

ALERT

AIR LAND EMERGENCY RESOURCE TEAM



APPLICATION & QUESTIONNAIRE

One Academy Blvd. Big Sandy, TX 75755
Phone: 903-636-2000 • www.alertacademy.com



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To the applicant and his family,

I want to be the first to welcome you to the ALERT application process. The training program that lies ahead is designed to develop vital skills in your life for both present and future ministry opportunities.

Since its inception in 1994, the ALERT program has been a program of discipleship, skills training and ministry in serving others in time of need. Our goal is to *"Forge extraordinary men who will influence their world for Christ."* The Gospel is the only hope for a needy world and we are grateful to God for using the ALERT program as a tool to share this good news to those we come in contact with. Thousands of individuals have been touched by the ALERT program—either through active participation in it or on the receiving end, as men go out to minister through service and crisis response.

Basic Training is the foundational aspect of our programming, designed to develop discipline and Godly attitudes, while preparing you for the upcoming events that will be so crucial during the Emergency Response and Advanced Training phases of ALERT. Completion of Basic Training is not the end goal. We hope it is only the beginning of a life journey that is centered in God's will and growing closer to the Lord Jesus Christ with each successive day.

May God continue to guide you through the application process as you prayerfully consider each question and personal preparation for possible enrollment.

In His service,

A handwritten signature in black ink that reads 'Marv Behr'. The signature is written in a cursive, flowing style.

Colonel Marv Behr
ALERT Director/Commanding Officer

Application Updated: 7/20/18

If you received your application packet more than four months ago, please contact us to verify that it is still the most up-to-date version, or visit our website at www.alertacademy.com and download the latest application.

APPLICATION PROCESS

1. Complete Application

Complete the questionnaire in detail, **in your own handwriting**, and with your father's guidance. You may use extra paper when needed. If there is no longer a father in the home or he refuses to participate in the application process, a mother or trusted mentor should fill this out and identify herself/himself in the process. Please be honest with your answers or simply state, "I am uncomfortable answering." All answers will be kept strictly confidential. We suggest that you make a copy of your application. If you have any questions, you may call ALERT and request to speak with a Basic Training staff member.

Application Checklist

The following information **MUST** be mailed in before your application will be processed:

- \$35 or \$100 Application Fee*** (check made payable to ALERT)

**\$35.00 if application is mailed and received in hand at least two full weeks before the start of BT, otherwise \$100.*

- ALERT Application & Questionnaire**
- Copy of Insurance Cards**
- Photographs:** 1 family and 2 personal photographs (any size), taken in the last year
- Standards Agreement**

The following document may be mailed in separately:

- Physical Examination Form** (filled out by a qualified medical doctor.*)

** This form is not necessary for the initial processing of the application. It must however be in-hand **2 weeks** prior to the start of Basic Training and must be signed and dated by the Dr. within the **60 days** prior to the same date.*

2. Mail completed application packet to:

International ALERT Academy
Attn: Basic Training - Confidential
One Academy Blvd.
Big Sandy, TX 75755

3. Phone Interview

After receiving and reviewing your application, an ALERT Basic Training officer will conduct a phone interview to discuss your eligibility. Please allow 4 weeks from the day we receive your application to make this call. Following or during the phone interview, a decision or recommendation will be made regarding the training path that would be best for you.

4. Acceptance

Confirmation of your acceptance for an upcoming Basic Training unit will be sent by email, along with the packing list, transportation form, and final instructions for preparation.

STATEMENT OF NONDISCRIMINATION

The International ALERT Academy does not discriminate in its admissions or educational policies and programs on the basis of race, color, or national and ethnic origin.

ALERT VISION AND MISSION

The Air Land Emergency Resource Team is a Christian discipleship and service program that trains young men to meet needs in times of crisis. ALERT's goal is to help you grow physically and spiritually, teach you to be ready to serve with a Christ-like attitude, and train you with skills you can use wherever God's calling takes you.

VISION

Forging extraordinary men who influence their world for Christ.

MISSION

To develop disciplined, Christ-centered men equipped to serve as leaders in their homes, churches, and communities. ALERT challenges men in a way that prompts humble dependence on God and cultivates a heart for serving those in need through deployment opportunities and vocation training.

