

STRAP EM UP BOOT CAMP

APPLICATION OF ADMISSION / REGISTRATION STUDENT'S INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

CURRENT GRADE: _____ DATE OF BIRTH: (mm-dd-year): _____

HOME ADDRESS: _____

STATE: _____ ZIP CODE: _____ HOME PHONE: _____

CELL PHONE: _____ PRIMARY LANGUAGE: _____

SOCIAL SECURITY: _____

AGE: _____ SEX: M F ARE YOU A LEGAL RESIDENT OF US: _____

ETHNIC GROUP CIRCLE ALL APPLY

CAUCASIAN HISPANIC AFRICAN AMERICAN MULTIRACIAL
OTHER: _____

IF GUARDIAN IS APPLYING PLEASE PROVIDE DOCUMENTATION

FATHER – MALE GUARDIAN:

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

DATE OF BIRTH: (mm-dd-year): _____ RELATIONSHIP TO STUDENT: _____

HOME ADDRESS: _____

STATE: _____ ZIP CODE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

OCCUPATION: _____ EMPLOYER: _____

EMPLOYER ADDRESS/CITY/STATE/ZIP CODE

MOTHER– FEMALE GUARDIAN:

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

DATE OF BIRTH: (mm-dd-year): _____

RELATIONSHIP TO STUDENT: _____

HOME ADDRESS: _____

STATE: _____ ZIP CODE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL ADDRESS: _____

OCCUPATION: _____ EMPLOYER: _____

EMPLOYER ADDRESS/CITY/STATE/ZIP CODE

FAMILY – SITUATION

STUDENT LIVES WITH:

<input type="checkbox"/>	With Both parents	<input type="checkbox"/>	Parents Separated , lives with Father	<input type="checkbox"/>	Parents Divorced , lives with Mother
<input type="checkbox"/>	With Single mother	<input type="checkbox"/>	Parents Divorced , lives with Mother & Step Father	<input type="checkbox"/>	Legal Guardian , who are relatives
<input type="checkbox"/>	With Single father	<input type="checkbox"/>	Parents Divorced , lives with Father & Step Mother	<input type="checkbox"/>	Legal Guardian , who not relatives
<input type="checkbox"/>	Parents Separated , lives with Mother	<input type="checkbox"/>	Parents Divorced , lives with Father	<input type="checkbox"/>	Other:

FOSTER CHILD/ OR ADOPTED CHILD

IS THE APPLICANT APPLYING A (CIRCLE ONE) FOSTER CHILD – ADOPTED CHILD,
IF ADOPTED IS APPLICANT AWARE OF ADOPTION: YES NO

IF FOSTERING ARE BIOLOGICAL PARENT'S AVAILABLE

Please list all placements, dates, and reasons to include:

Foster

Homes, _____

Group

Homes, _____

Detention Centers

DJJ Evaluation

Centers _____

SCHOOL / ISSUES WITH THE LAW

NAME OF CURRENT SCHOOL: _____

SCHOOL PHONE NUMBER: _____

SCHOOL ADDRESS: _____

LENGTH OF ATTENDANCE: _____ PRINCIPAL'S NAME: _____

NAME OF HOMEROOM TEACHER: _____

DO YOU RECEIVE SPECIAL EDUCATION SERVICES YES NO

SETTING: 504 PLAN RESOURCE SELF CONTAINED

HAS THE APPLICANT HAD INVOLVEMENT WITH THE LEGAL SYSTEM YES NO

If yes please provide Information: _____

PROBATION OFFICER'S NAME: _____

PHONE NUMBER: _____

ARE YOU CURRENTLY PENDING A COURT DATE NO YES please explain:

HAVE YOU HAD CHARGES THAT WERE DISMISSED, HANDLED THROUGH
ARBITRATION, PRE-TRIAL INTERVENTION OR THE DIVERSION PROGRAM NO YES

If yes circle which one applies: ARBITRATION PRE-TRIAL INTERVENTION DIVERSION
PROGRAM

