

# ADMISSION FORMS PACKET

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In order to insure that admission day goes smoothly, we ask that you have these forms completed prior to bringing your son to the center. The information requested on these forms is vital to your son's participation in the program. **Please take your time and fill them out completely.** Also note that some of the forms require a notary. *Bring the completed forms with you when you bring your son.*

## **FORMS INCLUDED IN THIS PACKET:**

- \_\_\_\_\_ Emergency Contact Information
- \_\_\_\_\_ Student Emergency Information
- \_\_\_\_\_ Parental Authorization for Medical Care **(Must Be Notarized)**
- \_\_\_\_\_ Activity Authorization and Consent
- \_\_\_\_\_ Athletics Release **(Must Be Notarized)**
- \_\_\_\_\_ Release of All Rights in Personal Story **(Must Be Notarized)**
- \_\_\_\_\_ Temporary Guardianship
- \_\_\_\_\_ Tuition and Financial Policy Agreement
- \_\_\_\_\_ Reporting Child Abuse or Neglect
- \_\_\_\_\_ Medication Authorization and Consent
- \_\_\_\_\_ Medical Provider Authorization and Consent **(Must Be Notarized)**
- \_\_\_\_\_ Safety Provisions and Parent Authorization **(Must Be Notarized)**
- \_\_\_\_\_ Automatic Credit Card Billing Authorization (optional)

## **ADDITIONAL FORMS/ITEMS REQUIRED AT CHECK-IN:**

- \_\_\_\_\_ Any Forms still missing on the "Intake Item List"
- \_\_\_\_\_ First Months and Last Month's Tuition
- \_\_\_\_\_ Damage Deposit
- \_\_\_\_\_ Return Fare Deposit
- \_\_\_\_\_ Clothing and personal supplies for your son (Including Stamps)
- \_\_\_\_\_ School Supplies
- \_\_\_\_\_ Photo ID or Birth Certificate (To verify your sons age)
- \_\_\_\_\_ Prepaid Phone Card (60 minutes minimum)

# EMERGENCY CONTACT INFORMATION

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STUDENT: \_\_\_\_\_ Date: \_\_\_\_\_  
Full Name

## CUSTODIAL PARENT INFORMATION:

**FATHER'S NAME:** \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Home Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Physical Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Pager: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ Spouse's Relationship to Student: \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Home Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Physical Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Pager: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ Spouse's Relationship to Student: \_\_\_\_\_

## NATURAL PARENT INFORMATION (if different from custodial parents):

**FATHER'S NAME:** \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Home Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Physical Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Pager: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ Spouse's Relationship to Student: \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Home Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Physical Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Pager: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Employer: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ Spouse's Relationship to Student: \_\_\_\_\_

# EMERGENCY CONTACT INFORMATION

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## **OTHER EMERGENCY CONTACTS** *(at least 2 required):*

**NAME:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_  
Pager: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**NAME:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_  
Pager: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**NAME:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_  
Pager: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**NAME:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_  
Pager: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## **PROBATION OFFICER:**

**NAME:** \_\_\_\_\_ County: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_  
Pager: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Status of Probation: \_\_\_\_\_  
Other: \_\_\_\_\_  
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## **OTHER PERTINENT INFORMATION:**

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# STUDENT EMERGENCY INFORMATION

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## STUDENT INFORMATION:

**STUDENT'S NAME:** \_\_\_\_\_ Social Security No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Birthplace (County & State): \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Date of last Tetanus Shot: \_\_\_\_\_ Last Seen by a Doctor: \_\_\_\_\_

Drivers License? ☐ Yes ☐ No If Yes, State Issued: \_\_\_\_\_ Number: \_\_\_\_\_ Years Exp. \_\_\_\_\_

Diagnosed Illnesses: \_\_\_\_\_  
\_\_\_\_\_

Medications (currently using): \_\_\_\_\_  
\_\_\_\_\_

Allergies to Medications: \_\_\_\_\_  
\_\_\_\_\_

Other Allergies: \_\_\_\_\_  
\_\_\_\_\_

Have Allergies been confirmed by testing? ☐ Yes ☐ No If Yes, when: \_\_\_\_\_

## HEALTH INSURANCE INFORMATION:

### **PRIMARY COVERAGE:**

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Effective Date (if applicable) \_\_\_\_\_ Expiration Date (if applicable): \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Insurance Billing Information: \_\_\_\_\_  
\_\_\_\_\_