CORE VALUES

1. Only the **Gospel** transforms a man
2. **Hardness** matures a man
3. **Training** equips a man
4. **Camaraderie** strengthens a man
5. **Integrity** will define a man for a lifetime

After reading the above statements, can you fully commit yourself to this vision? No Yes

If not, with what do you disagree? _____

STANDARDS AGREEMENT

At the start of training, each man in training will receive a Regulation Manual which describes the principles and guidelines upon which ALERT operates. Several of these standards need to be understood prior to acceptance into ALERT. In order for us to effectively minister to those placed under our jurisdiction it is important for you read and understand the Standards Agreement. You will not be accepted until this document has been signed.

Have you read and signed the ALERT Standards Agreement? No Yes

If not, please do so immediately and send it in with your application. You may find it at www.alertmen.org/admissions

INTERNATIONAL ALERT ACADEMY APPLICATION & QUESTIONNAIRE

Please take time to thoughtfully and honestly complete this questionnaire with your father. If you do not have a father, work through this with a close and trusted male relative (uncle/grandfather) or your pastor.

Requested Unit/Start date: _____

PERSONAL:

Last Name: _____ First Name: _____ Middle: _____
 Date of Birth (mm/dd/yyyy): ____ / ____ / ____ Age: _____ Birth Order: _____
 Address: _____ City: _____ State/Province: _____
 Postal Code: _____ Country: _____ Citizenship: _____
 Home Phone: (____) _____ Personal Cell Phone: (____) _____
 Personal E-mail: _____

Email addresses in this application will be added to the Basic Training and ALERT Update email lists, as well as the Alumni list, at the completion of Basic Training.

CITIZENSHIP:

Primary Citizenship: _____ Are you a legal citizen of more than one country? No Yes
 If yes, please list other **legal** citizenship(s): _____
 Do you have a passport? No Yes Passport #: _____ Expiration Date: _____

In order to allow the International ALERT Academy to comply with certain federal recordkeeping requirements, please answer the following questions. This information will not affect your eligibility for acceptance into the ALERT Academy. Please see statement of nondiscrimination.

1. Are you Hispanic or Latino? No Yes
2. Please select one or more of the following racial categories that you most closely identify with:
 - American Indian or Alaskan Native
 - Native Hawaiian or Other Pacific Islander
 - Asian
 - White
 - Black or African American

FAMILY:

Parents' Names: _____
 Parents' Cell Phones (optional): Father: (____) _____ Mother: (____) _____
 Parents' Address (if different): _____
 Parent's E-mail: _____

List your siblings in birth order, and include yourself:

Name	Date of Birth	M/F		Name	Date of Birth	M/F
_____	____ / ____ / ____	_____		_____	____ / ____ / ____	_____
_____	____ / ____ / ____	_____		_____	____ / ____ / ____	_____
_____	____ / ____ / ____	_____		_____	____ / ____ / ____	_____
_____	____ / ____ / ____	_____		_____	____ / ____ / ____	_____

SIZING AND UNIFORM:

Initial and last name to be printed on uniform nametapes: .
Example: J. SMITH - Please print!

Height: _____ Shirt: Neck _____ Sleeve _____ Chest _____
 Weight: _____ Pants: Waist _____ Inseam _____ Shoe: _____

FAMILY HISTORY

FAMILY RELATIONSHIPS:

1. What is your parents' marital history? Married Widowed Divorced Previously Married

Explain (if necessary): _____

2. a. Is there harmony and a sense of security in your home? No Yes

b. Has there been abuse, neglect, etc.? No Yes

Explain: _____

3. Explain your father and mothers' relationship: _____

4. Explain your relationship with your parents: _____

5. Who is the spiritual leader of your home? Has that always been? Explain: _____

6. Are you adopted or a foster child? No Yes If yes, how old were you? _____

7. a. Do you have a girlfriend? No Yes

b. Are you involved in a courtship? No Yes

c. If 'yes' to any of the previous questions, who? _____

Would you say that your parents are 'guiding' or 'tolerating' this relationship? Explain: _____

PLEASE SEE ALERT'S STANDARDS AGREEMENT REGARDING RELATIONSHIPS.

