will advise you when all requirements have been met and recommend you proceed with travel arrangements. She will also want to review your proposed dates and flight specifics in order to assure that they are coordinated with school logistics. The Admissions Director will coordinate with the Academy and let you know when to confirm and pay for the student's airline tickets.

Several airlines offer service to Tucson, including United Airlines, Delta Airlines, Northwest Airlines, Continental Airlines and American Airlines. Students should fly into the Tucson International airport. Please try to schedule flights that arrive prior to 4:00pm. This allows students plenty of time to travel to the Academy and complete all enrollment procedures on the day they arrive.

When you confirm the student's reservation, it is a good idea to ask the airline's baggage policy including the number of bags each passenger is allowed to check and carry on the airplane.

Physical Exam

A physical examination is required and is best done prior to enrollment through your family physician. If the student is coming from a wilderness or other program and a physical was done there in the past three months, you may supply that to us and another physical will not be necessary. If it is not possible to obtain a physical given the timeline for enrollment, we will take students to a local Physician and will send parents a bill for his services. Please use the form included in this packet for the physical examination and be sure all laboratory results are included with the forms.

If the student has had a recent (within previous three months) physical examination, send a copy of the examination to the Admissions Office. The Admission Director will review the examination for appropriateness. In some cases, a new examination or certain laboratory tests may be required. A previous examination will be accepted only if it meets all requirements of the Academy's examination, including laboratory tests and medical clearance for physical activities. If the previous examination meets all requirements but does not contain an activity clearance, ask the physician that performed the most recent examination to complete the required *In Balance Ranch Academy Activity Clearance* form contained in the packet.

Should the physical examination identify or reveal conditions not considered during the admissions screening process, it will be necessary for the Admissions Committee to review this new information to determine the applicant's continued appropriateness for enrollment. If the new information includes conditions not typically accepted for enrollment, the student's acceptance may be withdrawn.

Immunizations

A copy of the student's immunization record must be received prior to enrollment. The enclosed form may be completed by the physician or by the parents. Immunizations must be current according to the schedule recommended by the Advisory Committee on Immunization Practices and the American Academy of Pediatrics.

Medical and Dental Insurance

Proof of medical insurance is required prior to the student's enrollment. *The Consent to Medical Treatment and Insurance Information* form must be completed and submitted to the Admissions Office, **along with a copy of the front and back of each insurance card** (Medical, Pharmacy, and Dental).

Medications

Students currently taking prescription medications are required to bring a **minimum of a 30-day supply with them at the time of enrollment**. All medications must be in the original container with the original label. It is recommended that medications be placed in a carry-on bag in case checked baggage is lost or delayed. Please be sure you or the person escorting the student to the Academy are in charge of handling and keeping the medications. Please give them to staff when you arrive on campus and they will put them in a locked storage area.

Please coordinate with your Admissions Director how you plan to order/send the student's medication supply. The Admissions Office will coordinate with the Academy and ensure that they know what medications the student is taking and how the medication is being transported. As noted above, all medication will be collected during the student's enrollment process and stored in the staff office in a locked cabinet. An assigned staff will routinely distribute to the student any prescribed medication according to the prescribed schedule.

Education Records

The Academy requires educational records for each high school attended by the student. Current credit transcript information is critical to developing an effective educational plan while at In Balance Ranch Academy. Fill out the *Request for Educational Records* form and send or hand carry it to the last school attended by the student. If the student has attended more than one school, please make additional copies of this form and send one form to each school.

Educational records should be sent to the In Balance Ranch Academy Admissions Office at the address on the form. Please remember that the faster we receive those records, the sooner we can begin planning an educational program for your son.

Enrollment Agreement

The *Enrollment Agreement* is a contract that details the terms of the student’s enrollment in In Balance Ranch Academy and the parent’s or financial sponsor’s acceptance of financial responsibility for the services to be provided. Both custodial parents must sign this document if custody is shared. If the financial sponsor is someone other than the custodial parents, the financial sponsor and each custodial parent must sign the *Enrollment Agreement*. The attachments detailing the terms of payment may be signed by the financial sponsor only.

The Agreement provided is the standard contract required by In Balance Ranch Academy. Its terms typically are not negotiable. Should you, however, request a modification to the Agreement, any changes must be reviewed by an attorney for In Balance Ranch Academy and may slightly delay the student’s enrollment.

When the signed Agreement is received by the Admissions Office, an authorized representative will sign the document to execute the Agreement of behalf of In Balance Ranch Academy. A copy of the fully executed agreement will be returned to you for your records.

Student Passport

If the student has a passport, please send the original for the student’s file to be used for future travel arrangements. If he does not have a passport, another picture identification can be substituted.

In Balance Ranch Academy
Pre-enrollment Requirements Checklist

Name of Student: _____ **Date Submitted:** _____

This pre-enrollment checklist is provided as a convenience to assist parents in completing the pre-enrollment requirements. After completing the requirements, please return to this checklist and mark each item completed. The checklist will help ensure that you submit all information and documents required prior to enrollment. If for any reason all documents listed on the checklist will not be submitted at the same time, please include an explanation including when the missing documents may be expected.