### **SECONDARY COVERAGE:**

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Effective Date (if applicable) \_\_\_\_\_ Expiration Date (if applicable): \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Insurance Billing Information: \_\_\_\_\_  
\_\_\_\_\_

# STUDENT EMERGENCY INFORMATION

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## STUDENT MEDICAL PROVIDERS:

**FAMILY DOCTOR:** \_\_\_\_\_ Office Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last Seen: \_\_\_\_\_

**FAMILY DENTIST:** \_\_\_\_\_ Office Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last Seen: \_\_\_\_\_

**OTHER PROVIDER:** \_\_\_\_\_ Office Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last Seen: \_\_\_\_\_

## RUNAWAY INFORMATION REQUIRED BY LAW ENFORCEMENT:

*The following information is required when filing a Missing Person report with the Washoe County Sheriff's Office. Please answer all questions completely. A sample copy of the report is on file at the Teen Challenge office for review.*

Race: ☐ White ☐ Black ☐ Indian ☐ Asian ☐ Hispanic Skin Tone: \_\_\_\_\_

Scars, Marks & Tattoos (*be specific*): \_\_\_\_\_

\_\_\_\_\_

Circumcision: ☐ Circumcised ☐ Not Circumcised ☐ Unknown

Body X-Rays?: ☐ Full ☐ Partial ☐ No X-rays

Footprints available?: ☐ Yes ☐ No

Wears Glasses?: ☐ Yes ☐ No Wears Contacts? ☐ Yes ☐ No Wears Both? ☐ Yes ☐ No

Dental Records Available?: ☐ Yes ☐ No If Yes, Name and Address of Dentist: \_\_\_\_\_

\_\_\_\_\_

Habits or Hobbies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# PARENTAL AUTHORIZATION FOR MEDICAL CARE

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I/We, *(please print)* \_\_\_\_\_ the parent(s)/legal guardian(s) of *(full name)*, \_\_\_\_\_, a minor, have entrusted such minor into the care of Northern Nevada Teen Challenge, Inc. and their supervising agents and employees, an adult for particular reasons for a temporary period of time, and for the welfare of such child.

In such connection, I/we authorize such caring adult to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to such minor under the general or special supervision, and on the advice of, a physician and surgeon licensed under the provisions of the Medicine Practice Act; or to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered to such minor by a dentist licensed under the provisions of the Dental Practice Act. Whether on any occasion such consent is rendered to any such medical or dental attention, it is to be considered within the above provisions and limitations, under the same kinds of circumstances, within the full discretion, and in the course of the same kind of responsible deliberations as I/we, such minor's parent(s)/legal guardian(s) would have to consider it.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Notary:

# ACTIVITY AUTHORIZATION AND CONSENT

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I/We, *(please print)* \_\_\_\_\_ the parent(s)/legal guardian(s) of *(full name)*, \_\_\_\_\_, a minor, hereby authorize and give my/our consent to Northern Nevada Teen Challenge, Inc. to take my/our child on activities that occur away from the Center. This authorization and consent includes the transportation to and from the activity. Activities may include outdoor activities such as hiking, skiing, snowboarding, fishing, camping, swimming, and sightseeing, etc. Activities will also include ministry related activities such as participation in church/youth services and concerts, community service projects, school related field trips and shopping trips. If an activity requires an overnight stay, the stay will not be longer than one night in duration, and will not involve unusual risk. If an activity will be longer than overnight in duration, Northern Nevada Teen Challenge will notify me prior to the activity.

If an activity has a cost or fee associated with it, I/we will be notified of that cost or fee prior to the activity at which time I/we will have the right to approve or disapprove of our son's involvement. If I/we give approval for my/our son to participate in the activity, I/we agree to immediately pay Northern Nevada Teen Challenge all of the costs/fees associated with the activity. If Northern Nevada Teen Challenge has not received the payment for the activity prior to the day of the activity, Northern Nevada Teen Challenge may, at their discretion, decline to allow my son to participate.