PERSONAL HISTORY

RECRUITING:

Where did you hear about ALERT? ATI/IBLP ALERT Cadets Friend Brother Mobile Ministry Team
 Magazine Ad Book Fair _____ Other _____
(Date and Location) (Please Specify)

Who recruited you to come to ALERT? _____

PREVIOUS ENROLLMENT INFORMATION:

Currently or previously enrolled in ATI? No Yes Years in ATI: _____ Family ID: _____

Have you ever attended Journey to the Heart? No Yes When: _____

Have you been enrolled in the ALERT Cadet Program? No Yes Squad: _____

Have you ever attended Quest? No Yes When: _____

PHYSICAL:

- 1. a. Have you ever been involved in a sexual relationship? No Yes
- b. Have you ever been involved in a homosexual relationship? No Yes
- c. Have you ever fathered children? No Yes
- d. Have you ever been physically beaten or sexually molested? No Yes

If yes, explain: _____

- 2. a. Have you ever been involved in criminal activity? No Yes
- b. Have you ever been **convicted** of criminal activity? No Yes

If yes, explain: _____

- 3. Do you have any tattoos on your body or, are you considering obtaining one before coming to ALERT?
 No *If one is obtained before you come to Basic Training or during any portion of your training at ALERT, whether visible or not, or this information is falsified your training with ALERT will be terminated.*
 Yes Where is it located on your body? _____

4. Which of the following have applied, or do apply, to your life?

	Past	Present	If in the past, how long has it been since you participated?
Pornography	<input type="checkbox"/>	<input type="checkbox"/>	_____
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	_____
Using street drugs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drinking alcohol	<input type="checkbox"/>	<input type="checkbox"/>	_____

- 5. Have you ever been evaluated or treated for psychiatric/mental disorders? No Yes
If yes, what were you evaluated for? _____
Who evaluated you? _____

MENTAL:

- 1. Do you ever struggle with your thought life? Explain: _____

- 2. Have you ever been evaluated for a learning disability? No Yes Explain: _____

- 3. a. How many hours of TV do you watch per day? _____ Week? _____ Month? _____
b. How often do you watch movies? _____ How often do you go to the theater? _____

- 4. a. List your five favorite TV programs.
1). _____ 2). _____ 3). _____
4). _____ 5). _____
- b. List the names of the movies you have seen in the last two months. _____

- 5. How many hours do you spend playing video/computer games each: Day? _____ Week? _____ Month? _____

- 6. How many hours per week do you spend reading? _____

- 7. What books have you read in the past two months? _____

SPIRITUAL:

- 1. If you were to die tonight, do you know where you would spend eternity? No Yes
- 2. Please write your salvation testimony and what being a Christian means to you. *(Feel free to use a separate piece of paper if the space given is not adequate.)* _____

- 3. Are you plagued with doubts concerning your salvation? No Yes
- 4. Using the following scale, rate your spiritual walk with the Lord.
Spiritually cold and distant from the things of God → 1 2 3 4 5 6 7 ← *Very dynamic, active spiritual life and walk with God*
- 5. Are you presently making a point to fellowship with other believers? No Yes
Where and when? _____
- 6. Are you under the authority of a local church where the Bible is taught? No Yes
Church: _____ Denomination: _____
Pastor's Name: _____ E-mail address: _____
- 7. Do you have a regular devotional time in the Bible? No Yes
When and to what extent? _____
- 8. Do you find prayer mentally difficult? No Yes Explain: _____

- 9. What is the greatest struggle in your spiritual life and your walk with the Lord? _____

EXTRANEIOUS SPIRITUAL EXPERIENCES:

- 1. List, if any, activities you have been involved in which you consider to be anti-Christian, unbiblical, ungodly, or that *had satanic involvement.* _____

2. Have you ever heard or seen a spiritual being in your room or anywhere else? No Yes

Explain: _____

3. What other spiritual experiences have you had that would be considered "out of the ordinary" (telepathy, speaking in a trance, knowing something supernaturally, etc.)? _____

EMOTIONAL:

1. Is there someone in your life with whom you could be emotionally honest right now (i.e., you could tell this person exactly how you feel about yourself, life, and other people)? No Yes

Who? _____

2. If you could change anything about yourself, would you? No Yes

What would it be, and why? _____

LIFE PERSPECTIVE:

1. How would you react if your father restricted your association with certain friends with whom you desired to spend time? _____

2. What would you do if you were told by someone in authority to do something that, although it was morally right, interrupted your plans and was not something you wanted to do? _____

