

Nawa Summer Programs

EXPERIENCE CHINA

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? _____

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

| | | |
|--|--|-----------------------------|
| Student At-A-Glance Info: | Please Note: Students must be in grades 10-12 to apply for Experience China | |
| Current Age _____ | <input type="checkbox"/> Experience China _____ | Student Snapshot (optional) |
| Current Grade Level _____ | Transcripts included? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Summer T-Shirt _____ Size _____ | If no, have they been requested: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Note: All summer programs include a Summer T-Shirt. Please indicate shirt size: | Immunization records included with application? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| FOR OFFICE USE ONLY | | |
| Passport Rec: _____ | Transcripts Rec: _____ | |
| Copy of Birth Cert: _____ | Transcripts Complete: _____ | |
| Visa Complete: _____ | | |
| Registration is on a first-come, first-served basis, with spaces limited. Please make checks payable to Nawa. A \$1,800 deposit is required to reserve a space in our summer programs. | | |

Updated: 5-10

NAWA SUMMER PROGRAMS

17351 Trinity Mountain Road • French Gulch, CA 96033 • www.nawasummerprograms.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):

| |
|--|
| |
| |
| |
| |

Background Questionnaire

Name of Present School _____ Address _____

 _____ (Street)

 _____ (City) _____ (State) _____ (Zip) _____ (Telephone)

List names and locations of previous schools and summer educational programs attended (above grade 6):

Name of school attending in the fall (if decided): _____

Has the applicant ever been suspended, expelled or withdrawn from any school for any reason? If yes, please explain:

Has the applicant ever been disciplined by legal authorities? If yes, please explain: _____

If the applicant has had any psychological testing, evaluations or counseling, please give the name of the counselor(s) and the dates involved.

Has the applicant's ability to function at school, in sports, or in other activities ever been restricted in any way for social, emotional or physical reasons? If yes, please explain:

Has the applicant ever been tested or evaluated for suspected learning disabilities? If yes, please explain:

Background Questionnaire

Previous Travel Experience

NOTE: Applicant is not required to have previous knowledge or experience to attend the Experience China summer program.

| | No Experience | Some Experience | Lots of Experience |
|------------------------|--------------------------|--------------------------|--------------------------|
| International Travel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| International Flights | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mentoring Younger Kids | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Travel in Asia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family Travel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Travel with a Group | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Swimming | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please include any comments about how you feel you might grow from this experience:

Has the applicant ever attended another summer 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: _____

Student: Please have applicant describe his/her goals while enrolled in our Experience China program: _____

What subjects do you find most difficult? Please explain: _____

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

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

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

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 VACCINATION RECORD is REQUIRED to enroll in Nawa)
Provide a copy of the applicant's medical insurance card

General Medical History: _____

Height: _____ Weight: _____

Allergies: Food 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 Name: _____

(1) Legal Guardian: _____

Address: _____

Telephone Number(s): (Work) _____ (Home/Cell) _____

Email: _____

(2) Legal Guardian: _____

Address: _____

Telephone Number(s): (Work) _____ (Home/Cell) _____

Email: _____

In An Emergency Notify

(1) Name: _____

Relation to Applicant: _____

Address: _____

Telephone Number(s): (Work) _____ (Home/Cell) _____

E-Mail Address: _____

Best Times to Call: _____

(2) Name (someone in another city or state): _____

Relation to Applicant: _____

Address: _____

Telephone Number(s): (Work) _____ (Home/Cell) _____

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



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

Experience China

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.

(Date)
(Parent Name)
(Student Name) (Program Name)

Initial Here

1. Nawa requires a deposit of \$1,800.00 to reserve a space. The deposit is subtracted from the listed price of the Experience China program. This deposit is refundable only if a cancellation is received in writing prior to 20 days before the day of summer registration on July 8, 2010.
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 student, meals and snacks, educational instruction in the Global Cultures and Travel elective course, safe and proper accommodations, qualified instructors, staff management of all prescription medications, and all transportation during the dates of the program, including airport, public and private transit, 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 videos.
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 student 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 traveling in a foreign country. 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 Nawa and holds Nawa harmless when student 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

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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 School Application, Summer School Application Questionnaire, Summer School Application Medical Information, Summer School Application Emergency Notification and Data Sheet, Authorization to Consent to Treatment of Minor, Acknowledgment of Risks, Assumption of Risk and Responsibility, 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: 5-10



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: _____

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.

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)

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

-AND-

Please FAX a current transcript at
your earliest convenience to:

Nawa Summer Programs
Director of Admissions
(530) 359-2229

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: _____

Admissions Checklist

DIRECTIONS: Use this checklist as you fill out the application. Please include this checklist with the application and necessary paperwork when you return it to our office of admissions. Upon receipt of this application, Nawa will verify that all of the documents have been completed. If additional paperwork is needed someone from the Office of Admissions will be in contact with you.

For Office Use Only

- | | |
|---|--------------------------|
| <input type="checkbox"/> Application..... | <input type="checkbox"/> |
| <input type="checkbox"/> Medical Questionnaire..... | <input type="checkbox"/> |
| <input type="checkbox"/> Emergency Notification and Data Sheet..... | <input type="checkbox"/> |
| <input type="checkbox"/> Authorization to Consent to Treatment of Minor..... | <input type="checkbox"/> |
| <input type="checkbox"/> Admission Agreement..... | <input type="checkbox"/> |
| <input type="checkbox"/> Acknowledgment of Risks • Assumption of Risk & Responsibility • Release of Liability..... | <input type="checkbox"/> |
| <input type="checkbox"/> Transcript Release Form (complete this form and submit it to your current school's registrar)..... | <input type="checkbox"/> |
| <input type="checkbox"/> Random Drug Testing Parent Permission Form..... | <input type="checkbox"/> |
| <input type="checkbox"/> Immunization Records..... | <input type="checkbox"/> |
| Note: Immunizations must include Polio, Diptheria, Tetanus, Pertussis, Measles, Mumps, and Rubella. | |
| <input type="checkbox"/> Varicella (required for non-California residents.)..... | <input type="checkbox"/> |
| <input type="checkbox"/> Proof of Medical Insurance (must provide a copy of the medical insurance card.)..... | <input type="checkbox"/> |