I/We release Northern Nevada Teen Challenge, Inc. from any responsibility for damages, physical injuries or loss of property arising from the activity, unless any such injury or loss is a result of the negligence of Northern Nevada Teen Challenge, Inc.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

# ATHLETICS RELEASE

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I/We, *(please print)* \_\_\_\_\_ the parent(s)/legal guardian(s) of *(full name)*, \_\_\_\_\_, a minor, hereby authorize and give consent for my/our son to participate in an off campus athletic program. I do hereby irrevocably covenant, promise and agree to indemnify Northern Nevada Teen Challenge, Inc., and to hold it and it's employees or volunteers harmless from and against any and all losses, claims, expenses, suits, costs, demands, damages, or liabilities, joint or several, of whatever kind or nature which my child may sustain or to which he may become subject arising out of or relating in any way to the off campus athletic program.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

Notary:



# RELEASE OF ALL RIGHTS IN PERSONAL STORY

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I and my child do hereby irrevocably authorize Northern Nevada Teen Challenge, Inc. and those acting under its permission and on its authority, to use and publish for lawful purpose whatsoever, my child's personal story which he has related to Northern Nevada Teen Challenge, Inc. in whole, or in part, including any photographs of him.

We hereby waive any right that we may have to inspect or approve the finished product or copy that may be used in connection therewith, or the use to which it may be applied.

We hereby release and discharge Northern Nevada Teen Challenge, Inc., its successors and assigns, and all persons acting under its permission or authority from any liability by virtue of misprint, error or distortion that may occur unless it can be shown that they and the publication thereof were maliciously caused, produced and published solely for the purpose of subjecting my child to conspicuous ridicule, scandal, reproach, scorn and indignity.

We do hereby warrant that we have every legal right to contract in the above manner and further, that all of the information in my child's personal story was obtained from my child and not from records subject to protection by law. I further warrant that I have read the above authorization and release, prior to its execution, and that I am fully familiar with the contents thereof.

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Student's Signature

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Parent/Guardian's Signature

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Date

Notary:

# TEMPORARY GUARDIANSHIP

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We/I, \_\_\_\_\_ and \_\_\_\_\_ (must be signed by both parents if they are living and not divorced; otherwise by the parent who has legal custody), appoint the Mr. Derek Johnson as temporary guardian of my/our son, \_\_\_\_\_ pursuant to NRS 159-205, to provide for his care, maintenance, education, and religious training.

We are/I am the natural parents/mother with legal custody/father with legal custody of \_\_\_\_\_, a minor child.

This guardianship is to continue for six months from the date stated below unless earlier terminated by me. We/I understand that I may consent to continue this guardianship after the six-month period and that this continuance will remain in effect until terminated by me in writing.

We/I agree to indemnify and hold Mr. Derek Johnson harmless for any liability incurred by him for actions or damages caused by our/my son while in his care.

We/I acknowledge that we/I have read this Temporary Guardianship, that we/I verify its contents as true, and that we/I acknowledge we are/I am signing this document voluntarily.

DATED: this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
PARENT

\_\_\_\_\_  
PARENT

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

On \_\_\_\_\_, before me personally appeared \_\_\_\_\_ and \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she executed the same in his/her authorized capacity and that by his/her signature on the instrument the person(s) executed the instrument.

Witness my hand and official seal.

\_\_\_\_\_  
NOTARY PUBLIC

# TUITION AND FINANCIAL POLICY AGREEMENT

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**Damage Deposit:** The damage deposit must be paid to Teen Challenge no later than the day the student enrolls. Money from the damage deposit will be used to replace or repair property damaged by the student. Teen Challenge of Nevada will make the determination whether damaged property should be repaired or replaced. If the damage deposit falls below 50% of the required deposit, the parent/legal guardian shall be required to bring the balance back up to the full deposit amount. The damage deposit balance at the time of student discharge will be refunded within 30 days of discharge provided all other tuition and fees are paid in full. **If any charges, fees, or tuition remain outstanding after 30 days, Teen Challenge of Nevada is authorized to use the deposit to cover the charges.**