3. In your opinion, what is your greatest weakness or need? _____

4. Have you ever rebelled? Describe, and to what degree: _____

5. Have you ever run away from home? No Yes When? _____ For how long? _____

Explain: _____

6. Give specific examples of musical artists you listen to. _____

7. Do your parents Approve Tolerate Disapprove of your choice of music?

Explain. _____

8. a. Are you employed? No Yes What is your job? _____ Hours per week? _____

b. Have you ever been fired? No Yes Explain: _____

PHYSICAL ACTIVITY:

- 1. Have you ever played on an organized sports team? No Yes What type? _____
For how long: _____ What position? _____
- 2. Do you play recreational sports (i.e. backyard football, baseball, soccer, hockey, street basketball, etc.)? No Yes
How much/often? _____
- 3. How often do you exercise? _____ per day _____ per week.
- 4. How often and to what distance do you run? _____ times per week for _____ minutes or miles.
- 5. Do you do manual labor (i.e. farm work/landscaping)? No Yes _____ hours per week.
- 6. How much time do you spend outside? Approximately _____ hours per week.

PHYSICAL TRAINING STANDARDS TEST:

*Before completing the following physical training standards test, please read the descriptions and instructions on page 18 of this application. We have a minimal number of repetitions and maximum amount of time allowed for the 2 mile run. You will be notified if you have not met our minimal requirements during the processing of your application. Therefore it is vital that you do your **absolute best**, this will allow us to guide you in specific areas of preparation for our training.*

PLEASE BE EXACT; DO NOT ESTIMATE!

- 1. Push-ups (maximum number completed in 2 minutes): _____
 - 2. Sit-ups (maximum number completed in 2 minutes): _____
 - 3. Flutter-kicks (maximum number completed in 2 minutes): _____
 - 4. Two mile run (run on a road or track surface; do not run on a treadmill) completed in: _____ minutes, _____ seconds.
- PT Test witnessed and verified by: _____

PERSONAL INFO:
Height: _____
Weight: _____

PERSONAL VISION:

- 1. Where do you want to be, or what do you believe it is important for you to be doing:
 - a. One year from now? _____
 - b. Five years from now? _____
- 2. How does ALERT fit into God’s plan for your life? _____

- 3. Is ALERT training your choice? No Yes Explain: _____

Indicate with an X on this line what best describes your decision to attend ALERT.

Totally my parent’s decision-----Totally my desire

- 4. Please describe in a short paragraph why you want to come to ALERT and what training you are looking forward to receiving. _____

FATHER QUESTIONNAIRE

Dear Fathers, the information you provide is vital in determining where your son is spiritually, emotionally, and intellectually. Please take time to share as much as you can. Thank you! *(Please print clearly)*

PERSONAL:

Name (Last, First, MI): _____

Spiritual gift (if known): _____ Age: _____ Years in ATI (if applicable): _____

Occupation: _____

Work Phone: (_____) _____ Can we call you during the day at work? No Yes

E-Mail: _____

(Required to receive weekly evaluations and communications from BT officers)

1. Would you consider yourself to be a born-again Christian? No Yes Uncertain

If yes, please share your salvation testimony and what it means to you to be a Christian. _____

2. What kind of spiritual example are you setting for your children? Does your spiritual life impact them in a positive way? Explain: _____

3. Do your children see you as a man of prayer? No Yes Do they know of a recent answer to prayer in your life? No Yes Example: _____

4. Do your actions and attitudes before your children reflect a love for God and a hatred of sin? No Yes

5. Is your confidence in the promises of God obvious to your children? No Yes Explain: _____

YOUR SON:

1. How would you describe your relationship with your son? _____

2. Have you ever wounded your son's spirit? No Yes Explain: _____

3. Where is your son in his spiritual and physical development? _____

4. What would you like to see developed in your son's life during his time in ALERT? _____

5. Is your son out from under your authority in any area? No Yes If yes, please explain: _____

6. How does your son relate to his siblings in the home? Explain: _____

7. Does your son maintain a daily schedule? No Yes If yes, is it productive? No Yes
Explain: _____

8. How would you describe the way that he undertakes tasks and chores around the home? _____

9. What is your desire for your son at the end of his ALERT training (e.g., marriage, schooling, service at ALERT, military, job)? _____

10. List any other information that you feel would help us understand and offer help to your son. (Attach additional paper if necessary.) _____

MEDICAL HISTORY FORM

GENERAL INFORMATION:

Last Name: _____ First Name: _____ Middle: _____
Date of Birth (mm/dd/yyyy): ____ / ____ / ____ Social Security #: _____
Address: _____ City: _____ State/Province: _____
Postal Code: _____ Country: _____ Phone: (____) _____

EMERGENCY CONTACT:

Name: _____ Relationship to you: _____
Phone: (____) _____ Day time: (____) _____

INSURANCE INFORMATION: Attach a copy of your insurance cards None

Company: _____ ID/Policy number: _____
Group number: _____ Rx BIN number (6 digits): _____
Carrier's Employer: _____
Phone Number: (____) _____ Fax: (____) _____
Street: _____ City: _____ State/Province _____
Postal Code: _____ Country: _____

Father's Name: _____ Father's date of birth: ____ / ____ / ____
Mother's Name: _____ Mother's date of birth: ____ / ____ / ____

PERSONAL PHYSICIAN OR HEALTH-CARE PROVIDER:

Name: _____ Street: _____ City: _____
State/Province: _____ ZIP/Postal Code: _____ Country: _____
Phone Number: (____) _____ Fax: (____) _____

CONDITIONS YOU HAVE EXPERIENCED:

Please check the box indicating the medical conditions you have experienced. Any one item of this information could prove to be a deciding factor in a medical situation.

Past Present

- Appendectomy
- Asthma (*sudden, difficult breathing and wheezing*)
- Blood transfusion(s) received
Date: _____
- Bronchitis (*inflammation of the windpipe*)
- Cancer
- Chicken pox
- Cholecystectomy (*removal of the gall bladder*)

Past Present

- Chronic ear infections
- Coma
- Diabetes
- Glaucoma (*increased inner-eye pressure*)
- Heart problems
- Hepatitis
What kind? _____ Date: _____

(continued on next page...)

Past Present

- Hypertension (*high blood pressure*)
- Inflammation of throat
- Measles
- Meningitis
- Multiple sclerosis
- Mumps
- Penicillin allergies
- Peptic ulcer disease (*ulcers caused by acid*)
- Pneumonia (*inflammation of the lungs*)
- Polio
- Rheumatic fever
- Rubella (*German measles*)
- Scarlet fever
- Seizures
- Sterilization
- Sexually transmitted disease
List types and dates on lines provided below
- Stroke
- Sulfa drug allergies
- Thyroid problems
- Tuberculosis
(infectious disease of the respiratory system)
- Varicose veins
- Other: _____

- Food Allergies: _____

- Other Allergies (*medicine, pollen, insects*): _____

- Other Surgery (*give date*): _____

- Serious Injuries: _____

- Recurring Injuries: _____

IMMUNIZATIONS:

- | | |
|---------------------------------------|---------------------------|
| | Date of last shot: |
| <input type="checkbox"/> Hepatitis A | Date: _____ |
| <input type="checkbox"/> Hepatitis B | Date: _____ |
| <input type="checkbox"/> Hib | Date: _____ |
| <input type="checkbox"/> MMR | Date: _____ |
| <input type="checkbox"/> Rubella | Date: _____ |
| <input type="checkbox"/> Mumps | Date: _____ |
| <input type="checkbox"/> Measles | Date: _____ |
| <input type="checkbox"/> Polio | Date: _____ |
| <input type="checkbox"/> Tetanus | Date: _____ |
| <input type="checkbox"/> Chickenpox | Date: _____ |
| <input type="checkbox"/> Other: _____ | Date: _____ |
| <input type="checkbox"/> Other: _____ | Date: _____ |
| <input type="checkbox"/> Other: _____ | Date: _____ |

MISCELLANEOUS INFORMATION:

Blood type (*if known*): _____
 Body weight: _____
 Height: _____

PRESENT MEDICATIONS:

_____ For: _____
 _____ For: _____
 _____ For: _____
 _____ For: _____
 _____ For: _____
 _____ For: _____

SPECIAL DIETARY RESTRICTIONS:

PHYSICAL EXAMINATION FORM:

Explain "Yes" answers on lines provided below. Circle questions you don't know the answer to.