<input type="checkbox"/>	<p>Travel Arrangements (see <i>Pre-enrollment Requirements Instructions</i>)</p> <p style="padding-left: 40px;">Travel arrangements have been made following review by admissions counselor. Flight itinerary has been e-mailed or faxed to the Admissions Office</p>								
<input type="checkbox"/>	<p>Completed <i>Physical Examination</i> Form submitted to the Admissions Office</p> <p style="padding-left: 40px;">Activity Clearance has been provided. Form signed by the physician (if examination was provided by a physician’s assistant, it must be counter-signed by a physician)</p> <p style="padding-left: 40px;">Required laboratory test have been completed, including:</p> <table style="margin-left: 80px; border: none;"> <tr> <td style="padding-right: 40px;">Urinalysis</td> <td>CBC with differential</td> </tr> <tr> <td>Glucose</td> <td>Viral Hepatitis screen (A & B)</td> </tr> <tr> <td>VDRL</td> <td>HIV</td> </tr> <tr> <td>Tuberculosis skin test</td> <td>Sickle cell trait screening (if indicated)</td> </tr> </table> <p style="padding-left: 40px;">Laboratory test results are:</p> <p style="padding-left: 80px;">Attached to the physical examination form Being submitted separately to the Admissions Office</p>	Urinalysis	CBC with differential	Glucose	Viral Hepatitis screen (A & B)	VDRL	HIV	Tuberculosis skin test	Sickle cell trait screening (if indicated)
Urinalysis	CBC with differential								
Glucose	Viral Hepatitis screen (A & B)								
VDRL	HIV								
Tuberculosis skin test	Sickle cell trait screening (if indicated)								
<input type="checkbox"/>	<p>Completed <i>Student Immunizations</i> Record form submitted to the Admissions Office</p> <p style="padding-left: 40px;">Childhood immunizations are current</p>								
<input type="checkbox"/>	<p>Completed Consent to Medical Treatment and Insurance Information form submitted to the Admission Office with the following attachments:</p> <p style="padding-left: 40px;">Copy of front and back of medical insurance card Copy of front and back of pharmacy card Copy of front and back of dental insurance card</p>								
<input type="checkbox"/>	<p>Medication – 30 day supply of each prescribed medication will be:</p> <p style="padding-left: 40px;">Placed in student’s carry-on baggage Placed in student’s checked baggage</p>								

<input type="checkbox"/>	<p>Educational Records – The <i>Request for Educational Records</i> form submitted to each high school the student attended. The student’s educational records are:</p> <p style="padding-left: 40px;">Enclosed with this packet</p> <p style="padding-left: 40px;">Being sent directly to the Admissions Office by each school</p> <p style="padding-left: 40px;">Admissions Office should expect to receive educational records from different schools</p>
<input type="checkbox"/>	<p>Completed <i>Enrollment Agreement</i> submitted to Admissions Office</p> <p style="padding-left: 40px;">Signed appropriately as follows:</p> <p style="padding-left: 80px;">One Custodial parent only if custody is not shared and one parent has full custody</p> <p style="padding-left: 80px;">Both parents if custody is shared</p> <p style="padding-left: 80px;">Financial Sponsor if other than the parents</p>
<input type="checkbox"/>	<p>Student’s Passport, if applicable, submitted to Admissions Office</p> <p>Other picture identification submitted</p>

In Balance Ranch Academy
Student and Family Information

Student Information

First Name	Middle Name	Last Name	
Nick Name		Date of Birth	Date of Enrollment (office use)
Is Student Adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Student a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does student possess a current passport? Yes <input type="checkbox"/> No	Passport Expiration Date:
Street Address		Student's Social Security Number	Country of Citizenship (if other than USA)
City	State, Zip	Telephone Number	

Custody Information: Please include copies of all legal documents related to custody.

Biological Parent's Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married		
Parent/Guardian Full Name	Relationship	Type of Custody <input type="checkbox"/> Joint <input type="checkbox"/> Full	
Parent/Guardian Full Name	Relationship	Type of Custody <input type="checkbox"/> Joint <input type="checkbox"/> Full	

Father's Contact Information

Father's Full Name (First Middle Last)		<input type="checkbox"/> Living <input type="checkbox"/> Deceased	Social Security Number
Occupation and Employer		Business Telephone	Cellular Telephone
Street Address		Home Telephone	Date of birth
City	State, Zip	Fax	Email

Stepmother/Partner's Name (if applicable)		Social Security Number	
Employer/Occupation	Business Telephone	Fax	Email

Mother's Contact Information

Mother's Full Name (First Middle Last)		<input type="checkbox"/> Living <input type="checkbox"/> Deceased	Social Security Number
Employer and Occupation		Business Telephone	Cellular Telephone
Street Address		Home Telephone	Date of birth
City	State, Zip	Fax	Email

Stepfather/Partner's Name (if applicable)		Social Security Number	
Employer/Occupation	Business Telephone	Cellular Telephone	Email

Sibling Information

Name of Siblings	Gender	Age	Lives with (Mother, Father, Independent)

Guardian Information (if other than biological parents)

Guardian's Full Name (First Middle Last)		Relationship to Student	Social Security Number
Employer and Occupation		Business Telephone	Cellular Telephone
Street Address		Home Telephone	Other Telephone
City	State, Zip	Fax	Email

Guardian's Spouse/Partner (if applicable)		Date Married	Social Security Number
Employer/Occupation	Business Telephone	Cellular Telephone	Email

Financial Sponsor Information (if other than parents)

Sponsor's Full Name (First Middle Last)		Relationship to Student	Social Security Number
Agency/Organization Name (if applicable)		Business Telephone	Cellular Telephone
Street Address		Home Telephone	Other Telephone
City	State, Zip	Fax Number	Email

Emergency Contact Information (To Be Notified if Parents Cannot Be Reached)

Name of Emergency Contact		Relationship to Student	
Street Address		Home Telephone	Cellular Telephone
City	State, Zip	Business Telephone	Email

Name of Emergency Contact		Relationship to Student	
Street Address		Home Telephone	Cellular Telephone
City	State, Zip	Business Telephone	Email

Name of Emergency Contact		Relationship to Student	
Street Address		Home Telephone	Cellular Telephone
City	State, Zip	Business Telephone	Email

Demographic Information and Physical Description

Religious Preference	Race/Ethnicity	Student's Native Language	Other Languages spoken in home
Height	Weight	Eye Color	Hair Color
Pant Size (waist & length)	Shirt Size	Shoe Size	Boot Size

Referral Information

How did you hear about In Balance Ranch Academy? _____

Circle One:

- Educational Consultant/ Boarding School Relative Friend*
Therapist/Counselor Wilderness Program Substance Abuse Program
Internet search or Web site Parent of past/present In Balance Ranch Academy?
Other: Please Specify

Additional Comments: _____

If referred by an individual, please provide the following information.

Name of Referral Source		Title	
Organization Name		Business Telephone	Fax
Street Address		Home Telephone	Cellular Telephone
City	State, Zip	Email	

If referred by another school or program, please provide the following information.

Name of Referring School/Program	Contact Name (if applicable)
Street Address	Business Telephone
City	State, Zip

Student Information Provided by: (Name Printed and Signed of Parent/Guardian)

IN BALANCE RANCH ACADEMY: PARENT REPORT ON ADOLESCENT

Student Name: _____

I.