**Return Fare Deposit:** The return fare deposit must be paid to Teen Challenge no later than the day the student enrolls. Money from the return fare deposit will be used at Teen Challenge of Nevada's discretion to pay for sending the student home if expelled from the program. The return fare deposit balance at the time of student discharge will be refunded within 30 days of discharge provided all other tuition and fees are paid in full. **If any charges, fees, or tuition remain outstanding after 30 days, Teen Challenge of Nevada is authorized to use the deposit to cover the charges.**

**Tuition:** Monthly Tuition fees are to be paid in advance with the first and last payment due on the day of enrollment. All subsequent payments will be due on either the 5<sup>th</sup> or the 20<sup>th</sup> as selected at the time of enrollment. The first months payment, due on admission, will be prorated to either the 5<sup>th</sup> or the 20<sup>th</sup> of the following month. Parents/Legal Guardians are required to pay the full monthly tuition during the time their son is enrolled in our program. This includes months when their son returns home for scheduled breaks.

**Late Tuition:** Tuition is due on the due date and must be received by Teen Challenge by that date. A 5% late fee will be accessed for tuition payments that are more that 5 days late. If a tuition payment is not received within 10 days of the due date the late fee will be increased to 15%. Late fees must be paid immediately. Parents/Legal Guardians should call the Business Office immediately if they need to make special arrangements for Tuition Payments. Unpaid tuition can cause the removal of the student from the program.

Parents/Legal Guardians of students who graduate our program will have their last month's tuition prorated to the day of graduation or the actual date their son leaves the center, whichever is later.

Parents/Legal Guardians of students who do not complete or graduate our program, are required to pay the full months tuition regardless of the discharge date or reason why the discharge occurred.

On rare occasions, Teen Challenge of Nevada may determine that our program is unable to provide adequate treatment for a particular student, due to circumstances beyond the reasonable control of the student or parent/legal guardian. In such circumstances, the student may be discharged and tuition fees for the month of discharge may be prorated.

***Teen Challenge of Nevada will not release transcripts or other student records until all fees are paid in full.***

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Parent/Legal Guardian's Signature

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Date

Notary:

# REPORTING CHILD ABUSE OR NEGLECT

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Each student shall have the right to be treated in accordance with Nevada statutes regarding child abuse and neglect. If a student feels that he has been abused or neglected, either before coming to Northern Nevada Teen Challenge or while in residence here, he shall follow these prescribed guidelines:

- The student must first make the on-duty staff aware of any situation that may constitute abuse or neglect. The on-duty staff shall then pass the report on to his/her supervisor.
- If the student is not comfortable relating the incident to the on-duty staff, the student shall have the opportunity to discuss the issues with either his advisor or counselor.
- If the student is dissatisfied with the results of this action, he shall request a conference with the Director, who shall then gather the information for reporting the occurrence to authorities.

The student should understand that not every complaint about treatment constitutes child abuse or neglect. The administration of Northern Nevada Teen Challenge, Inc. shall make the determination of what will be reported to the appropriate authorities, but neither should a student assume an incident is harmless nor that no action will be taken if a report is made. Due consideration will be given to each report of child abuse or neglect.

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Parent/Guardian's Signature

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Students Signature

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Date

# MEDICATION AUTHORIZATION AND CONSENT

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I/We, *(please print)* \_\_\_\_\_ the parent(s)/legal guardian(s)  
of *(full name)*, \_\_\_\_\_, a minor, hereby authorize and give consent to Northern  
Nevada Teen Challenge, Inc. to dispense aspirin, over the counter cold and flu medications, allergy medications  
and medicine prescribed by a physician to my/our son. I/we fully understand that as the parent(s)/legal  
guardian(s), I/we are fully responsible for the payment of any medication bills while my/our son is enrolled at  
Northern Nevada Teen Challenge, Inc.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Expiration Date

