



Freestate Challenge Academy Admission Application Form
 * Bldg E 4230 Beal Road * APG, Edgewood Area * Gunpowder * Maryland 21010
 Office 410-436-3220 or 410-436-3231



ADMISSION'S CHECKLIST

APPLICANT'S NAME: _____ DATE: _____

- _____ Parental Consent and Release Form (page 2)
- _____ Permission to Transport (page 3)
- _____ US Government Covenant Not to Sue and Indemnity Agreement Form (page 4)
- _____ Waiver of Right to Sue and Assumption of Risk Form (page 5)
- _____ Drug and Alcohol Test Acknowledgement/ Radio/Television/News Media Release Authorization Form (page 6)
- _____ FCA Federal Employee Polices (page 7)
- _____ Parental Certificate of Understanding and Release of Liability Form (The form must be notarized) (page 8)
- _____ Cadet Sign out Authorization Form (The form must be notarized) (page 9)

If you did not submit the documents below with your application, they are still needed!

_____ Clear copy of a Maryland Motor Vehicle Administration issued photo I.D. Card: This is the only acceptable picture I.D. card. Military ID's are not accepted in lieu of the MVA ID.

_____ **Clear Copy of Social Security Card:** If you have lost the card; forward a copy of your request to the Social Security Administration for a replacement card. We will accept the replacement card letter from the SSA as long as it indicates your social security number.

_____ **Clear Copy of Birth Certificate:**

Notes:

- You must attend your scheduled "Pre-in-Processing" in order to move forward in the admissions process.
- Please complete all Admission's Application forms and bring them with you when you attend your scheduled "Pre-in-Processing" event.
- Your paperwork will be reviewed and collected at "pre-in processing." Please **be sure to have pages 8 and 9 notarized!**
- Do not fax or mail paperwork.

If you have any questions please call: 410 436-3231 or 410-436-3220

Maryland National Guard
 Military Youth Corps



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Freestate Challenge Academy

PARENTAL CONSENT AND RELEASE

I/we the parent(s) of _____ to be enrolled in the MD National Guard Military Youth Corps Program (aka Freestate Challenge Academy) at Aberdeen Proving Ground, MD, being responsible for the above named candidate, do consent to his/her participation at the Maryland National Guard Military Youth Corps to be conducted at Aberdeen Proving Ground, MD, during the period of : January to June or July to December (please circle your scheduled class).

I/we understand that the Maryland National Guard Military Youth Corps Program involves challenging work, community service, athletic, outdoor and adventure activities which contain some element of risk of injury. Whereas my/our son/daughter/ward will accept such program benefits entirely upon his/her own initiative, risk and responsibility. Now I/we therefore in consideration of permission to participate, extended to the above named cadet, by the United States and the State of Maryland through their officers and agents, for myself/ourselves and our heirs, release and forever discharge the Government of the United States and the Government of the State of Maryland and employees acting or cause of action, on account of any injury or illness to the above named cadet or personal property loss which may occur from any cause during said program as well as all operations incident thereto.

I/we understand that the Maryland National Guard Military Corps Program involves the assignment of a Mentor to each participant during enrollment. I/we do hereby consent to the matching of a mentor to my/our son/daughter.

DATE: _____ 201_____

 (Parent/Guardian Signature)

 (Parent/Guardian Signature)

(_____) _____
 (Home Phone)

 (Home Street Address)

(_____) _____
 (Work Phone)

 (City, State, Zip)

* Both parent(s) guardian(s) must sign if they are living with or have custody of the above-named candidate. Witness must be unrelated to candidate, parent (s), or guardian (s). Use Ink.



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**Maryland National Guard
 Military Youth Corps
 Freestate Challenge Academy**

PERMISSION TO TRANSPORT

I/we the parent (s)/ guardian (s) of _____, enrolled in the Maryland National Guard Military Youth Corps Program (aka Freestate Challenge Academy) at Aberdeen Proving Ground, MD. Being responsible for the above named Candidate hereby authorize the National Guard to transport as a passenger in certain MD National Guard ground, water, and/or air vehicles to and from the Corps site and activities incident to Corps programs and in providing the facilities and activities during the period January/July TO June/December (circle for your class) on the terms and conditions stated herein.

Whereas my/our/son/daughter/ward will accept such transportation entirely upon his/her own initiative, risk, and responsibility. Now I/we, therefore in consideration of the permission extended to the above named candidate by the United States and the State of Maryland through their officers and agents, for myself/ourselves and our heirs, release and forever discharge the Government of the United States and the Government of the State of Maryland and employees acting officially or otherwise, from any and all claims, demand, action, on accounts of any injury or illnesses to the above named candidate or personal property which may occur from any cause during said activities, transportation, use of facilities or incidents thereto. If your child is dis-enrolled, you the parent authorize the Freestate Challenge Academy at your expense to put your child on public transportation, i.e. bus, train, etc.

