

# Admissions Documents Logan River Academy

*\*Please fill out our online application at  
<https://crm.bestnotes.com/portal/loganriver>*



# 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 \_\_\_\_\_ custody of \_\_\_\_\_ (parent(s)/guardians) (full legal/joint/physical only) (name of child/ward)

(hereinafter "the Client") whose birth date is \_\_\_\_\_, 20\_\_\_\_\_, 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: Clothing, rental or purchase of gym clothing; off campus haircuts; UPS and FedEx shipping costs; airline or other forms of commercial travel (including baggage fees and unaccompanied minor fees); reasonable costs of ground transportation provided to Client, which transportation is not associated with the regular activities and programs of the Academy (e.g., travel to and from airports); and requests for academic transcripts and medical records to be sent to more than one facility. Special academic services (including tutoring and independent studies) will be charged according to individual needs, as authorized by Sponsor. All costs incurred for outside medical and dental service (including medications and medication co-pays), 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. In the case of school district funded students Academy has right to terminate the Individual Service Agreement (ISA). Termination occurs twenty (20) days after formal notice to the district as per California Education Code 56366.

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

Consent for Logan River Academy to release information from the records of:

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Date of Birth

Logan River Academy is released from all liability that may arise from the release of information authorized. I understand that the records may contain diagnosis, treatment and prognosis with respect to physical or mental conditions, to include records of alcohol and drug abuse, communicable disease, and/or treatment.

A photocopy of this authorization shall be effective as an original.

Release Logan River Academy Records to:

Purpose of Disclosure	Address and Phone Number	Type of Information	Expiration
	Name: Address: City/State/Zip: E-mail: Phone:	Verbal  Reports  Tx Reviews  Other:	Discharge  60 days post DC  Other: _____
	Name: Address: City/State/Zip: E-mail: Phone:	Verbal  Reports  Tx Reviews  Other:	Discharge  60 days post DC  Other: _____
	Name: Address: City/State/Zip: E-mail: Phone:	Verbal  Reports  Tx Reviews  Other:	Discharge  60 days post DC  Other: _____

I understand that the records are protected and cannot be disclosed without my permission. Alcohol/drug treatment records are protected by federal regulation 42 CFR, part 2. I also understand that my consent for disclosure is subject to my written revocation. I cannot take exception to actions that have taken place before I withdrew consent. The consents are limited to the respective time frames listed above.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature (where necessary)

# LOGAN RIVER ACADEMY

## PARENTAL PERMISSION FOR EVALUATION

\_\_\_\_\_  
Student

In order to obtain information for educational services, we need your permission to conduct an evaluation. Examples of proposed tests and their purposes are indicated below. We may not need to give all of these tests. We will not give any test without your consent.

INTELLECTUAL	Tests in this area measure a student's ability to remember what has been seen, heard and the ability to solve problems. They also reflect learning rate and assist in predicting how well a student will do in school. Tests such as: Wechsler Scales of Intelligence or Woodcock Johnson -Revised: Part 1
ACADEMIC	Tests in this area measure a student's current reading, mathematics, written expression and readiness skills. Tests such as: Kaufman Test of Educational Achievement, Woodcock Johnson -Revised: Part 2, KeyMath -Revised, Woodcock Reading Mastery Tests Revised or Peabody Individual Achievement Test -Revised.
COMMUNICATION	Tests in this area measure a student's ability to understand, relate to and use language or speech appropriately. Tests such as: Goldman-Fristoe Test of Articulation or Test of Adolescent Language 3.
SOCIAL EMOTIONAL	Tests in this area assess a student's personal independence and social functioning in home, school and community. They also assess behavioral patterns that may adversely affect educational performance. Tests such as: Rorschach, Conners Rating Scale, Burk's Behavior Scale, Sentence Completion, Achenbach, Bender Gestalt, Draw A Person, Personal History Inventory or Direct Observation.
HEARING /VISION	Tests in hearing assess sensitivity, visual screen acuity and processing abilities
VOCATIONAL/TRANSITION	Tests in this area are used to identify career strengths, limitations and interests. They also help to identify present functioning levels for life skills, habits and attitudes relating to vocational performance. Tests such as: Strong Interest Inventory or California Occupational Preference Survey.
OTHER	Specify:

This evaluation will be initiated when your written permission is received. You have the right to refuse permission for this evaluation. All tests will be administered in English. Upon request, you may review or be informed of the testing results.

\_\_\_\_\_ I DO authorize the evaluation requested for my child.

\_\_\_\_\_ I DO NOT authorize the evaluation requested for my child.

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

\_\_\_\_\_  
Date



LOGAN RIVER

ACADEMY, LLC

**P.O. Box 3662**  
**Logan, UT 84323**  
**Telephone: (435)755-8400/Fax: (435)713-7756**

## PERMISSION FOR EDUCATION RECORDS TRANSFER

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Student

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Previous School

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City/State

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Telephone

---

Dates of attendance

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Grade level at completion/discharge from this school

Please list the names and contact information, starting with the most recent, of the other high schools your students has attended:

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Your Signature gives us permission to contact the above school to obtain academic information in regards to your student.

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Parent/Guardian Signature

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Date



**P.O. Box 3662  
Logan, UT. 84323  
Telephone: (435)755-8400/Fax: (435)713-7756  
kfarmer@loganriver.com**

**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 school from \_\_\_\_\_ to

\_\_\_\_\_.

Please email 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.

Sincerely,

X

\_\_\_\_\_  
Parent Signature

*Kirk L. Farmer*  
\_\_\_\_\_

Kirk L. Farmer  
Academic Director

# LOGAN RIVER ACADEMY

## INSURANCE BENEFIT FORM

It is our policy at Logan River Academy to help parents access their insurance benefit on/or before admission. If the benefits have not been verified and the pre-authorization has not been completed as part of the admissions process, LRA will not be able to pursue those benefits after admission. Due to the procedures that insurance companies follow, it almost guarantees denial of any claims when we do not go through correct channels prior to admission.

I have checked into my insurance policy and found that there is not a benefit for this level of care. Please admit my child as a private pay.

\_\_\_\_\_ this \_\_\_\_\_ day \_\_\_\_\_, 200\_\_.  
(sponsor)

I have not checked with my Insurance to see if there is a benefit. I would appreciate it if Logan River Academy could check on this for us. It is understood that we are responsible for payment of the account, until payment is received from the insurance company.

\_\_\_\_\_ this \_\_\_\_\_ day \_\_\_\_\_, 200\_\_.  
(sponsor)

\*\*Insurance Benefits do not guarantee payment of claim.

If you would like Logan River Academy to call and verify benefits please make a front and back copy of the insurance card(s), both primary and secondary if applicable, and forward to LRA as soon as possible. Please include both medical and dental cards if they are a separate benefit.

If you have any questions, please call Wendy Farr at 435-755-8400, or contact at [wfarr@loganriver.com](mailto:wfarr@loganriver.com). Thank you!



LOGAN RIVER

ACADEMY, LLC

**INSURANCE DOCUMENTATION**

Student's Name:	DOB:	Admission Date:
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**Private/Commercial Insurance**

	Insurance Company	Policy ID Number	Group Number	BIN/PCN Number	Policy Holder	Phone Number
Medical						
Dental						
Vision						

**Policy Holder Information:**

Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 DOB: \_\_\_\_\_

**Patient/Student Information:**

Name: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 DOB: \_\_\_\_\_

**State Custody and/or Medicaid Insurance**

	Insurance Company	Member ID Number	Policy Holder	Phone Number
Medical				
Dental				
Vision				

**Case worker/Custodian:**

Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

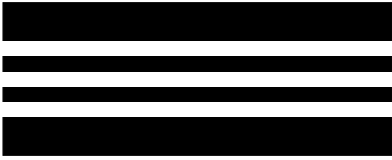
Any balance not covered or unpaid by insurance company will be the responsibility of the custodian/guardian or policy holder.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

***\*\*For billing purposes a copy of the insurance card(s) is required at admission.  
 \*A copy of the student's immunization records is also required at admission.***

PLEASE DO NOT STAPLE IN THIS AREA



CARRIER

HEALTH INSURANCE CLAIM FORM

1. MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER 1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE MM DD YY SEX M F 4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street) 6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other 7. INSURED'S ADDRESS (No., Street)

CITY STATE 8. PATIENT STATUS Single Married Other

ZIP CODE TELEPHONE (Include Area Code) ( ) CITY STATE ZIP CODE TELEPHONE (INCLUDE AREA CODE) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO: 11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES NO a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M F b. AUTO ACCIDENT? PLACE (State) YES NO

c. EMPLOYER'S NAME OR SCHOOL NAME c. OTHER ACCIDENT? YES NO c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME 10d. RESERVED FOR LOCAL USE d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, return to and complete item 9 a-d.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED DATE 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED

14. DATE OF CURRENT: ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP) 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE 17a. I.D. NUMBER OF REFERRING PHYSICIAN 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19. RESERVED FOR LOCAL USE 20. OUTSIDE LAB? \$ CHARGES YES NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.

1. 2. 3. 4. 23. PRIOR AUTHORIZATION NUMBER

Table with 11 columns (A-K) and 6 rows. Columns include: DATE(S) OF SERVICE, Place of Service, Type of Service, PROCEDURES, SERVICES, OR SUPPLIES (CPT/HCPCS MODIFIER), DIAGNOSIS CODE, \$ CHARGES, DAYS OR UNITS, EPSDT Family Plan, EMG, COB, RESERVED FOR LOCAL USE.

25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO 28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. BALANCE DUE \$

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED DATE 32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office) 33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # PIN# GRP#

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

**BECAUSE THIS FORM IS USED BY VARIOUS GOVERNMENT AND PRIVATE HEALTH PROGRAMS, SEE SEPARATE INSTRUCTIONS ISSUED BY APPLICABLE PROGRAMS.**

**NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.**

#### **REFERS TO GOVERNMENT PROGRAMS ONLY**

**MEDICARE AND CHAMPUS PAYMENTS:** A patient's signature requests that payment be made and authorizes release of any information necessary to process the claim and certifies that the information provided in Blocks 1 through 12 is true, accurate and complete. In the case of a Medicare claim, the patient's signature authorizes any entity to release to Medicare medical and nonmedical information, including employment status, and whether the person has employer group health insurance, liability, no-fault, worker's compensation or other insurance which is responsible to pay for the services for which the Medicare claim is made. See 42 CFR 411.24(a). If item 9 is completed, the patient's signature authorizes release of the information to the health plan or agency shown. In Medicare assigned or CHAMPUS participation cases, the physician agrees to accept the charge determination of the Medicare carrier or CHAMPUS fiscal intermediary as the full charge, and the patient is responsible only for the deductible, coinsurance and noncovered services. Coinsurance and the deductible are based upon the charge determination of the Medicare carrier or CHAMPUS fiscal intermediary if this is less than the charge submitted. CHAMPUS is not a health insurance program but makes payment for health benefits provided through certain affiliations with the Uniformed Services. Information on the patient's sponsor should be provided in those items captioned in "Insured"; i.e., items 1a, 4, 6, 7, 9, and 11.

#### **BLACK LUNG AND FECA CLAIMS**

The provider agrees to accept the amount paid by the Government as payment in full. See Black Lung and FECA instructions regarding required procedure and diagnosis coding systems.

#### **SIGNATURE OF PHYSICIAN OR SUPPLIER (MEDICARE, CHAMPUS, FECA AND BLACK LUNG)**

I certify that the services shown on this form were medically indicated and necessary for the health of the patient and were personally furnished by me or were furnished incident to my professional service by my employee under my immediate personal supervision, except as otherwise expressly permitted by Medicare or CHAMPUS regulations.

For services to be considered as "incident" to a physician's professional service, 1) they must be rendered under the physician's immediate personal supervision by his/her employee, 2) they must be an integral, although incidental part of a covered physician's service, 3) they must be of kinds commonly furnished in physician's offices, and 4) the services of nonphysicians must be included on the physician's bills.

For CHAMPUS claims, I further certify that I (or any employee) who rendered services am not an active duty member of the Uniformed Services or a civilian employee of the United States Government or a contract employee of the United States Government, either civilian or military (refer to 5 USC 5536). For Black-Lung claims, I further certify that the services performed were for a Black Lung-related disorder.

No Part B Medicare benefits may be paid unless this form is received as required by existing law and regulations (42 CFR 424.32).

**NOTICE:** Any one who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

#### **NOTICE TO PATIENT ABOUT THE COLLECTION AND USE OF MEDICARE, CHAMPUS, FECA, AND BLACK LUNG INFORMATION (PRIVACY ACT STATEMENT)**

We are authorized by HCFA, CHAMPUS and OWCP to ask you for information needed in the administration of the Medicare, CHAMPUS, FECA, and Black Lung programs. Authority to collect information is in section 205(a), 1862, 1872 and 1874 of the Social Security Act as amended, 42 CFR 411.24(a) and 424.5(a) (6), and 44 USC 3101; 41 CFR 101 et seq and 10 USC 1079 and 1086; 5 USC 8101 et seq; and 30 USC 901 et seq; 38 USC 613; E.O. 9397.

The information we obtain to complete claims under these programs is used to identify you and to determine your eligibility. It is also used to decide if the services and supplies you received are covered by these programs and to insure that proper payment is made.

The information may also be given to other providers of services, carriers, intermediaries, medical review boards, health plans, and other organizations or Federal agencies, for the effective administration of Federal provisions that require other third parties payers to pay primary to Federal program, and as otherwise necessary to administer these programs. For example, it may be necessary to disclose information about the benefits you have used to a hospital or doctor. Additional disclosures are made through routine uses for information contained in systems of records.

**FOR MEDICARE CLAIMS:** See the notice modifying system No. 09-70-0501, titled, 'Carrier Medicare Claims Record,' published in the Federal Register, Vol. 55 No. 177, page 37549, Wed. Sept. 12, 1990, or as updated and republished.

**FOR OWCP CLAIMS:** Department of Labor, Privacy Act of 1974, "Republication of Notice of Systems of Records," Federal Register Vol. 55 No. 40, Wed Feb. 28, 1990, See ESA-5, ESA-6, ESA-12, ESA-13, ESA-30, or as updated and republished.

**FOR CHAMPUS CLAIMS: PRINCIPLE PURPOSE(S):** To evaluate eligibility for medical care provided by civilian sources and to issue payment upon establishment of eligibility and determination that the services/supplies received are authorized by law.

**ROUTINE USE(S):** Information from claims and related documents may be given to the Dept. of Veterans Affairs, the Dept. of Health and Human Services and/or the Dept. of Transportation consistent with their statutory administrative responsibilities under CHAMPUS/CHAMPVA; to the Dept. of Justice for representation of the Secretary of Defense in civil actions; to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment claims; and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, claims adjudication, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil and criminal litigation related to the operation of CHAMPUS.

**DISCLOSURES:** Voluntary; however, failure to provide information will result in delay in payment or may result in denial of claim. With the one exception discussed below, there are no penalties under these programs for refusing to supply information. However, failure to furnish information regarding the medical services rendered or the amount charged would prevent payment of claims under these programs. Failure to furnish any other information, such as name or claim number, would delay payment of the claim. Failure to provide medical information under FECA could be deemed an obstruction.

It is mandatory that you tell us if you know that another party is responsible for paying for your treatment. Section 1128B of the Social Security Act and 31 USC 3801-3812 provide penalties for withholding this information.

You should be aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988", permits the government to verify information by way of computer matches.

#### **MEDICAID PAYMENTS (PROVIDER CERTIFICATION)**

I hereby agree to keep such records as are necessary to disclose fully the extent of services provided to individuals under the State's Title XIX plan and to furnish information regarding any payments claimed for providing such services as the State Agency or Dept. of Health and Humans Services may request.

I further agree to accept, as payment in full, the amount paid by the Medicaid program for those claims submitted for payment under that program, with the exception of authorized deductible, coinsurance, co-payment or similar cost-sharing charge.

**SIGNATURE OF PHYSICIAN (OR SUPPLIER):** I certify that the services listed above were medically indicated and necessary to the health of this patient and were personally furnished by me or my employee under my personal direction.

**NOTICE:** This is to certify that the foregoing information is true, accurate and complete. I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing date sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to HCFA, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (OMB-0938-0008), Washington, D.C. 20503.

**ONE FORM PER CHILD  
PLEASE TYPE**

**INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN REQUEST**

**TO:** *Utah*

**FROM:**

SECTION I - IDENTIFYING DATA			
Notice is given of intent to place -- Name of Child:		Ethnicity: Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unable to determine/unknown	
Social Security Number:		ICWA Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sex:	Date of Birth:	Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White	
Title IV-E determination: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending		Name of Mother:	
Name of Mother:		Name of Father:	
Name of Agency or Person Responsible for Planning for Child:			Phone Number:
Address:			
Name of Agency or Person Financially Responsible for Child:			Phone Number:
Address:			
SECTION II - PLACEMENT INFORMATION			
Name of Person(s) or Facility Child is to be placed with: <i>Logan River Academy LLC</i>		Soc. Sec. No. (optional):	
Address: <i>1683 S. Hwy. 89 Logan, UT 84321</i>		Soc. Sec. No. (optional):	
Type of Care Requested: <input type="checkbox"/> Foster Family Home <input type="checkbox"/> Group Home Care <input type="checkbox"/> Child Caring Institution <input checked="" type="checkbox"/> Residential Treatment Center <input type="checkbox"/> Institutional Care-Article VI, Adjudicated Delinquent		Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Relative (Not Parent) <input type="checkbox"/> Other:	
Current Legal Status of Child: <input type="checkbox"/> Sending Agency Custody/Guardianship <input type="checkbox"/> Parent Relative Custody/Guardianship <input type="checkbox"/> Court Jurisdiction Only		To Be Finalized In: <input type="checkbox"/> Sending State <input type="checkbox"/> Receiving State	
Protective Supervision <input type="checkbox"/> Parental Rights Terminated-Right to Place for Adoption <input type="checkbox"/> Unaccompanied Refugee Minor <input type="checkbox"/> Other:		ADoption <input type="checkbox"/> IV-E Subsidy <input type="checkbox"/> Non IV-E Subsidy	
SECTION III - SERVICES REQUESTED			
Initial Report Requested (if applicable) <input type="checkbox"/> Parent Home Study <input type="checkbox"/> Relative Home Study <input type="checkbox"/> Adoptive Home Study <input type="checkbox"/> Foster Home Study		Supervisory Services Requested: <input type="checkbox"/> Request Receiving State to Arrange Supervision <input type="checkbox"/> Another Agency Agreed to Supervise <input type="checkbox"/> Sending Agency to Supervise	
Supervisory Reports Requested: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/>		Name and Address of Supervising Agency in Receiving State:	
Enclosed: <input type="checkbox"/> Child's Social History <input type="checkbox"/> Home Study of Placement Resource		<input type="checkbox"/> Court Order <input type="checkbox"/> ICWA Enclosure	
<input type="checkbox"/> Financial/Medical Plan <input type="checkbox"/> IV-E Eligibility Documentation		<input type="checkbox"/> Other Enclosures	
Signature of Sending Agency or Person:			Date:
Signature of Sending State Compact Administrator, Deputy or Alternate:			Date:
SECTION IV - ACTION BY RECEIVING STATE PURSUANT TO ARTICLE III (d) OF ICPC			
<input type="checkbox"/> Placement may be made		<input type="checkbox"/> Placement shall not be made	
Remarks:			
Signature of Receiving State Compact Administrator, Deputy or Alternate:			Date:

**Sign Here**

**DISTRIBUTION (Complete six (6) copies):**

- Sending Agency retains (1) copy and forwards completed original plus four (4) copies to:
- Sending Compact Administrator, DCA or alternate retains a (1) copy and forwards completed original and three (3) copies to:
- Receiving Agency Compact Administrator, DCA, or alternate who indicates action (Section IV) and forwards a (1) copy to receiving agency and the completed original and one copy to sending Compact Administrator, DCA, or alternate within 30 days.
- Sending Compact Administrator, DCA, or alternate retains a completed copy and forwards the completed original to the sending agency

# LOGAN RIVER ACADEMY

## REQUIREMENTS GOVERNING THE RESTRICTIONS OF MAIL, TELEPHONE CALLS AND VISITS

Dear Parents,

As a concerned parent, you may wish to prevent your child from receiving mail, telephone calls, or visits from persons whom you believe may influence him/her negatively; this is your right, and we urge you to exercise it as appropriate.

Please list on this form the names and addresses (if known) of all persons who should be prevented from contacting your child. Incoming mail, telephone calls, and visits from these individuals will be refused. Please note, however, that Logan River Academy has no legal authority to restrict contact from any other person other than those specifically named in the document. **GENERAL RESTRICTIONS CANNOT BE IMPOSED** (i.e., "everyone except Mom, Dad, Grandma, etc."). The list can be updated as necessary with your authorization.

PLEASE NOTE: Legal rights of visitation of a parent cannot be restricted by the other parent unless accompanied by a restraining order. **(A client's outgoing mail cannot be restricted.)**

### CORRESPONDENCE/VISIT/TELEPHONE RESTRICTION LIST

I hereby forbid correspondence, visits, and telephone contacts from the following persons with my child.

Client Name	Signature of Parent/Guardian
Date	Date

Name	Address	Relationship to Client	Approx. Age	Letters	Visits	Phone Calls

NOTE: All restrictions will be reviewed at least every 30 days for effectiveness and continued need. Reviews will be documented on the Treatment Plan Review form.



- f. Students are not allowed to let other students listen to their iPod. If they do so, they will lose the privilege of using their iPod for at least three weeks.
- g. Staff will watch students for patterns and/or behavior change when they are listening to their music. If a student's behavior seems to be overly affected by listening to their music, if they are spending too much time listening to music, etc. this will be addressed with the student and the student's therapist and an appropriate plan will be developed.
- h. Students are only be allowed to use their iPod's during the same time that am/fm radios are allowed which is during quiet time, personal time, and work time as long as the student can hear the staff talking to them.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Signature

**LOGAN RIVER ACADEMY**  
**CONSENT TO USE PHOTOGRAPH**

I authorize **Logan River Academy, LLC** to use photographs of \_\_\_\_\_  
for the purposes  wall decorations,  newsletter,  business development pamphlets, and   
website/internet postings. (Please check boxes for purposes approved.)

*I understand that I have the right to revoke this Consent provided that I do so in writing, except to the extent that Logan River Academy, LLC has already used or disclosed the photographs on this Consent.*

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date

- We cannot condition our provision of services or treatment to you on the receipt of this signed authorization;
- You may inspect a copy of the photographs to be used or disclosed;
- You may refuse to sign this Authorization; and
- We will provide you with a copy of the signed authorization.

You have the right to revoke this Authorization at any time, provided that you do so in writing and except to the extent that we have already used or disclosed the photographs in reliance on this Authorization.

# Adventure Learning Activities Waiver Form

## Camping Trips

We offer camping trips throughout the year at numerous beautiful locations across several different western states. Many of the trips will be based from a vehicle and students will not be required to carry any of their overnight gear in backpacks. These trips generally combine with other activities like fishing, hiking, biking, climbing, canoeing, rafting or cross-country skiing and snowshoeing. Inherent outdoor recreation risks are minimized through detailed, activity-specific research, appropriately challenging goals, group dynamic considerations, and cautious boundaries. Students will be required to bring appropriate clothing, hygiene items and items such as a book, journal, music, or drawing items to help pass driving time and down time around camp. We will provide tents, sleeping bags and pads, food and any other necessary items for group safety and enjoyment.

## Hiking and Backpacking

Day hiking trips and overnight backpacking trips not only provide an opportunity for building physical fitness, confidence and social skills, but also the indefinable quality of adventure. The numerous trails throughout the surrounding mountain ranges offer mile after mile of natural landscapes and beautiful scenery. We generally travel to more remote locations to find greater solitude and opportunities for skill building on our backpacking trips. Risks associated with these trips are mitigated in the same way as our camping trips but with extended consideration for physical fitness levels and heightened awareness of remoteness. On all trips students will be required to wear proper clothing and footwear, bring a water bottle and help carry group gear. We will provide tents, sleeping bags and pads as well as backpacks to carry personal gear for backpacking trips.

We also offer overnight trips to backcountry Mongolian-style yurts during the winter months. These trips often utilize the same skills as backpacking trips and require the same compliance from our students to maintain safety and enjoyment. We travel on snowshoes or backcountry skis to different yurts throughout Utah, Idaho and Wyoming and capitalize on the very unique learning and growth opportunities camping in the winter provides. Proper winter clothing is required for these trips in addition to the previously listed instructions. The yurts we frequent provide group cook gear, bunk beds and a wood-burning stove for warmth. We provide the sleeping bags and backpacks required for these trips.

## Outdoor Rock Climbing

Rock climbing offers a very unique, exciting, and enlightening experience that cannot be matched by other outdoor pursuits. Climbing builds trust, communication skills, teamwork, interpersonal growth, physical strength and a positive affect from shared group challenges. Risk is minimized with thorough route research, proper difficulty ratings, knot and belay testing procedures and utilization of UIAA certified equipment. All students who wish to participate in the outdoor rock climbing club must abide by all of the following rules or forfeit the opportunity to participate:

- Helmets will always be worn while climbing, belaying or directly below the intended route.
- No student will climb off the ground without being properly tied into a climbing rope (no bouldering/free solo climbing).
- No student will lead climb or belay a lead climber.
- All students must pass a belay test to belay other climbers and will only do so under staff supervision.

- All climbing will be done in a single-pitch, top-rope setting.
- All rappelling will happen on fixed anchors and through a “fireman’s” belay system to utilize staff discretion.
- Students will follow staff direction at all times.

### **Indoor Rock Climbing Gym**

During the long, cold months of winter when we aren’t recreating around the snow we spend much time at the local climbing gym. These trips are great for presenting the skills needed in outdoor rock climbing for novice climbers and allow experienced climbers to hone their skills for outdoor climbing when the sun is effective again. All students participating on these trips must pass a belay test (Required 14 years old or older) prior to belaying other climbers and follow staff instruction.

### **Road Cycling**

The still-present agricultural and rural heritage of Cache Valley offers amazing opportunities for high-quality road cycling activities. Miles and miles of low-traffic country roads with beautiful vistas and mellow grades present a great learning environment for novice cyclists as well as the physical challenges experienced riders prefer. All road rides begin with instruction regarding road safety, riding etiquette, and bicycle performance. Specific road cycling risks that are also discussed include: road hazards, traveling at high speeds, roadway conditions, unmarked obstacles, group riding dynamics, roadway rules, and vehicle management. Considerable consideration is put into route planning and group dynamics to mitigate risks and present appropriate challenges. Students will be required to wear a helmet during all riding, wear appropriate clothing, carry their own water and food, and closely follow staff instruction. Bicycles and helmets will be rented from a local bicycle shop.

### **Mountain Biking**

The mountains surrounding Cache Valley boast dozens of double-track trails perfect for learning the basic skills of mountain biking. Also available are dozens more single-track trails that provide the euphoric experience of classic mountain biking; just what the experienced and progressing rider seeks. Tackling these trails will build physical fitness, self-confidence, coordination and improved motor skills as well as teach discipline and appreciation for the natural world. We educate the students before each ride about the risks of mountain biking as well as strategies to overcome those obstacles. Risks include: riding at accelerated speeds, natural trail/terrain inconsistencies, trail side obstacles like downed trees and rocks, and group riding dynamics. Because we cannot negate any of these inherent risks all students will be required to wear a helmet while riding and follow staff instruction regarding riding style and environmental considerations. Students will also be required to wear appropriate clothing, carry their own water and food, and learn proper trail riding etiquette. Bicycles and helmets will be rented from a local bicycle shop.

### **Fishing, Flatwater Canoeing, Kayaking and Standup Paddleboarding (SUP)**

Utah is not free from the conditions of being in the arid West and is in fact considered a desert. However, Cache Valley is an anomaly with abundant water sources that supply the area with many rivers, streams, lakes, reservoirs and marsh lands. Each of these waterways present a different opportunity for water-based recreation and we take advantage of them all. Canoe and kayaking touring as well as our standup paddleboarding trips are taken on the Bear and Logan Rivers, Benson Marina,

Cutler Marsh, Tony Grove Lake, Porcupine Reservoir, Hyrum Lake State Park, and Bear Lake. These trips utilize the flat or slow-moving water of these corridors to maximize safety and learning opportunities for novice paddlers. Advanced paddlers will especially enjoy the scenery, varied locations, remote settings, and navigation associated with some of the more complex routes. All students will be required to wear a personal floatation device (life jacket) while on a watercraft or in the water, wear appropriate clothing, carry a water bottle, and follow staff instruction. Because water travel and recreation is especially influenced by foul weather, considerable consideration is given to appropriate trip goals, route selection, group dynamics, and elements exposure. We will supply standup paddleboards and PFD's or rent canoes, kayaks and PFD's from local suppliers.

Fishing trips are taken on all the above listed waterways as well as several other unlisted rivers, streams, reservoirs and lakes throughout Utah, Idaho, and Wyoming. Trips may utilize standard spinner-reel techniques or more complex fly fishing skills depending on the goals of the activity. Logan River Academy also has a small, private fishing pond on campus that students can use for relaxation and skill building. Students are encouraged to have their own personal fishing rod and tackle because of the regular access to fishing on campus. Spinner-reel poles and tackle will be provided for larger fishing trips off campus; all students will be required to have their own fly-fishing equipment. Any fishing trips taken off campus will require the student to have a Utah fishing license that can be purchased with assistance from the Adventure Learning staff or locally during visits. All students will be required to closely follow staff instruction, wear PFD's during any wading fly-fishing trips, and practice extra caution with dangerous fishing equipment.

### **Multiday River Trips**

Many of our trips offer an experience that is hard to forget and not enjoy, however overnight river trips can almost become a transcendent experience because of the remote locations, camaraderie, a true sense of self-sustainment, and the close connections with the natural elements that we depend on. Flatwater overnight trips are taken on the Green River in Utah through Labyrinth Canyon and Stillwater Canyon and other locations in Montana, Wyoming and Idaho via the timeless canoe. Other overnight trips with canoes, kayaks and SUP's can be taken on the numerous reservoirs and lakes throughout Utah, Idaho and Wyoming. While the rivers are slow moving and the lakes generally calm, many risks are still present just from recreating around water and in true wilderness areas.

We also offer multiday whitewater rafting trips through many canyons on the Green and Colorado rivers including the Gates of Lodore, Ruby-Horsethief, Westwater, Desolation, various Moab-based sections, and Cataract Canyon. These trips combine the amazing characteristics of multiday trips with the sheer excitement of whitewater. While whitewater sections of rivers present a new level of risks, we team up with reputable commercial guide companies for assistance with these trips due to significant equipment requirements and complex logistics and to increase safety and risk management.

Extensive research goes into navigation and logistics, weather, gear needs, group dynamics, nutrition, medical attention, and potential rescue protocols. Students participating on these trips will need to be especially mindful and considerate of staff instruction as the remote nature of these trips increases the effects of even small mishaps. Students participating on these trips will be required to wear a PFD anytime they are on a watercraft or in the water, wear proper clothing, be mindful of hydration and nutrition, and closely follow staff instruction. Multiday river trips will require a separate waiver through the commercial guide company and require a participation fee in excess of the standard camping fees outlined in this document.

### **Skiing and Snowboarding**

Some may disagree, but the winter months in Northern Utah offer the best opportunities for recreation that the outdoors have to offer. Our weekly trips to Beaver Mountain are often very popular because the thrill of flying down powder filled slopes is unrivaled, the camaraderie developed is unspoken, the physical outlet is fulfilling, and the voluntary exposure to harsh winter conditions builds a unique confidence. These trips are built around common skills so that beginner skiers and snowboarders are not pressured by more advanced riders and experienced riders will not be slowed down by their slower riding classmates. As students' progress they will advance into the next group to maximize their riding time and to have the opportunity to grow their skills. Novice and first-time riders will enjoy small groups and personalized instruction from the Adventure Learning staff aware of optimal teaching styles for our students. Some of the inherent risks of skiing and snowboarding include: increased speeds, marked and unmarked obstacles, other riders on the mountain, various weather and slope conditions, and exposure to adverse weather. Any student wanting to utilize the terrain park features must closely follow staff discretion and demonstrate their ability to use those features before progressing. Students participating on these trips will be required to wear a helmet while riding, dress in appropriate clothing, maintain control at all times, and adhere to staff instruction. All skis, snowboards, poles, boots, bindings and helmets can be rented locally, but students can use their personal equipment with prior approval by the Adventure Learning Coordinator.

### **Cross Country Skiing and Snowshoeing**

The miles of trails and canyons throughout the mountains of Northern Utah ideally get covered in multiple feet of snow for several months each winter. While this would seem limiting for recreation opportunities, it is just the opposite; when we are not confined to specific trails, we are free to explore and forge our own trails. Snowshoes are one vehicle for such exploration and offer physical fitness, solitude and appreciation of the natural world. Cross country skis also allow us to access these character building experiences, but are sometimes better utilized in a groomed-trail setting. Nordic United and the Forest Service groom dozens of miles of trails that crisscross the high mountains right in our backyard. These trips can be enjoyed by all experience and fitness levels. Participating students will be required to wear proper clothing, carry their own water, and follow instruction. We rent the equipment needed from local outdoor retailers.

### **Weight Lifting/Gym Memberships**

All eligible students who would like a more focused physical fitness regimen have access to a local gym membership provided by LRA. This is a great way for our students to learn boundaries in public, social skills, overall health and wellness and to gain self-confidence. All participating students will be required to follow weight lifting guidelines outlined by staff and use a spotter for any free-weight or bench press, squats, or leg press workouts.

## **Associated Costs**

Below you will find the range of costs for each activity. The listed cost is for all equipment, food and fees necessary for the trip; please reference the Adventure Learning Activity calendar posted monthly on the parent portal for specific costs associated with upcoming trips. Our program incorporates several opportunities for the students to earn money for financial literacy education. Adventure Learning activities are a great avenue to teach these skills to your student and we encourage you to communicate with your therapist and Adventure Learning staff to find appropriate levels of financial responsibility with your student.

**Car Camping Trips-** \$45-\$70 depending on location and activities associated with the trip.

**Hiking, Backpacking and Yurt Trips-** \$25-\$75 for overnight trips; most day trips do not have associated fees.

**Outdoor Rock Climbing-** \$8 for day trips; \$35-\$75 for overnight, climbing-based trips.

**Indoor Climbing-** \$9 entry fee.

**Road Cycling and Mountain Biking-** \$30-\$50 depending on duration of activity. The rental fee includes bicycle, helmet and all other necessary equipment.

**Fishing-** Our students qualify for resident fishing licenses which are \$16 for a year license up to 18 years old. We travel outside Utah for various fishing trips and day licenses to surrounding states range from \$12-\$18 for single day use. Tackle and bait needed for trips varies from \$2-\$20 depending on duration and location.

**Canoeing, Kayaking and SUP'ing-** Day canoeing trips are \$10-\$15; day kayaking trips range from \$15-\$25; SUP trips are \$10 per day.

**Multiday River Trips-** \$150-\$250 for multiday trips on flatwater sections of river. We contract with professional whitewater rafting companies for multiday rafting trips because of extensive equipment and trained personnel requirements. These trips range from \$600-\$1000; we work with parents well in advance of the trips to verify the costs associated if a student wants to participate.

**Skiing and Snowboarding-** \$45 lift ticket, \$20 ski or snowboard rental, \$10 helmet rental. Students may have their own ski or snowboard equipment for riding during the winter months and will negate the daily equipment rental rate.

**Cross Country Skiing and Snowshoeing-** \$12 daily rental rate.

## Personal Clothing Needs

Each student will be responsible for having the necessary and proper clothing for the trips they wish to participate in. Northern Utah has four very distinct seasons with widely fluctuating temperatures and weather, especially in spring and fall. This creates a demand for dependable clothing to ensure safety while recreating in the outdoors as well as to increase the enjoyment of each outing.

**Winter Clothing-** Waterproof, insulated snow jacket and pants; beanie; waterproof, insulated gloves or mittens; waterproof, insulated snow boots; 2-3 pairs of long wool or synthetic socks, no cotton; wool or synthetic base layer/long johns, no cotton; mid-weight layers like fleece or soft-shell material; snow goggles and helmet if they want to ski or snowboard.

**Spring and Fall-** Mid-weight to light-weight jacket that is water resistant and wind proof; hiking boots or trail running shoes; short wool or synthetic socks; athletic shorts; athletic pants.

**Summer-** In addition to the previously listed clothing, your student will need a swimsuit for water activities, sunglasses and baseball hat.

# Release Form

I certify that my child is in good condition and give my permission for him/her to participate in Logan River Academy activities and authorize the staff supervising this activity to administer emergency treatment for any accident or illness and to act in my stead in approving necessary medical care. Should any illness or accident occur to my child on this activity, I will not hold Logan River Academy, LLC, nor its agents, liable. I herewith, for myself, my heirs, executors, and administrators, voluntarily waive, release, and forever discharge any and all rights and claims for damages against Logan River Academy, LLC in conjunction with any loss-physical, mental, or implied, received by me and arising from my child's participation in this activity.

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completing this form does not guarantee that your student will be able to participate in any given activity, it only ensures they will be prepared if selected. Please reference the Adventure Learning monthly activity calendar posted on the parent portal for participation requirements and associated fees. All photos taken during the course of the activity will be used for internal purposes only. Photos including faces and other identifying information will only be shared with parents and legal guardians; any other use of photos will require a HIPAA photo release form to be filled out per situation.

Please contact me for any further details or to discuss any concerns regarding these activities

Thank you for your time and cooperation.

Mike Bodrero  
Adventure Learning Coordinator  
Logan River Academy, LLC  
Phone: (435)713-7759  
Fax: (435)713-7756  
Email: mike@loganriver.com