# MEDICAL PROVIDER AUTHORIZATION AND CONSENT

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I/We, *(please print)* \_\_\_\_\_ the parent(s)/legal guardian(s)  
of *(full name)*, \_\_\_\_\_, a minor, hereby authorize and give my/our consent to  
Northern Nevada Teen Challenge, Inc. to transport my/our son to medical care providers including medical  
doctors, dentists, orthodontists, and optometrists. I fully understand that as the parent(s)/legal guardian(s), I/we  
are fully responsible for the payment of any medical bill incurred while my son is enrolled at Northern Nevada  
Teen Challenge, Inc.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Expiration Date

# SAFETY PROVISIONS AND PARENT AUTHORIZATION

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**Inasmuch as I/we have enrolled my/our son *(full name)* \_\_\_\_\_ in Northern Nevada Teen Challenge and realizing that Northern Nevada Teen Challenge has exclusive control of my son during this time, I approve and consent to the following safety procedures to ensure the well-being of all participants:**

- My/Our child's personal effects and his person may be searched at the discretion of Northern Nevada Teen Challenge personnel for the exclusive purpose of discovering any prescribed or unprescribed drugs or medications, and that all prescribed medications to be taken by my/our son during the course of his enrollment be in the custody of and dispensed by Northern Nevada Teen Challenge personnel.
- That all medical personnel of any hospital or other appropriate medical facility shall have authorization to provide emergency medical treatment according to their professional discretion.
- That any and all psychologists, medical doctors, hospitals, counselors, therapists, or others who have counseled or treated my/our son, and whose names have been provided to Northern Nevada Teen Challenge, are hereby authorized to release all information regarding medical history, diagnosis, treatment, or disability to Northern Nevada Teen Challenge staff and consultants who will be involved in my/our son's care.
- Should our son run away from the control and supervision of the Northern Nevada Teen Challenge staff during his enrollment in the Northern Nevada Teen Challenge program, all appropriate law enforcement or security personnel of any federal, state, county, or municipal entity shall be directed to detail and retain custody of my/our son until my spouse or I or any Northern Nevada Teen Challenge personnel are contacted, at which time Northern Nevada Teen Challenge personnel may re-obtain custody or control of him, or they may authorize continued custody by the entity until travel is arranged for his immediate return to my/our home.
- That Northern Nevada Teen Challenge personnel shall be able to physically restrain, control, and detain my/our child for the following purposes:
  - a) To prevent him from running away from Northern Nevada Teen Challenge supervision, jeopardizing his safety and that of other students.
  - b) To detain him if for any reason he leaves the group and attempts to return home through any means of transportation. This detention shall be for a period of time until Northern Nevada Teen Challenge personnel have made telephone contact with me or my spouse, at which time a decision will be made to continue his stay at Northern Nevada Teen Challenge or return him home immediately.
  - c) To prevent him from hurting or jeopardizing the safety of anyone in the program.

**It is understood that any physical restraint will be the minimum required and will only be used to ensure his safety.**

\_\_\_\_\_  
Parent's Name *(printed)*

\_\_\_\_\_  
Spouse's Name *(printed)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Spouse's Signature

Notary:

# AUTOMATIC CREDIT CARD BILLING AUTHORIZATION

If you would like to enjoy the convenience of automatic billing, simply complete the information below and sign the form. **All requested information is required.** Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

## Student Information

Student's Name:

Enrollment Date:

## Payment Information

I authorize Teen Challenge of Nevada, Inc. to automatically bill the card listed below as specified (**Monthly billing Only**):

Tuition Amount: \$ \_\_\_\_\_

Select Tuition Billing Date: ☐ 1<sup>st</sup> for tuition due on the 5<sup>th</sup>  
☐ 16<sup>th</sup> for tuition due on the 20<sup>th</sup>

Start billing on (MM/YY): \_\_\_\_\_

End billing when: ☐ End Date (MM/YY) \_\_\_\_\_

☐ Cardholder provides written cancellation  
(At least 5 business days prior to billing date)

## Credit Card Information

Teen Challenge of Nevada, Inc. accepts the following credit cards: **Visa, MasterCard**

Credit card type:

Credit card number:

Expiration Date:

Cardholder's name:

Card Verification Code

Cardholder's Zip Code:

(as shown on credit card)

(from credit card billing address)

Cardholder's signature:

Date: