

# LOGAN RIVER ACADEMY

## APPLICANT INFORMATION

Client Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M F

Mailing Address: \_\_\_\_\_  
Street or PO Box City State Zip

Residence Address: \_\_\_\_\_  
Street or PO Box City State Zip

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
City State

If Adopted, when? \_\_\_\_\_ Social Security No.: \_\_\_\_\_

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

### In case of emergency--Name of person to notify:

Name	Relationship	Address	Telephone
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### Client Medical Coverage:

Name of Insured: \_\_\_\_\_ Insured Social Security No.: \_\_\_\_\_

Group No.: \_\_\_\_\_ Policy No.: \_\_\_\_\_ Certification No.: \_\_\_\_\_

Insurance Company: \_\_\_\_\_  
Name Address City State

Phone No.: \_\_\_\_\_ Medication Card No.: \_\_\_\_\_

Secondary Insurance Co.: \_\_\_\_\_  
Name Address City State

Phone No.: \_\_\_\_\_

### Legal Guardian Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home Work

Mailing Address: \_\_\_\_\_  
Street or PO Box City State Zip

Residence Address: \_\_\_\_\_  
Street or PO Box City State Zip

Email Address \_\_\_\_\_ @ \_\_\_\_\_

Employer: \_\_\_\_\_  
Name Street or PO Box City State

**Father Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home Work

Mailing Address: \_\_\_\_\_  
Street or PO Box City State Zip

Residence Address: \_\_\_\_\_  
Street or PO Box City State Zip

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Employer: \_\_\_\_\_  
Name Street or PO Box City State

Education: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**Mother Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home Work

Mailing Address: \_\_\_\_\_  
Street or PO Box City State Zip

Residence Address: \_\_\_\_\_  
Street or PO Box City State Zip

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Employer: \_\_\_\_\_  
Name Street or PO Box City State

Education: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**Step Parent Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Home Work

Mailing Address: \_\_\_\_\_  
Street or PO Box City State Zip

Residence Address: \_\_\_\_\_  
Street or PO Box City State Zip

Email Address: \_\_\_\_\_ @ \_\_\_\_\_

Employer: \_\_\_\_\_  
Name Street or PO Box City State

Education: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**Referral Information:**

Friend  Relative  Professional  Agency  Advertisement  Internet  Other

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

# LOGAN RIVER ACADEMY CONTRACT

AGREEMENT dated \_\_\_\_\_, 20\_\_\_\_\_, between Logan River Academy, LLC (hereinafter "the Academy") and (hereinafter "the Sponsor(s)") whose address is \_\_\_\_\_

In consideration of the mutual promises set forth in this Agreement, the Academy and the Sponsor(s) (hereinafter "the Parties") agree as follows:

1. SPONSORS. The Sponsors affirm that they are the legal \_\_\_\_\_ with \_\_\_\_\_  
(parent(s)/guardians) (full legal/joint/physical only)  
custody of \_\_\_\_\_  
(name of child/ward)

(hereinafter "the Client") whose birth date is \_\_\_\_\_, 19\_\_\_\_\_, and that they expressly desire to contract for his/her admission in the Academy according to the terms of this Agreement. The Academy shall be entitled to rely on the representations of either of the above-named Sponsors with respect to the Client, regardless of whether the term "Sponsor" appears in this Agreement in the singular or the plural.

2. ADMISSION OF CLIENT. Upon the completion of this Agreement, the Academy accepts for admission the above-named Client and promises to undertake and provide the following services and facilities: Room and Board; routine academic services and testing; all routine therapeutic and behavioral modification services and testing; first-aid supplies and nursing services; labeling of Client's clothing; laundry services; supervised use of recreational equipment and facilities; and supervised work projects.

3. CONTRACT PERIOD. This Agreement will begin \_\_\_\_\_, 20\_\_\_\_\_, and shall be renewed automatically on a month-to-month basis, unless either party terminates this Agreement by giving written notice to the other party as outlined in Sections 8.a. and 8.b. All clients accepted for admission are accepted on the condition that they will complete individual education and treatment goals.

#### 4. FINANCIAL PROVISION.

a. ROOM AND BOARD, THERAPY, AND TREATMENT CHARGE. The daily rate for services described under section 2. shall be \$ \_\_\_\_\_.

b. ADDITIONAL COSTS AND EXPENSES. In addition to the above payments, the Sponsor(s) agree to pay for the following expenses incurred by the Client, which expenses will be billed to the Sponsors monthly, as they arise: Medical (including medication checks), dental and laboratory; clothing; personal amenities, rental or purchase of gym clothing; haircuts; postal and all telephone calls for personal and therapeutic purposes; airline or other forms of commercial travel; reasonable costs of ground transportation provided to Client, which transportation is not associated with the regular activities and programs of the Academy (e.g., doctor and dentist appointments, and travel to and from airports); incidental allowance expenditures (varies from \$2.50 to \$15.00 per week, depending upon the Client's status in the Academy program); and requests for academic transcripts to be sent to more than one facility. Special academic services will be charged according to individual needs, as authorized by Sponsor. All costs incurred for outside medical and dental service, as authorized by Sponsor and payable to outside providers.

c. PAYMENT SCHEDULE. An initial placement payment of \$ \_\_\_\_\_ shall be paid upon admission. Charges described under 4.a. and 4.b. shall be due and payable monthly.

d. ANNUAL RATE INCREASE. The daily rate described under 4.a. and 4.b. shall be subject to annual increase.

e. CLIENT'S RESERVE ACCOUNT. As applicable, to facilitate the handling of the above incidental Client expenditures, the Sponsors agree to deposit, upon Client's admission, the amount of \$500.00 (five hundred dollars) as prepayment of incidental costs.

f. RESPONSIBILITY FOR DAMAGE TO PROPERTY BY THE CLIENT. Sponsors agree to be financially responsible for the costs of repairing or replacing any property, or property belonging to others, which may be located at the facility which has been damaged, defaced or destroyed by the Client.

g. EXPENSES FOR THE ASSISTANCE IN THE RETURN OF RUNAWAY CLIENT. In the event that the Client becomes a runaway, either from Academy or elsewhere, the Academy will use reasonable efforts to assist the Sponsors in finding the Client and in obtaining the safe return of the Client to the Academy. An accounting of the expenses incurred by the Academy while assisting the Sponsors in finding and returning the Client to the Academy will be made to the Sponsors. **Sponsors will be responsible for one-half of such expenses** in those instances where the Client runs away from the Academy or one of its supervised activities; however, the **Sponsors will be responsible for the full amount of such expenses in those instances where the Client runs away while on any Sponsor-authorized visit away from the Academy.**

h. RESPONSIBILITY FOR LOSS OR DAMAGE TO THE CLIENT'S PROPERTY The Academy is not liable financially or otherwise, for loss, damage, or theft of any of the Client's property.

i. COST OF COLLECTION: ATTORNEY FEES. Sponsors agree to pay the cost of collection of any amounts due under this Agreement, including reasonable attorney's fees at the rate of 35% of the balance assigned.

5. RESPONSIBILITY FOR INJURIES OR ACCIDENTS. The Academy is not liable for any injuries, illness, or other damages occurring to the Client during the term of admission, including any resulting from the Client's participation (on or off the Academy campus) in programs and activities of the Academy.

6. RELEASE OF RECORDS. The Academy shall release the Client's transcript and records to other facilities upon the specific request of the Sponsors, provided, however, **that transcripts and records of academic credits shall NOT be released until all amounts owing the Academy under this Agreement at the time of the request shall be paid in full.**

7. CHOICE OF JURISDICTION, LAW, AND OTHER MATTERS. **Sponsors agree to be subject to jurisdiction of Utah Courts in any dispute between the parties to this Agreement.** The parties agree that this Agreement constitutes a business transaction in subject to the provisions of Title 78, Chapter 27, Section 24, of the Utah Code Annotated 1953 and as amended. Moreover, the Parties agree that Utah law shall govern this Agreement Failure of either Party to enforce any term or provision of this Agreement shall not constitute or be construed as a waiver of such term or provision or the right to enforce it. If any provision of the Agreement is construed to be overbroad as written, the remaining provisions shall remain enforceable according to applicable law.