- | Yes | No |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Have you had a medical illness or injury since your last checkup or sports physical? |
| <input type="checkbox"/> | <input type="checkbox"/> Do you have an ongoing or chronic illness? |
| <input type="checkbox"/> | <input type="checkbox"/> Have you ever been hospitalized overnight? |
| <input type="checkbox"/> | <input type="checkbox"/> Have you ever taken any supplements or vitamins to help you gain or lose weight or to improve your performance? |
| <input type="checkbox"/> | <input type="checkbox"/> Have you ever had a rash or hives develop during or after exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> Do you get tired more quickly than your friends do during exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> Have you ever had racing of your heart or skipped heartbeats? |
| <input type="checkbox"/> | <input type="checkbox"/> Have you had high blood pressure or high cholesterol? |
| <input type="checkbox"/> | <input type="checkbox"/> Have you ever been told you have a heart murmur? |
| <input type="checkbox"/> | <input type="checkbox"/> Has any family member or relative died of heart problems or of sudden death before age 50? |
| <input type="checkbox"/> | <input type="checkbox"/> Have you had a severe heart infection (<i>e.g., myocarditis or pericarditis</i>)? |
| <input type="checkbox"/> | <input type="checkbox"/> Is there a family history of heart problems in close relatives younger than age 50 (<i>e.g., enlarged heart, cardiomyopathy, long QT, abnormal EKG, abnormal heart rhythm</i>)? |
| <input type="checkbox"/> | <input type="checkbox"/> Is there a family history of Marfan's Syndrome? |
| <input type="checkbox"/> | <input type="checkbox"/> Has a physician ever denied or restricted your participation in sports for any heart problem? |
| <input type="checkbox"/> | <input type="checkbox"/> Have you ever had a severe viral infection (<i>e.g., mononucleosis</i>)? |
| <input type="checkbox"/> | <input type="checkbox"/> Do you have any current skin problems (<i>e.g., itching, rashes, acne, warts, fungus, or blisters</i>)? |
| <input type="checkbox"/> | <input type="checkbox"/> Have you ever had a head injury or concussion? |
| <input type="checkbox"/> | <input type="checkbox"/> Have you ever been knocked out, become unconscious, or lost your memory? |
| <input type="checkbox"/> | <input type="checkbox"/> Do you have frequent or severe headaches? |
| <input type="checkbox"/> | <input type="checkbox"/> Have you ever had numbness or tingling in your arms, hands, legs, or feet? |
| <input type="checkbox"/> | <input type="checkbox"/> Have you ever had a stinger, burner, or pinched nerve? |
| <input type="checkbox"/> | <input type="checkbox"/> Have you ever become ill from exercising in the heat? |
| <input type="checkbox"/> | <input type="checkbox"/> Do you cough, wheeze, or have trouble breathing during or after activity? |
| <input type="checkbox"/> | <input type="checkbox"/> Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (<i>e.g. knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid</i>)? |
| <input type="checkbox"/> | <input type="checkbox"/> Have you had any problems with your eyes or vision? |
| <input type="checkbox"/> | <input type="checkbox"/> Do you wear glasses, contacts, or protective eyewear? |
| <input type="checkbox"/> | <input type="checkbox"/> Have you ever had a sprain, strain or swelling after injury? |
| <input type="checkbox"/> | <input type="checkbox"/> Have you broken or fractured any bones or dislocated any joints? |
| <input type="checkbox"/> | <input type="checkbox"/> Have you ever had knee surgery? |
| <input type="checkbox"/> | <input type="checkbox"/> Have you ever had back surgery? |
| <input type="checkbox"/> | <input type="checkbox"/> Have you had any other problems with pain or swelling in muscles, tendons, bones or joints? |
- If yes, check the appropriate box: Head Neck Back Chest Shoulder Upper Arm Elbow Forearm Wrist Hand Finger Hip Thigh Knee Shin/Calf Ankle Foot

Yes No

- Do you want to weigh more or less than you do now?
- Do you lose weight regularly to meet weight requirements for your sport?
- Do you feel stressed out?

Explain "Yes" answers here:

ADDITIONAL MEDICAL INFORMATION:

Please list any additional medical information that it would be helpful for us to know.

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of International Alert Academy, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "IAA"), I hereby agree to release, indemnify, and discharge IAA, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in outdoor adventure based and other recreational activities including but not limited to: hiking, biking, camping, river trips, swimming, climbing walls, rappelling, emergency training, etc., entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: slips and falls; falling objects; the hazards of walking on uneven or rough terrain; collision with fixed or movable objects or people; accidents involving other bicycles or vehicles; pinches, scrapes, twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures; musculoskeletal injuries including head, neck, and back injuries; exhaustion; exposure to temperature and weather extremes which could cause: hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration, frostbite, frostnip; avalanches; exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; rope burns; the use of climbing ropes and equipment; equipment failure and/or operator error; water hazards; whitewater; boat capsize; accidental drowning; exposure to cold water can result in cold shock, hypothermia and in extreme cases death; accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered; consumption of food or drink; the negligence of other climbers, visitors, participants, or other persons who may be present; and improper lifting or carrying; my own physical condition, and the physical exertion associated with this activity.

Furthermore, IAA employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction or fail.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless IAA from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of IAA's equipment or facilities, **including any such claims which allege negligent acts or omissions of IAA.**
4. Should IAA or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against IAA, I agree to do so solely in the state of Texas, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.
7. I give permission to the International ALERT Academy to use my name, likeness or voice in any electronic, digital, or printed media.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against IAA on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Participant Signature: _____ Date: _____

Print Name: _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION

(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name)
("Minor") being permitted by IAA to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless IAA from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Date: _____

Print Name: _____

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ALERT PHYSICAL TRAINING STANDARDS

Over the years, those who prepared physically prior to coming to ALERT attained a higher success rate in meeting the physical training (PT) standards. Therefore, prior to entering ALERT, each applicant should prepare himself by performing the following exercises. These are the minimum standards, and we strongly encourage you to maintain a physical regimen in the weeks prior to coming to ALERT. Each exercise should be timed and/or counted by the father or like authority, then signed off as complete.

Caution: ALERT Basic Training requirements were established to better prepare your son for the physical rigors of boot camp and to protect him from injury. We encourage you to follow these guidelines carefully to protect your son's health by seeing that he properly trains over the appropriate length of time prior to arrival at Basic Training.

RUNNING

You will be required to do extensive running during ALERT training. These runs progress rapidly and after several weeks will vary up to 40 minutes or longer in duration. You should be able to run continuously for two miles without stopping to rest or walk. (Most of the running will be on road surfaces.)

PUSH-UPS (DEVELOP THE CHEST AND TRICEPS)

Push-ups are a two-count or four-count exercise. Starting position is: hands shoulder-width apart with arms straight and directly below the chest on the ground; the legs are extended, and the back and legs remain straight. Count one: lower the chest until the elbows are bent at a 90° angle. Count two: return to the starting position. Counts three and four are repeats of the same movements. The only authorized rest position is the starting position. You should be able to do at least 20 two-count push-ups in two minutes without bending your back or resting your body or knees on the ground.

SIT-UPS (DEVELOP THE HIP FLEXORS AND ABDOMEN)

This is a two-count or four-count exercise. Starting position is: back flat on the ground, hands must be in contact with sides of head at all times, head off the ground, and knees bent at approximately a 90° angle. The feet (only) may be held by another individual during the exercise. Count one: sit up and touch the elbows to the top of the kneecap (back is perpendicular to the ground). Count two: return to the starting position. Counts three and four are repeats of the same movements. There is no rest position during this exercise. The buttocks must remain on the ground, and the hands must remain in the starting position. At no time should the hands release from the head. You should be able to do at least 25 two-count sit-ups in two minutes without lying on the ground or grabbing the legs to sit up.

FLUTTER-KICKS (DEVELOP TO HIP FLEXORS, ABDOMEN, AND LEGS)

This is a two-count or four-count exercise. Starting position is: lying flat on the back with the feet and head approximately 6 inches off the ground; hands are under the buttocks; fists are clenched to support the lower back. Count one: raise the left leg to approximately a 45° angle, keeping the right leg stationary. Count two: raise the right leg to approximately a 45° angle, moving the left leg to the starting position. Counts three and four are repeats of the same movements. Legs must be locked with the toes pointing away from the body. There is no rest during this exercise. You should be able to do at least 30 two-count flutter-kicks in two minutes without feet or head touching the ground.

A **Sports Physical** is an important step in protecting you from further aggravating an existing injury. For this reason, a copy of the physical must be sent in 2 weeks prior to the start date of Basic Training. The physical must be signed and dated within 60 days of the same date. Go to www.alertacademy.com/alert/admissions to download the Sports Physical Form and accompanying letter.