I/we further agree that, if necessary, due to medical, disciplinary, or other reasons, the Program Director, or his designee, may elect to return the cadet to his/her home by commercial or private carrier, for which I/we will be responsible for payment.

DATE: _____ 201_____

 (Parent/Guardian Signature)

 (Parent/Guardian Signature)

(_____) _____
 (Home Phone)

 (Home Street Address)

(_____) _____
 (Work Phone)

 (City, State, Zip)

* Both parent(s) guardian(s) must sign if they are living with or have custody of the above named candidate. Witness must be unrelated to candidate, parent (s), or guardian (s). Use Ink.



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US GOVERNMENT COVENANT NOT TO SUE AND INDEMNITY AGREEMENT FORM

_____ is about to:
 (Print Applicant's) Last First Middle

Voluntarily take part in an activity sponsored by the Maryland National Guard Military Youth Corps Program (aka Freestate Challenge Academy). In consideration of being permitted to take part in this activity, I, for my heirs, administrators, executors, and assignees, make the following agreement.

I agree that I will never prosecute or in any way aid in prosecuting and demand, claim, or suit against the United States Government for any loss, damage or injury to my child or my property that may occur from any cause whatsoever by taking part in the Maryland National Guard Military Youth Corps Program.

If I should take part in any case, I agree to pay the United States Government for all damages, expenses, and cost it may incur as a result thereof.

I understand and agree that I may be assuming the risk of any property damage or personal injury to my child that may result from participation from this activity. These include such damages of injuries as may be caused by the negligence of the United States Government.

I also understand and agree that I may be held liable for any damages or loss to the United States Government that is caused by my child's negligence, willful misconduct, or fraud while participating in this activity. I further agree to indemnify and hold harmless the United States Government from any demand, claim, or suit against the United States Government brought as a result of my child's negligence, willful misconduct, or fraud while participating in this activity.

I understand that the term United States Government as used in this "Covenant Not to Sue and Indemnity Agreement" includes any officer, agent, employee, or volunteer of the United States Government, acting officially or otherwise.

I/we, _____ parent(s) legal guardian(s) of the above said child, consent to his/her taking part in this activity; will abide by this covenant and indemnity agreement; and understand that I/we be personally liable for the acts or omissions of said child.

 Signature of Parent/Legal Guardian

 Date

 Signature of Parent/Legal Guardian

 Date



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WAIVER OF RIGHT TO SUE AND ASSUMPTION OF RISK FORM

In consideration of Aberdeen Proving Ground granting permission to enter its premises for the purpose of participation by me and/or my dependent child/children in the Maryland National Guard Military Youth Corps Program (aka Freestate Challenge Academy). I hereby waive all claims for damage or loss, to my person or property (including cost and expenses) and that of my dependent child/children whose names I have listed below, which may be caused by any act, or failure to act or in connection with the instructor's activities and actions of the United States, Aberdeen Proving Ground, its officers, agents, employees or instructors.

I assume on my behalf, and on behalf of my below-listed child/children, the risk of the inherent dangers of participation in such a program, all dangerous conditions in and about Aberdeen Proving Ground, and waive any and all specific notice of the existence of such dangers and conditions.

I give express permission to gym personnel to notify emergency medical officials, either civilian or military, in the event there is actual or apparent injury to myself or my below listed child/children and understand that any medical bills that result from observation, test and/or treatment will be at my expense as a consequence of this waiver.

Participant's Name: _____

Parents Name: _____

Home Street Address: _____

City/State/Zip Code: _____

Home Phone: (____) _____

 Parent's Signature

 Date

 Parent's Signature

 Date



Freestate ChalleNGe Academy Admission Application Form
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DRUG AND ALCOHOL TEST ACKNOWLEDGEMENT FORM

I, _____, Parent/Guardian of _____
 (Please print parent/guardian's name) (Please print applicant's name)

hereby acknowledgement that, as a prerequisite for admission to Maryland National Guard Military Youth Corps Program (aka Freestate ChalleNGe Academy), my son/daughter will be tested by qualified individuals for drug and alcohol during the first forty days at the academy. If the applicant fails the drug test they will be terminated from the class.

I further understand that during the course of the program my son/daughter may be randomly tested for drugs and alcohol.

By affixing my signature to this form, I hereby give my consent for this test.

 (Parent's signature)

 (Student's signature)

 (Date)

 (Date)

Radio/Television/News Media Release Authorization

I hereby authorize and grant permission for my son/daughter to be photographed and/or interviewed by television, radio and/or news media as deemed appropriate by the director of the Maryland National Guard Youth Corps Program (aka Freestate ChalleNGe Academy), or his/her authorized designated representative. The photographs/film/interview may be printed and/or broadcasted on television, radio, or printed news/marketing media, including, but not limited to, independent newspapers and/or periodicals and reports published by the Maryland National Guard Youth Corps Program. This authorization is valid during the period of time my son/daughter is enrolled as a candidate/cadet in the Maryland National Guard Military Youth Corps Program.

Name of Candidate: _____

Signature of Parent/Legal Guardian: _____

Date: _____



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Freestate Challenge Academy Federal Employee Polices

I _____ have been briefed on the following information.
(Print Parent Name)

1. All Candidates/Cadets while at the Freestate Challenge Academy are neither considered federal employees nor are they a member of the National Guard except under certain provisions of the law.
2. All Candidates/Cadets shall be considered federal employees for the purposes of compensation for work related injuries.
3. All Candidates/Cadets shall be considered federal employees relating to the liability of the United States for tortious (legal) conduct of employees of the United States.
4. All Candidates/Cadets shall not be considered to be in performance of duty while not at the assigned location of training or other activity authorized with the program agreement except when the Cadet is traveling to or from the location or is on a pass from the training or other activity.
5. All Candidates/Cadets when computing compensation benefits for disability or death, the monthly pay of a Cadet shall be deemed that received under the entrance salary for a grade GS-2 Federal Employee.
6. All Candidates/Cadets understand that the entitlement of a person to receive compensation for a disability shall begin on the day following the date the person's participation in the program is terminated.

Signature of Parent

Date

Signature of Candidates

Date



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PARENTAL CERTIFICATE OF UNDERSTANDING AND RELEASE OF LIABILITY FORM

I/we, the parent(s) guardian(s) of _____ who has applied for enrollment in the Maryland National Guard Military Youth Corps (aka Freestate Challenge Academy) located at Aberdeen Proving Ground, MD CERTIFY:

1. That I/we HEREBY PERMIT my child to participate in the Maryland National Guard Military Youth Corps Program.
2. That the program has been explained to me and that I understand what the program will attempt to do.
3. That I give my permission for the Maryland National Guard Military Youth Corps Program staff to maintain discipline by imposing disciplinary measures upon my child.
4. That I/we further AGREE that, if necessary, due to medical, disciplinary or other reasons, the Director may elect to return my child to my home by government, commercial, or private carrier. I/we also AUTHORIZE the Maryland National Guard Military Youth Corps Program to transport my child as a passenger in commercial, government or private ground, water and/or air vehicles during the program period.

FURTHERMORE, in consideration of my child's participation in the Maryland National Guard Military Youth Corps Program, I/we HEREBY RELEASE the State of Maryland, its officers, agents, employees, successors, and assigns from any and all liability which may raise from my child's participation in the Maryland National Guard Military Youth Corps Program, and I AGREE TO INDEMNIFY AND HOLD HARMLESS the State of Maryland, its officers, agents, employees, successors, and assigns regarding any liability or cause of action which may arise from my child's participation in this program.

Date

Parent/Guardian's Signature

Parent/Guardian's Signature

NOTARY SEAL

Sworn and subscribed before me in my Presence, this ___ day of _____
 20 _____ Maryland Notary Public, in and for _____ County/City

Home Address

Home Phone Work Phone

Sworn and subscribed before me, in

*Both Parents/guardians must sign if living with or having custody of the above named student.



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Cadet Sign-Out Authorization

I, _____ certify that I am the legal guardian of
 (Parent/Guardian/Self if 18 years old)

 (Candidate's Name)

I hereby authorize the following individuals to sign-out the aforementioned cadet from the Program's facilities, for the purpose of a Pass and/or Emergencies. I understand that the cadet's visitation privileges may be suspended or revoked due to disciplinary reasons and during such time no passes will be allowed. I understand the Freestate Challenge Academy (FCA) policy limits the number of authorized individuals, as indicated below excluding the Parent or Legal Guardian(s). I fully understand that these individuals must be 21 year of age or older:

(Photographic identification required at sign-out time)

Name:

1. _____ Age: _____ Relationship: _____ Phone _____

2. _____ Age: _____ Relationship: _____ Phone _____

3. _____ Age: _____ Relationship: _____ Phone _____

IN WITNESS WHEREOF,

I have affixed my signature: _____
 (SIGNATURE OF PARENT/GUARDIAN IF UNDER 18 OR STUDENT IF 18)

(THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC)

STATE OF Maryland,
 COUNTY OF _____

The foregoing instrument was acknowledged before me on this _____ day of _____, 20____, by _____.

My commission expires: _____

 Signature-Notary Public