A. If your son was adopted, indicate age at adoption: _____

Who told him about the adoption and when: _____

What was his reaction: _____

B. What is the religion of the family? _____

Does your family have strong religious affiliations: [] yes [] no

Describe attendance/participation of your son and/or other members of your family.

C. Describe the current living situation of the family, i.e., apartment, own home, housing community.

II. Presenting Problems and History

A. Describe the reason for your son's admission to In Balance Ranch Academy.

1. When did this problem start?

2. Was there a precipitating event (something that caused this)?

3. How has this problem changed over time?

4. Describe any changes (which have occurred over time) in your attitude about your son's problems.

IN BALANCE RANCH ACADEMY: PARENT REPORT ON ADOLESCENT

Student Name: _____

B. Current Problems/Symptoms: Please check the box in front of each and every emotion that applies for your son. Also, please rate the intensity of that emotion for each item you have endorsed by circling the number. Use a 1 to 10 rating. 1 will indicate a very mild level of emotion. 10 will indicate an extreme level of emotion. **Base your rating on your son's behavior over the last six months.**

1. Emotions

<input type="checkbox"/> Happy	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/> Sad	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/> Fearful	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/> Worried	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/> Anxious/ Tense	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/> Hopeless	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/> Easily Frustrated	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/> Angry	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/> Moody	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/> Defensive	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/> Hostile	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/> Rageful	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/> Other	1	2	3	4	5	6	7	8	9	10

Define Other : _____

IN BALANCE RANCH ACADEMY: PARENT REPORT ON ADOLESCENT

Student Name: _____

2. Emotional Expression: (Please check each one which applies for your son)

- Over Controlled – feelings seldom openly displayed.
- Under Controlled – feelings displayed in impulsive and intense fashion.
- Emotional Expression varies quite a bit.
- Problems typically openly admitted.
- Problems typically denied.
- Other: Define: _____

3. Behavior: (Please circle each one that applies for your son)

Talks of suicide Has attempted suicide Nightmares Destroys things
Impulsive Agitated/Hyperactive Disorganized Skips school Legal problems
Runaway Perfectionist Compulsive Obsessive Drinking alcohol
 Gambling Cigarettes Sexually promiscuous Cutting own skin
Other: Define: _____

4. Cognition/Thinking: (Please circle each one which applies to your son)

Difficulty concentrating Distractible Poor memory for day to day events
Confused Racing thoughts Difficulty making simple decisions
Other: Define: _____

5. Self: (Please circle each one which applies for your son)

Dislikes Self Neglects Self-Care Guilty Injures Self/Self Abuse Inflated Ego
Other: Define: _____

IN BALANCE RANCH ACADEMY: PARENT REPORT ON ADOLESCENT

Student Name: _____

6. Social Functioning: (Please circle each one which applies for your son)

Isolates from peers Feels alone Shy Dependent Feelings easily hurt Fights
Over-Responsible Lacks self confidence Self-centered Lies
Uncooperative No respect for others Bossy/Domineering Argues
Irresponsible Resentful Suspicious Initiates conflict Threatens
Holds grudges Affiliates with gangs

Other: Define: _____

7. Stress-Related Health Functioning: (Please circle each one which applies to your son)

Complains of feeling sick Fatigued Eating more Eating less Tics
Compulsive exercise More energy than normal Less energy than normal
Sleeping more than normal Sleeping less than normal Weight gain Weight loss
Headaches Tremors

Other: Define: _____

8. Despite all the problems/symptoms you have noted about your son, what are his unique strengths and assets:

IN BALANCE RANCH ACADEMY: PARENT REPORT ON ADOLESCENT

Student Name: _____

C. Relationship between your son's problems and family functioning:

1. Describe the current status of your son's relationship with his mother. How is this different from what it was six months ago?

2. Describe current status of your son's relationship with his father. How is this different from what it was six months ago?

3. Are there any major stressors affecting the family as a whole right now? Please describe.

4. Describe current functioning of household where student currently resides:

IN BALANCE RANCH ACADEMY: PARENT REPORT ON ADOLESCENT

Student Name: _____

IV. Developmental History

A. Where was your son born? _____

Where there any problems with the pregnancy or delivery?

yes no If yes, please describe:

Full-Term baby? yes no

At what age did he:

Walk _____ Talk _____ Complete Toilet Training _____

Learn to Speak _____ Learn to Read _____

Was the baby unwanted by either parent, and if so, did that change?

Was the baby breast or bottle fed? _____

Did the baby like to be held and cuddled? _____

Describe any sleeping problems (i.e., nightmares, sleep walking):

B. Have you noticed any difficulties with your son's social adjustment or development?

Yes No If yes, please describe:

C. Has your son ever behaved in a way that frightened you:(i.e., cruelty to animals, fire-setting, bed-wetting, soiling, etc.) Yes No If yes, please describe:

D. Describe any fears, phobias, nervous habits or unusual reactions your son has had:

IN BALANCE RANCH ACADEMY: PARENT REPORT ON ADOLESCENT

Student Name: _____

E. Describe any sexual abuse history of your son: _____

F. Describe any physical abuse history of your son: _____

G. Please describe your son's relationship with:

a. Siblings: _____

b. Peers: _____

c. Extended-Family: _____

V. Recreational Information

A. Does your son participate in any organized sports or group activities? [] Yes [] No

If yes, please describe: _____

B. Does he have any interest or hobbies? [] Yes [] No If yes, please describe:

VI. Legal Information

A. Has your son ever been involved with the legal authorities? (CPS, Police, Juvenile Court)

[] Yes [] No If yes, please describe:

B. Is he currently under court supervision? [] Yes [] No If yes, please describe:

IN BALANCE RANCH ACADEMY: PARENT REPORT ON ADOLESCENT

Student Name: _____

VII. Family History

A. Has anyone else in the family experienced emotional/psychiatric problems?

Yes No If yes, please describe:

1. Family Member _____

Problem/Treatment/Data _____

2. Family Member _____

Problem/Treatment/Data _____

3. Has anyone in the family experienced problems with drugs or alcohol use? Yes No

If yes, please describe: Who? What type of problem? When did the problem occur? What treatment was utilized? With what success?