8. EARLY ENROLLMENT TERMINATION.

a. TERMINATION BY ACADEMY. Academy reserves the right to terminate this Agreement at any time upon seven (7) days advance notice to Sponsors. In the event of such termination by Academy, Academy shall refund such portion of the charges which have been paid by Sponsors for the period following discharge.

b. WITHDRAWAL BY SPONSORS. Sponsors retain the right to terminate the Agreement at any time without penalty after ninety (90) days advance notice to the Academy. In the event Sponsors withdraw the Client prior to completion of Treatment Plan without ninety (90) days notice, Sponsors shall pay the Academy three (3) installments of the monthly charge. The equivalent of three (3) monthly installments is considered by the Parties to this Agreement as a reasonable pre-estimate of the probable losses which would be sustained by The Academy in the event of a withdrawal of the Client prior to completion of Treatment Plan. This "loss" amount is not considered by either of the parties to the Agreement as a penalty for early withdrawal of the Client. Instead, because the cost amounts of such items as contracted staff salaries, incurred debt reduction, staff schedules, inventories, operating expenses, etc., are so difficult or impossible to accurately estimate, the three (3) monthly installment equivalent appears to each of the Parties as a reasonable estimate of the School's losses associated with early withdrawal of the Client.

9. BENEFITS ASSIGNMENT. In consideration of medical services rendered by Academy, to the extent permitted by law, I hereby (I) irrevocably assign, transfer and set over to Academy (II) all of my rights, title and interest to medical reimbursement, including, but not limited to, (III) the right to designate a beneficiary, add dependent eligibility and (IV) to have an individual policy continued or issued in accordance with the terms and benefits under any insurance policy, subscription certificate or other health benefit indemnification agreement otherwise payable to me for those services rendered by Academy during the pendency of the claim for this admission. Such irrevocable assignment and transfer shall be for the recovery on said policy(ies) of insurance, but shall not be construed to be an obligation of Academy to pursue any such right of recovery. I hereby authorize the insurance company(ies) or third party payor(s) to pay directly to Academy all benefits due for services rendered.

The undersigned agree(s) that in the event that other healthcare professional providers, including but not limited to other hospital(s), furnish services to the Client while in Academy, the consent(s), assignment(s), guarantee(s) and release(s) herein above set out apply to such other providers and services.

10.SCOPE AND MEANING OF AGREEMENT. Sponsors hereby acknowledge that they have read the Agreement and that they understand and assent to its provisions. This Agreement constitutes the entire Agreement between the Parties except as may be noted by attached Addendum when appropriate.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the last date set forth below.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Sponsor (Father/Guardian)

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Sponsor (Mother/Guardian)

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Financial Sponsor other than Guardian

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative of Logan River Academy

# Logan River Academy, LLC

## Consent for Treatment and Participation

I/We hereby grant to Logan River Academy, hereafter referred to as "Academy," full informed consent, authority and permission to provide such care, treatment and evaluation, to the minor child \_\_\_\_\_, Date of Birth \_\_\_\_\_, as the Academy considers to be necessary and appropriate, consistent with the needs of the patient. This shall include consent for securing urgent or emergency medical or dental treatment when, in the opinion of the Academy, such treatment is appropriate. Authorization is given for pregnancy testing, drug screening and tuberculosis testing. The Academy is authorized to provide for hospital care and to authorize a physician to perform any procedures that may be deemed medically necessary for the well being of the client.

\_\_\_\_\_  
(Parent/Guardian) (Date)

I/We further consent for Logan River Academy to release confidential medical and mental health information to those agents whose direct responsibility is to determine medical necessity and/or payment of claims. I We understand that the records may contain diagnosis, treatment and prognosis with respect to physical and mental conditions, to include records of alcohol and drug abuse, and/or treatment.

I/We further give informed consent for the client to participate in all programs and activities of the Academy, including but not limited to educational or therapeutic programs, work projects, training programs, and various forms of recreation and athletics, except the following specified programs or activities: \_\_\_\_\_.

I/We further agree to release the Academy, its employees and its agents from all liability for any injury to the patient caused by any act or omission on their part in the course of such field trips, activities, and leaves; and to indemnify and hold harmless the Academy, its medical staff, its employees and its agents from all claims, costs and losses incurred as a result of any act of the patient while on such field trips, activities and leaves.

I/We consent to the taking of photographs and to videotaping for internal identification and therapeutic purposes. It is understood that, with the specific exception of identification of patients absent without leave, no likeness shall be disclosed externally without specific written authorization.

I/We understand that the use of reasonable restraint and or confinement may be necessary, if severity of symptoms or behaviors warrant, in order to protect the patient from harming himself or others, or destroying Academy property. Should such restraint and or confinement become necessary during the patient's admission, I We understand and agree to indemnify the Academy, its employees or agents from any loss due to injury that may occur as a result of such restraint and or confinement.

I/We understand that for the safety of all students at the Academy, personal searches of your student occur when needed, including at admission, returning from off-campus activities & visits, upon leaving campus for visits, or as appropriate circumstances require.

\_\_\_\_\_  
(Parent/Guardian) (Social Security No.) (Date)

\_\_\_\_\_  
(Parent/Guardian) (Social Security No.) (Date)

\_\_\_\_\_  
(Witness) (Date)

# LOGAN RIVER ACADEMY CLIENT LEGAL STATUS

CLIENT NAME: \_\_\_\_\_ GENDER: M F DOB: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ FATHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

(PLEASE CIRCLE ALL THAT APPLY)

**FAMILY STATUS:** INTACT SEPARATED DIVORCED SINGLE

**LEGAL CUSTODY:** PARENTS MOTHER FATHER COURT GUARDIAN

OTHER: \_\_\_\_\_

**NOTE: IF CUSTODY IS OTHER THAN (1) BOTH PARENTS (MARRIED OR INTACT RELATIONSHIP), OR (2) SINGLE PARENT FAMILY, DECREE OF DIVORCE INDICATING CUSTODY AND VISITATION MUST BE ATTACHED. IF PARENT IS ON PROBATION OR UNDER COURT ORDER, COURT DOCUMENTATION MUST BE ATTACHED.**

I AFFIRM THAT AS \_\_\_\_\_, I HAVE CUSTODY OF THE ABOVE NAMED  
(PARENT, GUARDIAN, OFFICER OF COURT)  
MINOR CHILD AND THAT I DO HEREBY REQUEST ADMISSION OF SAID CHILD TO LOGAN RIVER  
ACADEMY.

\_\_\_\_\_  
(PARENT, GUARDIAN, OFFICER OF COURT) (DATE)

\_\_\_\_\_  
(WITNESS) (DATE)

### COURT PLACEMENTS ONLY:

I further grant permission for communication with parents or guardians as follows:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

# **LOGAN RIVER ACADEMY**

## **ACADEMIC INFORMATION**

We appreciate the fact that you are willing to entrust your student to the academic department at Logan River Academy. Our staff of fully licensed teachers are trained and committed to help each student who comes into our program. Our goal is to provide academic programs that will help each student learn and progress toward the next level of school advancement.

We have found that with the help of parents, students truly can have a positive experience in the educational arena. We have two important forms that must be completed in order for us to meet your student's educational needs.

- The first form is the **PERMISSION FOR EDUCATIONAL RECORDS TRANSFER**. This form is to be filled out as completely as possible and sent back to Logan River Academy. Your written permission is needed in order for us to access educational records for your student.
- The second form is a **TRANSCRIPT/CLASS HISTORY REQUEST** letter that you fill out and take to the school that your student last attended. Its purpose is to help request the information needed to set up an appropriate class schedule for your student. If your student has attended more than one school during their 8<sup>th</sup> through 12<sup>th</sup> grade experience, it is necessary that you send a letter to each facility. This will help us to get a more complete picture of your child and better enable us to serve them. We appreciate your help in this important matter.

**Logan River Academy**  
**P.O. Box 3662**  
**Logan, Utah 84323**  
**Telephone: (435)755-8400/Fax: (435)755-8540**

**TRANSCRIPT/CLASS HISTORY REQUEST**

Dear Registrar and/or Academic Counselor:

We are requesting the most current transcript and class schedule for \_\_\_\_\_ This student last attended your facility from \_\_\_\_\_ to \_\_\_\_\_. Please mail or fax the information to the address above. Your help in this matter will ensure a smooth transition and allow us to appropriately place this student in classes that will move them toward completing the requirements for graduation. Your efforts on the behalf of this student are greatly appreciated.

I, \_\_\_\_\_ give my permission for the above requested  
(Parent Signature)  
information to be sent to Logan River Academy.

Sincerely,

Kirk L. Farmer  
Academic Director

**Logan River Academy**  
**P.O. Box 3662**  
**Logan, Utah 84323**  
**Telephone: (435)755-8400/Fax: (435)755-8540**

**PERMISSION FOR EDUCATION RECORDS TRANSFER**

\_\_\_\_\_  
Student

\_\_\_\_\_  
Previous School

\_\_\_\_\_  
City/State

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Approximate dates of attendance

\_\_\_\_\_  
Grade level at completion/discharge

Please list the names and addresses of other schools attended during the last 4 years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date