C. To your knowledge has there been any sexual abuse/molestation in the family, you

(either parent) grew up in? Yes No If yes, please describe:

D. To your knowledge has there been any physical abuse in the family, you (either parent)

grew up in? Yes No If yes, please describe:

IN BALANCE RANCH ACADEMY: PARENT REPORT ON ADOLESCENT

Student Name: _____

A. Briefly describe each parents' history (include natural and step parents). Review where born and raised, brothers, sisters, highest grade completed and any significant information:

B. Has anyone in the family ever committed suicide? **Yes** **No**

Who? _____

When/How? _____

C. Has a friend of your son's ever committed suicide? **Yes** **No**

Who? _____

When/How? _____

(Name/Relationship to Patient)

Date

In Balance Ranch Academy
Student Medical History

Name of Student: _____

Current Health Status

Current or Chronic Conditions Affecting the Student (Please Be Specific) <input type="checkbox"/> None Known
Known Activity Limitations (Please Be Specific) <input type="checkbox"/> None Known

Allergies (Please provide specific allergies, severity of each reaction, date of last reaction)

Medication Allergies <input type="checkbox"/> None Known <input type="checkbox"/> Aspirin <input type="checkbox"/> Penicillin <input type="checkbox"/> Sulfa Drugs <input type="checkbox"/> Iodine <input type="checkbox"/> Other (specify)
Food Allergies <input type="checkbox"/> None Known
Insect Bite Allergies <input type="checkbox"/> None Known <input type="checkbox"/> Bees <input type="checkbox"/> Wasps <input type="checkbox"/> Other (specify) Is Kit Required <input type="checkbox"/> Yes <input type="checkbox"/> No
Airborne Allergies (Hayfever, Grasses, Dust, Animal Hair, Etc.)
Other Allergies

Current Medications

Name of Medication	Date Prescribed	Dosage/Schedule	Reason for Medication

Vision, Hearing and Dental

<input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing Impairment	Hearing Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Vision Impairment	Eyeglasses <input type="checkbox"/> Yes <input type="checkbox"/> No Contacts <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Orthodontics	Braces <input type="checkbox"/> Yes <input type="checkbox"/> No Retainer <input type="checkbox"/> Yes <input type="checkbox"/> No

In Balance Ranch Academy
Student Medical History

Name of Student: _____

Injuries and Hospitalizations

Has applicant had any serious injuries? If so, please specify nature of injury and year of occurrence: <input type="checkbox"/> Yes <input type="checkbox"/> No
Has applicant ever been hospitalized for medical reason? If so, please explain reason and date of occurrence <input type="checkbox"/> Yes <input type="checkbox"/> No

Diseases/Medical Conditions (Has student had any of the following?)

Anemia <input type="checkbox"/> Yes <input type="checkbox"/> No	Epilepsy <input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle Weakness <input type="checkbox"/> Yes <input type="checkbox"/> No
Anorexia Nervosa <input type="checkbox"/> Yes <input type="checkbox"/> No	Frostbite <input type="checkbox"/> Yes <input type="checkbox"/> No	Mumps <input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No	Gonorrhea <input type="checkbox"/> Yes <input type="checkbox"/> No	Obesity <input type="checkbox"/> Yes <input type="checkbox"/> No
Arthritis <input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing Loss <input type="checkbox"/> Yes <input type="checkbox"/> No	Osgood Schlaugther <input type="checkbox"/> Yes <input type="checkbox"/> No
Bladder Infections <input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Disorder/Problem <input type="checkbox"/> Yes <input type="checkbox"/> No	Pneumonia <input type="checkbox"/> Yes <input type="checkbox"/> No
Bleeding Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Murmur <input type="checkbox"/> Yes <input type="checkbox"/> No	Polio <input type="checkbox"/> Yes <input type="checkbox"/> No
Bone Condition <input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis A <input type="checkbox"/> Yes <input type="checkbox"/> No	Rheumatic Fever <input type="checkbox"/> Yes <input type="checkbox"/> No
Bronchitis <input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis B <input type="checkbox"/> Yes <input type="checkbox"/> No	Scarlet Fever <input type="checkbox"/> Yes <input type="checkbox"/> No
Bulimia <input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis C <input type="checkbox"/> Yes <input type="checkbox"/> No	Sclerosis <input type="checkbox"/> Yes <input type="checkbox"/> No
Cancer <input type="checkbox"/> Yes <input type="checkbox"/> No	Herpes <input type="checkbox"/> Yes <input type="checkbox"/> No	Scoliosis <input type="checkbox"/> Yes <input type="checkbox"/> No
Chicken Pox <input type="checkbox"/> Yes <input type="checkbox"/> No	High Blood Pressure <input type="checkbox"/> Yes <input type="checkbox"/> No	Seizure Disorder <input type="checkbox"/> Yes <input type="checkbox"/> No
Circulation Problems <input type="checkbox"/> Yes <input type="checkbox"/> No	HIV Positive/AIDS <input type="checkbox"/> Yes <input type="checkbox"/> No	Sickle Cell Trait <input type="checkbox"/> Yes <input type="checkbox"/> No
Colds, Frequent <input type="checkbox"/> Yes <input type="checkbox"/> No	Joints, problem with <input type="checkbox"/> Yes <input type="checkbox"/> No	Sore Throats, Frequent <input type="checkbox"/> Yes <input type="checkbox"/> No
Constipation <input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney Infections <input type="checkbox"/> Yes <input type="checkbox"/> No	Syphilis <input type="checkbox"/> Yes <input type="checkbox"/> No
Convulsions <input type="checkbox"/> Yes <input type="checkbox"/> No	Measles, German <input type="checkbox"/> Yes <input type="checkbox"/> No	Ulcers <input type="checkbox"/> Yes <input type="checkbox"/> No
Dermatitis <input type="checkbox"/> Yes <input type="checkbox"/> No	Measles, Red <input type="checkbox"/> Yes <input type="checkbox"/> No	Whooping Cough <input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	Meningitis, encephalitis <input type="checkbox"/> Yes <input type="checkbox"/> No	
Diarrhea, Frequent <input type="checkbox"/> Yes <input type="checkbox"/> No	Migraine Headaches <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ear Infections <input type="checkbox"/> Yes <input type="checkbox"/> No	Mononucleosis <input type="checkbox"/> Yes <input type="checkbox"/> No	

**In Balance Ranch Academy
Student Medical History**

Name of Student: _____

If you answered yes to any items above, please provide additional information.

Condition	Date of Last Occurrence	Explanation

Additional Medical History

Provide any other medical information not previously listed and any other important information relating to the health history of the student.

Authorization for Release of Medical Information

The undersigned hereby attest that the medical information provided above is accurate and complete. We also authorize and consent to the release of any and all information about the student's medical or dental history, including student's medical and dental records, to any facility providing medical care or dental care and to emergency transport professionals.

Print Name	Signature of Parent/Guardian	Date Signed

In Balance Ranch Academy: Student Medical History

Name of Student: _____

Medical Provider Contact Information

Physician's Name (please print)		
Street Address	City	State, Zip
Telephone	Fax	
Email	Date of Last Examination	

Dentist's Name (please print)		
Street Address	City	State, Zip
Telephone	Fax	
Email	Date of Last Examination	

Orthodontist's Name (please print)		
Street Address	City	State, Zip
Telephone	Fax	
Email	Date of Last Examination	

Optometrist's Name (please print)		
Street Address	City	State, Zip
Telephone	Fax	
Email	Date of Last Examination	

Other Healthcare Provider's Name (please print)		
Street Address	City	State, Zip
Telephone	Fax	
Email	Date of Last Examination	

Authorization for Release of Medical Information: I hereby authorize the above medical providers to release information regarding the above named student to In Balance Ranch Academy and authorize In Balance Ranch Academy to release information regarding the student's health/status to them.

Print Name

Signature of Parent/Guardian

Date

**In Balance Ranch Academy
Professional Consultations**

Student Name (First Middle Last)

Date of Birth

Please list all educational consultants, counselors/therapists, physician and other professionals who have worked with the student. Indicate those professionals who should continue to be involved with the applicant and should receive progress reports from In Balance Ranch Academy (use additional copies of this form if necessary). If student has received a psychological or educational evaluation, please submit a copy with the Enrollment Application.

Full Name		Nature of Service	
Agency/Company Name		Dates of Service From: To:	Progress Reports <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		Business Telephone	Cellular Telephone
City	State, Zip	Fax	Email

Full Name		Nature of Service	
Agency/Company Name		Dates of Service From: To:	Progress Reports <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		Business Telephone	Cellular Telephone
City	State, Zip	Fax	Email

Full Name		Nature of Service	
Agency/Company Name		Dates of Service From: To:	Progress Reports <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address		Business Telephone	Cellular Telephone
City	State, Zip	Fax	Email

Authorization For Release of Information

I hereby authorize the above professionals to release information regarding the above named student to In Balance Ranch Academy and authorize In Balance Ranch Academy to release information regarding the student only to those professionals flagged above to receive Progress Reports

Print Name

Signature of Parent/Guardian

Date Signed

In Balance Ranch Academy Academic History

Student Information

Student Name (First Middle Last)	Date of Birth	Social Security Number
Street Address	City	State, Zip

Previous Schools

Please list all high schools attended (most recent first) with complete addresses and phone numbers. If additional space is needed, make a copy of this page or attach an additional sheet.

Name of School		Highest Grade Complete	
Street Address		Dates of Enrollment From: _____ To: _____	
City	State, Zip	Telephone Number	Fax Number
Reason for Withdrawal			

Name of School		Highest Grade Complete	
Street Address		Dates of Enrollment From: _____ To: _____	
City	State, Zip	Telephone Number	Fax Number
Reason for Withdrawal			

Name of School		Highest Grade Complete	
Street Address		Dates of Enrollment From: _____ To: _____	
City	State, Zip	Telephone Number	Fax Number
Reason for Withdrawal			

In Balance Ranch Academy
Request for Educational Records

Student Name (First Middle Last)	Date of Birth	Social Security Number
Street Address	City	State, Zip

Dear Registrar,

The above named student is being enrolled in In Balance Ranch Academy. Prior school records are needed to assist in academic planning. Please send copies of the following documents to the address at the bottom of the page:

- ◆ Verification of dates of enrollment and withdrawal
- ◆ Reason for withdrawal from your school and withdrawal grades
- ◆ Current credit transcript
- ◆ Educational evaluations, achievement test results, special education assessment
- ◆ IEP, if applicable
- ◆ Disciplinary records
- ◆ Health and immunization records
- ◆ Other records relevant to academic planning
- ◆ Graduation requirements for your school

Please do not send the original academic records as we would like it to remain on file at your school.

Thank you for your prompt attention to this request.

Authorization for Release of Information

The undersigned hereby grant permission to release all available school records for the above named student to the Registrar of In Balance Ranch Academy. Permission is granted to release the following records; official transcript of credit; withdrawal grades; special education records; IEP, educational assessment results; health records; immunization records; disciplinary reports; counseling information and any records pertaining to psychiatric or psychological evaluation of the student.

Print Name	Signature of Parent/Guardian	Date
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Send records to the following address:

*In Balance Ranch Academy
6151 East Grant Road
Tucson, Az 85712*

*Phone: 520-722-9631
Fax: 520-722-9676*

In Balance Ranch Academy

Academic History

Academic Status (Please attach copies of academic transcripts)

Current Grade Level	Grade Point Average (GPA):
Credits earned toward graduation:	Remaining credits required for graduation:
Is student following a college preparatory curriculum? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the student taken the college entrance examinations (ACT/SAT)? <input type="checkbox"/> Yes <input type="checkbox"/> No

Learning Differences (Please attach copies of evaluations, IEP or other related documents)

Does student have a preferred learning style (written, oral, graphic visuals, experiential, tactile)?		
Does student have any known learning differences? If yes, specify type and attach copy of evaluation (if available) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has student ever been diagnosed with any attention issues (ADD, ADHD)? If yes, specify type and attach a copy of evaluation (if available) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has student ever been prescribed medication to assist with attention difficulties? If yes, please specify name of medication. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any special needs or educational considerations required for the student? If yes, please explain <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does student have an Individualized Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of IEP	Date Implemented	Date last modified

School Behavior

Describe Student's Feelings about School
Does Student have a history of school behavior problems? If yes, please explain. <input type="checkbox"/> Yes <input type="checkbox"/> No
Has student ever been expelled from school? If so, please explain circumstances <input type="checkbox"/> Yes <input type="checkbox"/> No

Educational Interests, Accomplishments and Goals

Describe student's educational interests and any special accomplishments.
Describe any extra-curricular activities in which the student has participated.
Describe your goals/hopes for the student following completion of High School.

In Balance Ranch Academy

Physical Examination Instructions to Physicians

(Parent: Please provide these instructions to the physician with the physical examination form)

Activity Clearance

This student is applying for enrollment at In Balance Ranch Academy near Tucson, AZ. It is important that we know the student's health status and any activity limitations that may apply. Please provide all information requested, as it will be used to screen the student for enrollment. Certain diseases, illnesses, medical problems or physical limitations may preclude a student's admission and/or continued participation.

The Academy's activities are adventure-oriented and may be physically demanding. In addition to physical education and individual or team sports, activities may include, by way of example and not limitation, camping, hiking, running, climbing, rappelling, swimming and horseback riding. This means that students may be required to pull, lift, or carry heavy equipment and may be exposed to changes in temperature or elevation.

It is very important that the Academy know whether the student's health might require any limitations in activity level or special medical assistance. For basic medical needs, the Academy has a nurse on-call and a physician available for appointments. Our facility is located an hour away from Tucson. Ambulance and air evacuation is available from the campus.

Laboratory Tests

Please administer the following laboratory tests and attach the results to this form or mail them to the address provided below:

- ◆ Urinalysis
- ◆ Glucose
- ◆ VDRL
- ◆ Tuberculosis skin test
- ◆ Sexually Transmitted Diseases
- ◆ CBC with differential
- ◆ Viral Hepatitis Screen (A & B)
- ◆ HIV
- ◆ Sickle Cell Trait screening (as indicated)

Immunizations

The student's immunizations must be current, including those boosters that are typically administered at age 11-12. In addition, the student must receive the following immunizations:

- ◆ Hepatitis A or immune globulin (IG)
- ◆ Hepatitis B (if exposure to blood is possible or staying longer than 6 months)
- ◆ Tetanus-Diphtheria (TD) unless a booster has been given within the past 5 years.

Send physical exam form, laboratory test results and immunization history to :

In Balance Ranch Academy Admissions Office
6151 East Grant Rd.
Tucson, AZ 85712

Phone: (520) 722-9631

Fax: (520) 722-9676

In Balance Ranch Academy Physical Examination Form

Name of Student		Date of Birth	Date of Exam
Height	Weight	Blood Pressure	Temperature
Vision/Right	Vision/Left	Glasses/Contacts	
Whisper Hearing Test		Teeth	

Head	
Eyes	
Ears	
Nose/Throat	
Neck/Lymph	
Chest	
Heart	
Abdomen	
Genitals/Hernia	
Neurological	
Muscular/Skeletal	
Back/Scoliosis	
Other	
Other	

Student Health Status

Describe all medical problems or health concerns currently in need of treatment or attention.
Do any of these medical problems or health concerns require special treatment that may be difficult to obtain?

Student: _____

Allergies

Medication _____

Food _____

Airborne _____

Other _____

Current Medications

Name of Medication	Date Prescribed	Dosage/Schedule	Reason for Medication

Laboratory Tests (Check all that were conducted and attach results)

<input type="checkbox"/>	Urinalysis	<input type="checkbox"/>	VDRL
<input type="checkbox"/>	<u>CBC with differential</u>	<input type="checkbox"/>	<u>Tuberculosis skin test</u>
<input type="checkbox"/>	<u>Glucose</u>	<input type="checkbox"/>	<u>Sickle cell trait screening (as indicated)</u>
<input type="checkbox"/>	<u>Viral Hepatitis screen (A & B)</u>	<input type="checkbox"/>	<u>Sexually Transmitted Diseases</u>
<input type="checkbox"/>	<u>HIV</u>	<input type="checkbox"/>	<u>Other</u>

Immunizations (CHECK ALL THAT WERE ADMINISTERED)

<input type="checkbox"/>	Hepatitis A	<input type="checkbox"/>	Tetanus-diphtheria
<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	Other:

Physical Limitations

List any physical limitations that may restrict or prevent student's participation in rigorous activities (see explanation in Physical Examination Instructions attached to this form)

Activity Clearance (PLEASE SEE INSTRUCTION ON COVER PAGE)

Based upon the known medical history and this examination, the student is cleared for participation in the Academy's described activities as follows:	
<input type="checkbox"/>	Full participation in all activities (chores, work projects, community service projects, physical education, individual and team sports, camping, hiking, running, swimming, surfing, canoeing, kayaking, climbing, rappelling, horseback riding, low or high ropes course, and other such activities)
<input type="checkbox"/>	Limited participation – Restricted activities are :

Student: _____

Physician's Signature		
Physician's Name (Please Print)		
Street Address	City	State, Zip
Telephone	Fax	

In Balance Ranch Academy Activity Clearance

Student's First, Middle, Last Name

Date of Birth

The above named student is applying to enroll or is enrolled in In Balance Ranch Academy (hereinafter "the Academy"), a boarding school located near Tucson, AZ. Many of the Academy's activities are adventure oriented and may be physically demanding. In addition to physical education and individual or team sports, Academy activities may include, by way of example and not limitation, camping, hiking, running, climbing, rappelling, swimming, surfing, kayaking or horseback riding. Students may be required to pull, lift or carry heavy equipment and may be exposed to changes in temperature and/or elevation.

It is very important that the Academy know whether the student's health might require any limitations in activity level or special medical assistance. For basic medical needs, the Academy has a nurse on-call. In addition, physicians and hospitals are available in Tucson, Arizona, 60 minutes from campus.

Physical Limitation

List any limitation that may restrict or prevent student's participation in rigorous activities (see explanation in <u>Physical Examination Instructions</u> attached to this form):
--

Activity Clearance

Based upon the student's medical history and my examination, the participant is cleared for participation in the Academy's activities as follows:

<input type="checkbox"/>	Full participation in all activities (including, but not limited to, chores, work projects, community service projects, physical education, individual and team sports, camping, hiking, running, swimming, surfing, canoeing, kayaking, climbing, rappelling, horseback riding, and other similar activities)
<input type="checkbox"/>	Limited participation – restricted activities are: (please describe)

Physician Signature

Physician's Signature	Date Signed	
Physician's Name (Please Print)		
Street Address	City	State, Zip
Telephone	fax	

Thank you for your time and assistance!

In Balance Ranch Academy
6151 East Grant Road
Tucson, AZ 85712

Phone: (520) 722-9631
Fax: (520) 722-9676

In Balance Ranch Academy Student Immunization Record

First, Middle, Last Name

Date of Birth

Immunizations

Please provide complete information regarding student's immunizations. If necessary, consult the student's physician and/or obtain a copy of the student's immunization records for our files.

Immunization	1 st Dose (Date)	2 nd Dose (Date)	3 rd Dose (Date)	4 th Dose (Date)	5 th Dose (Date)
Diphtheria, Tetanus, Pertussis (DTP)					
Polio					
Measles, Mumps, Rubella, (MMR)					
Tetanus, Diptheria (Td)					
Varicella					
Hepatitis B					
Hepatitis A					
Tuberculosis skin test					

Information Provided By

Print Name

Signature

Date Signed

In Balance Ranch Academy

Note: This completed form along with a copy of the front and back of all insurance cards (medical, pharmacy, dental) must be submitted to the Admissions Office prior to the student's enrollment.

Consent to Medical Treatment and Insurance Information

Name of Student

Date of Birth

I/We authorize and consent to any medical or dental procedure undertaken for Student's health and well being. This authorization includes, but is not limited to, examinations, x-rays, inoculations, vaccinations, medical, dental, or surgical procedures administration of local and/or general anesthetics and/or hospital care. I understand that none of the previously described treatment will be undertaken without the advice of a physician or dentist licensed to practice medicine in the geographic area where the services are rendered.

 Print Parent/Guardian Name

 Signature of Parent/Guardian

 Date Signed

Medical Insurance (submit copy of front and back of insurance card with this form)

Insurance Company (Please Print)			
Street Address	City	State	Zip
Insurance Provider Telephone	Fax		
Policyholder Name	Policyholder's Social Security Number		
Policy Number	Group Number (if Applicable)		
Policyholder employer (if group policy)	Policyholder's Date of Birth:		
Coverage (emergency, mental health, pharmacy, etc.)			

Prescription Insurance Provider

Pharmacy Card #

Pharmacy Deductible/Co-pay

Signature of Policy Holder

Date Signed

Dental Insurance (Submit a copy of front and back of insurance card with this form)

Insurance Company (Please Print)			
Street Address	City	State	Zip
Insurance Provider Telephone	Fax		
Policyholder Name	Policyholder's Social Security Number		
Policy Number	Group Number (if Applicable)		
Policyholder Employer (if group policy)	Policyholder's Date of Birth:		
Coverage (emergency, preventative, cosmetic, etc.)			

Signature of Policyholder

Date Signed

Student Name: _____

The undersigned does hereby apply for admission as a patient at In Balance Ranch Academy. By accepting the patient at the facility, In Balance Ranch Academy does not warrant or agree to effect a cure, but does agree to accord the patient such medical care and treatment for alcoholism/addiction and/or behavioral health disorders as will provide him/her the maximum opportunity for recovery. The practice of medicine and the treatment of addiction are not exact sciences, and no guarantee can be made as to the results of the treatment.

The following conditions and provisions shall govern the treatment, care and accommodations provided to all students at the facility.

I agree to conform to the rules and regulations of In Balance Ranch Academy.

1. Consent to Care and Treatment: By accepting these Conditions of Admission, the student's parent or guardian consents to such medical care and treatment as is deemed necessary or helpful by In Balance personnel in their efforts to effect treatment.

Parent/Guardian/ Initials: _____ Date: _____

2. Grievance Procedure: I acknowledge that I have been informed of and understand the In Balance Ranch Academy Patient Grievance Procedure.

Parent/Guardian/Initials: _____ Date: _____

3. Consent to Search: I authorize In Balance Ranch Academy personnel, at any time, to conduct a thorough search of all my property and my room, and, if necessary, of my person, for any illegal or controlled substances or contraband. I further authorize In Balance Ranch Academy personnel to destroy any confiscated items in accordance with In Balance Ranch Academy Policies.

Parent/Guardian/ Initials: _____ Date: _____

4. Damage: Any damage to In Balance Ranch Academy property caused by the student will be billed to student's account at the cost of repair or replacement.

Parent/Guardian/Initials: _____ Date: _____

5. Minors: If the student is a minor, the undersigned agrees that at least one (1) nuclear family member shall attend the Family Program.

Parent/Guardian/Initials: _____ Date: _____

Student: _____

6. Against Medical Advice-AMA. Discharge: In the event that the student requests discharge **AMA**, In Balance Ranch Academy requires 24-hour notice from the student 's family to allow for continuing care/discharge planning to be implemented prior to discharge. Any outstanding balances must be cleared prior to discharge. There will be no refunds.

Parent/Guardian/Initials: _____ Date: _____

7. Medical Services: For any medical needs that arise while the student is at In Balance Ranch Academy, student agrees to make individual, separate arrangements with the provider of medical services. Selection of providers and scheduling will be made by In Balance Ranch Academy staff, but when possible, the specific requests of the student will be respected. (In Balance Ranch Academy will neither directly pay for nor bill for student medical services give by an outside provider, pharmacy or other medical supplier.)

Parent/Guardian/Initials: _____ Date: _____

8. All Behavioral Health services will be provided by In Balance Counseling, Inc. We do not participate in any insurance billing.

Parent/Guardian/Initials: _____ Date: _____

9. Financial Responsibility: The undersigned agrees whether he/she signs as agent or as student, that in consideration of the admission of student in In Balance Ranch Academy and of the services to be rendered to the student, he/she hereby individually obligates himself/herself to pay the account of In Balance Ranch Academy in accordance with the regular rates and terms of In Balance Ranch Academy. The undersigned understands that In Balance Ranch Academy may request financial and credit information from various sources including, without limitation, credit reporting bureaus, and consents to the release of any and all such information. The undersigned authorizes and consents to the release of any and all information required for purposes of collecting any money due on student's account to any spouse, guarantor, collection agency, agent of In-Balance Ranch Academy, attorney, or any other person or entity who is, or may be liable for all or a portion of the uncollected amount owed by undersigned as a result of a student's treatment. All financial arrangements are confidential between In Balance Ranch Academy, student, guarantor, and payer. Balance of the total bill is due at the time of discharge. All accounts not paid within 30 days of discharge shall bear interest at 15% per annum. Should the account be referred to an attorney for collection, the undersigned shall pay actual attorney's fees and collection expenses. If a credit balance is generated on an account, an appropriate refund will be made after the cause of the refund is determined and the payee is determined. Refunds to student and/or their guarantors will be processed within 30 days of the date the credit balance was created and refund to insurers or other third party payers will be processed within 90 days of the date the credit balance was created.

Parent/Guardian/Initials: _____ Date: _____

10. Credit Card: The undersigned agrees that this credit card may be charged for delinquent balances of 60 days or more. In the event this credit card is used to pay a delinquent account, a \$100.00 processing fee will also be charged on this credit card. The undersigned also agrees that this credit card may be charged for any expenses not covered by the tuition for In Balance Ranch Academy.

Credit Card #: _____ **Exp. Date:** _____ / _____

11. Rates: Charges to students include, but are not limited to the following.

Adolescent Monthly Tuition **\$7,500.00**

Parent/Guardian/Initials: _____ Date: _____

Student: _____

12. The undersigned acknowledges that In Balance Ranch Academy is a 12-18 month program and hereby agrees to at least a **minimum** of 12 month's stay for their son at In Balance. No refunds will be issued if the Student does not complete the program, except for unforeseen medical purposes that may cause a discharge from the program.

Parent/Guardian/Initials: _____ Date: _____

13 The undersigned agrees to a \$50.00 fee each time a student is transported to or from the airport or into Tucson for special appointments.

Parent/Guardian/Initials: _____ Date: _____

The undersigned accepts the terms hereof, certifies that he/she has read the foregoing, has received a copy hereof, and is the parent/guardian of the student.

Date of Admission:	Date of Signature:
Printed name of Student:	Printed Name of Parent/Guardian:
Signature of Parent/Guardian	

Student Name: _____

I, _____, give my authorization for In Balance Ranch to:

1. Receive mail for my son from the following persons (please print):

2. Student is not to receive mail from the following people:

This authorization may be revoked by me at any time except to the extent that action has been taken in reliance hereon. This authorization (unless expressly revoked earlier) expires upon my son's discharge from In Balance Ranch Academy.

(Signature of Parent/Guardian)

Date

Specify Relationship

1. **Waiver of Claims and Release of Liability:** The undersigned student or the undersigned legal guardian of the student, on behalf of myself and my family members, does hereby release In-Balance Ranch Academy, Inc., its parent corporations, agents, employees, and contractors from any liability of whatever kind and nature for injuries, whether physical or emotional, temporary or permanent, which I or my family may sustain as a result of my participation in any athletic or sporting events, physical exercise or therapy modalities; the use of any motor vehicles and the use of any treatment center facilities such as the swimming pool, tennis court, etc., during my stay at InBalance Ranch Academy, Inc., and expressly assume the risk for my participation in all of the above or similar activities.
2. **Photograph Consent:** I, the undersigned, do hereby consent for In Balance Ranch Academy to take my photograph which will be used for identification purposes. Adolescent students involved in art therapy may be video taped during session. I/We give permission for my/our child to be video taped during art therapy and further give permission for his art work to be displayed within the facility and on the Adolescent Alumni web site. I/We further give permission for written material generated by my/our son in the poetry and recovery modality to be published anonymously.
3. **Physical Activity:** Disclosure: In Balance Ranch Academy programs involve a variety of activities that often include warm ups, games, group initiative problems, low ropes course elements, equestrian activities and karate. The level of participation in a program activity is at all times completely up to the individual's choice. Although appropriate safety standards are maintained, there is a risk that must be assumed by each participant that he may suffer an emotional or physical injury, disability or death.

Release of Liability: I understand that parts of the In Balance Ranch Academy program may be physically or emotionally demanding. I affirm that my health is good, and that I am not under a physician's care for any undisclosed condition that bears upon my fitness to participate in activities. I understand that each participant must assume the risk of physical injury that could result from any of these activities. I release In Balance Ranch Academy, and its staff members, from all liability for any injury to me from participation in In Balance Ranch Academy activities. I understand that these terms shall serve as a release of liability for my heirs, executors, administrators and all members of my family. I have carefully read this Disclosure and Release of Liability and fully understand its content.

Parental Waiver of Claims: Parental permission must be secured for participants who are not of legal age (18 years). If you are not yet classified as legal adult, your parent(s) or legal guardians(s) must complete the following:

I/We _____ (parent's or guardians' name(s)) give my permission for my/our child to participate in the In Balance Ranch Academy program. Should my/our child become injured, I/we authorize that the trip leader(s) secure emergency medical services to aid my/our child, if in their judgment such services are necessary. I/We agree to incur any additional expenses associated with such action. As parents/guardians, I/we have decided (with or without medical advice) that my/our child is physically, mentally, and socially able to participate, and I/we acknowledge that any medical or accident insurance we consider necessary will be my/our responsibility to locate and purchase. Furthermore, I/we have read all sections of this form and hereby release In Balance Ranch Academy and its employees from liability for any damages, injuries, or losses that may occur while said child is participating in this In Balance Ranch Academy program.

(Parent/Guardian Signature)

Date

(Witness Signature)

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Date

In Balance Ranch Academy's goal is that you have a successful treatment experience. We want to inform you that there are behaviors that could interfere with your recovery and could result in discharge or transfer. We ask that you read and understand what those behaviors may be. We encourage your questions. In Balance Ranch Academy wants to insure that all students are provided with a safe environment that is conducive to recovery.

The following is a list of behaviors that may lead to discharge or transfer to another facility:

1. The use or supplying of mood altering drugs or illegal substances (which include tobacco products).
2. Non-compliance with medical care and/or clinical treatment recommendations. Not meeting program expectations or requirements.
3. Fraternalizing; sexual contact with another student.
4. Any violent behavior. This behavior includes explosive outbursts, hitting, slapping, kicking, verbal threats, and intimidation or property damage.
5. Stealing
6. Leaving the In Balance Ranch Academy Campus without staff knowledge and permission.

I have reviewed the above behaviors and understand that if I behave in any of the ways described, I may be discharged.

Student Signature _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Staff Signature: _____

Date: _____