Please explain: _____

List Date(s): _____

EMERGENCY CONTACTS AND AUTHORIZATION OF CHILD PICK UP

EMERGENCY CONTACT First and last
name: _____

Cell phone: _____

Relationship to Student: _____

They are authorize to pick up circle all that apply

Only in case of emergency only after program any time needed oher: _____

EMERGENCY CONTACT First and last
name: _____

Cell phone: _____

Relationship to Student: _____

They are authorize to pick up circle all that apply

Only in case of emergency only after program any time needed oher: _____

EMERGENCY CONTACT First and last

name: _____

Cell phone: _____

Relationship to Student: _____

They are authorize to pick up circle all that apply

Only in case of emergency only after program any time needed other: _____

ACKNOWLEDGEMENT OF UNDERSTANDING

I the undersigned parent/ guardian of _____, do hereby agree that our son/daug. is eligible for an interview for the following 12 week program, the administration must first conduct an interview with parent and child, the administration also decides if the child is approve and when is he/she can began the program. The administration must also receive full payment or down payment with Credit Card on file for the following payments as schedule.

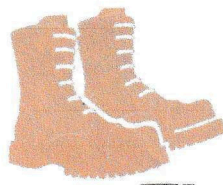
Strap em up Boot Camp, is a holistic program and reserves all rights to accept or deny a cadet on an individual basis, based solely on Strap Em Up Boot Camp program operation and standards.

Name of Parent/ guardian: _____

Signature: _____ DATE: _____

Name of cadet:

Signature of Admission: _____



STRAP EM UP

BOOT CAMP

BEHAVIORAL OUTLOOK & OUTREACH TRAINING

STRAP EM UP BOOT CAMP

MEDICAL EMERGENCY INFORMATION

Doctor Name:

Office Phone:

Address:

City and Zip Code:

Medical Insurance Name & Phone #

Cadet's Medical ID #

Allergies:

Medical Issues:

Daily Medications:

Emergency Consent:

It is the policy of **Stepping Stones Foundation Strap Em Up Boot Camp** to notify a parent when a child is ill or needs medical attention. If we are unable to contact a parent and need to seek immediate medical attention for the cadet, our procedure is to take the child to the nearest emergency room at a local hospital.

By signing below you are giving us permission to take appropriate action on behalf of your child.

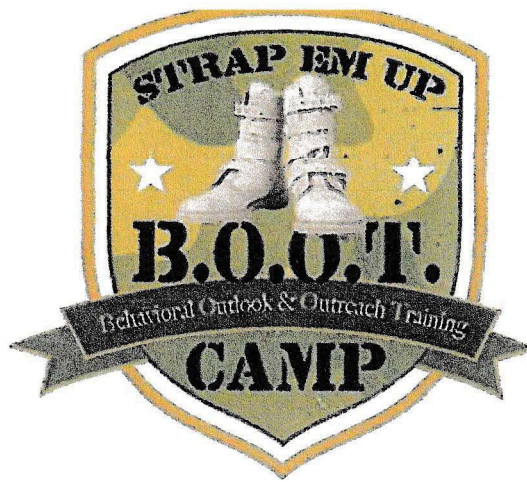
I hereby give my consent for my child _____ (Child's name) when ill and or injured, to be taken to the nearest emergency room by any member of staff from Strap Em Up Boot Camp. If I can't be contacted, I consent to an ambulance being called to transport my child. I also understand I am financially responsible should any medical treatment be necessary. Please note that by signing this form you also understand and agree that Strap Em Up Bootcamp is not liable for any injuries or illnesses.

Parent/guardian Name: _____

Parent/guardian Signature: _____

Date: _____

Witness: _____



STRAP EM UP BOOT CAMP

MEDICAL HISTORY FORM TO BE FILLED BY DOCTOR AND PARENTS

Cadet's Name: _____

Birth Date: _____ Sex: M F

Parent / Guardian's Name: _____

Home
Address: _____

Home Phone: _____ Cell phone: _____ Business Phone: _____

MEDICAL HISTORY to be completed by the child's pediatrician, or family doctor.

Date of exam: _____ Height: _____ Weight: _____

BP: _____ Lead Level: _____

Allergies: If any please provide a detail information for each:

Medication: Y N
Reaction:

Foods: Y N
Reaction:

Bees/Insects: Y N
Reaction:

Latex: Y N Reaction: _____

Physical Examination: Normal if Abnormal please provide a detailed explanation below:

Significant Health Concerns: none if yes please provide a detailed explanation below:

Each item below must be checked yes or no

EACH ITEM	YES	NO	EACH ITEM	YES	NO
Anemia			Tuberculosis		
Bronchitis			Mononucleosis		
Asthma			Scoliosis		
Shortness of Breath			Hernia(s)		
Chronic Cough			Hepatitis (circle one A B C D)		
Ear Problems			Broken Bones		
Nasal issues			Seasonal Allergies		
Prescribed Brace or Support			Throat Issues		
Leg Cramps			Hearing loss		
Foot Problems			Wears a hearing AID		
Back Pain/ Injury			Eye/ Vision		
Wears glasses or contacts			Bone Joint deformity		
Swollen/painful joints			Thyroid Problems		
Head Injury			Tumor, Growth, Cyst		
Neurological Problems			Cancer		
Memory Problems			Epilepsy/Seizures		
Headaches			Recent gain/loss of weight		
Dizziness/ Fainting			Bulimia		
Frequent Indigestion			Anorexia		
Stomach problems			Ulcers		
High / Low Blood Pressure			Intestinal problems		
Diabetes			Skin Disorders		
Trouble Sleeping			Been a SleepWalker		
Bed Wetting			Disabling injury/ illness		
Body Piercings			Tattoo		
Stutter or stammer hability			Arthritis		
Sinusitis			surgeries		

EACH ITEM	YES	NO	EACH ITEM	YES	NO
Dental issues			Heart Problems		
Kidney Stones			Frequent/ painful urination		
Body/ Injury Scars			Pain Pressure in chest		
Bleeding Problems					
For older teens			STD/HIV/AIDS		
Pregnancy (females)			Abortions		
Miscarriage			Female disorder treatment		
Birth Control			Excessive Cramping		
Heavy Periods			Sexual Abuse		

Current Medications/ Special Diets:

Immunizations, (please bring a copy of the current immunization record)

This Cadet is healthy and may participate in all routine activities, sports, camps, and trips. Any concerns or exceptions are identified on this form

Any other concerns please describe below:

Doctor's name: _____

Doctor's Signature: _____

Date of visit: _____

M. Hstry 3

Medical history, to be completed by parent's or guardians

Substance Abuse/use: circle all that apply

Tobacco Products Alcohol Marijuana Other: _____

Emotional issues: circle all that apply

Depression	Excessive worry	attempted suicide
suicidal thoughts	General Stress	Pain Management
Anxiety	Anger Issues	Overweight
Stage Fright	Fears/phobias	Bad Habits
Insomnia	Motivation	Abuse
Self-Esteem	Self-Confidence	Concentration
Shyness	Procrastination	Nail Biting
Self Harm	Bipolar	Eating Disorder
Other: _____		

Behavioral Issues: circle all that apply

Physically aggressive	Verbally Aggressive	Runaway
Gang involvement	bullied	Bully
Temper Tantrums	Easily Frustrated	Easily Provoked
Curses	Violent	Physically Abused
Verbally abused	Sexually Abused	Autism
ADD	ADHD	Bipolar
ODD	Other: _____	

Does the Cadet have any special dietary needs Y N Explain: _____

md
History 4

Please list all medications you are currently taking:

Primary Health Insurance Company : _____

Policy ID # _____

Policy Holder's name: _____

Policy Holder's date of birth: _____

Medicaid: Y N Medicaid Identification Number: _____

My signature certifies that this information is truthful and correct. Any and all information found to be false will lead to termination of the interview

Applicant's Signature: _____

Parent Signature: _____

Date: _____

Witness: _____



STRAP EM UP BOOT CAMP

PARENT CONSENT FORM

Cadet's Name: _____

Birth Date: _____ Sex: M F

Parent / Guardian's Name: _____

Home
Address: _____

HomePhone: _____ Cell phone: _____ Business Phone: _____

I _____ (name of parent or guardian), grant permission for my child _____ (cadet's name), to participate in activities with Strap em up Boot Camp that requires daily exercise. This Activity will take place under the guidance and direction of Drill Sgt. Robert M. Klein and Instructors from Strap em up boot camp.

Medical Information: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

I agree _____ (name of parent/legal guardian), my child
_____ (name of the cadet), herein, to hold harmless and defend
Stepping Stones Foundation Strap Em Up Boot Camp, its officers, directors, instructors,
and staff members, also representatives associated with the activities and events with respect to
any and all actions, claims or demands that may be made or brought against **Strap Em Up
Boot Camp**, arising from or in connection with my child attending the activities and event
or in connection with any illness or injury or cost of medical treatment in connection therewith,
and I agree to compensate the **Strap Em Up Boot Camp**, its Officers, Directors, Instructors,
and Staff members, also representatives associated with the activities and events for reasonable
attorney's fees and expenses arising in connection with. "To ensure the safety of your child and
others there may be physical contact and/or special tools from hurting self and/or others for
short periods of times.

Signature: _____

Printed Name: _____

Date: _____

Witness: _____

Please acknowledge that as of January 1, 2026, the instructors and any volunteers at Strap Em Up Boot Camp are here to work with the cadets for the length of their program (36 Saturdays). We aim to build self-esteem, confidence, endurance, and discipline by providing support and strengthening cadets behaviors and family relationships to the best of our ability.

According to the statutes of South Carolina, Strap 'Em Up Boot Camp falls under the category of educators and are mandated to report any forms of abuse or neglect. If your child discloses abuse, neglect, suicidal ideations or plans to harm themselves or others to any instructor or volunteer, we are required by law to make a report or seek medical attention as necessary. Please know that our instructors will work diligently with the family in making the report.

All instructors and volunteers are dedicated in working closely with your child and our goal is to provide support and help to the families within this program. We aim to ensure and promote safety and the wellbeing of each cadet.

By signing this form, you understand the rights and responsibilities of Strap 'Em Up Bootcamp and will not hold Strap 'Em Up Bootcamp liable for reports of abuse or neglect your child discloses. You understand there shall be no retaliation among the instructors, volunteers or Strap 'Em up Boot Camp as a whole. You also understand that our goals are to work with families in a positive and respectful manner at all times.

Date: _____

Parent/Guardian_____

Master Sgt. Billy Ray Broome_____

Executive Director, Master Drill Sgt. Robert M. Klein, Jr.

STRAP EM UP BOOT CAMP
9530 Augusta Rd., Pelzer, SC 29669

PARENT PAYMENT AGREEMENT

Strap Em Up Boot Camp program meets every Saturday at 9530 Augusta Rd., Pelzer, SC 29669 in the field behind. Our program is from 9:00 a.m. to 4:00 p.m.

As of January 1, 2026 the tuition for 36 Saturdays is \$600. A deposit of a minimum of \$300 is required. **TUITION IS NOT REFUNDABLE.**

Cash is acceptable, or make your money order or personal check written out to STEPPING STONES FOUNDATION, also known as Strap Em Up Boot Camp.

The cadet's uniform is property of Strap Em Up Boot Camp and **MUST BE RETURNED UPON COMPLETION OF THE CHILD'S PROGRAM OR IF THE CHILD NO LONGER ATTENDS TO COMPLETE THE 36 SATURDAYS. THEY ARE RESPONSIBLE FOR ANY ITEM LOST AND WILL BE CHARGED ACCORDINGLY.**

I (Parent/Guardian)_____ agree to pay the enrollment fee (deposit) of \$300 to STEPPING STONES FOUNDATION. The balance due is \$300 and is expected to be paid in full within three (3) months of signing the child up to the program.

Cadet's name_____ Date:_____

Address:_____ ZIP:_____

EMERGENCY CONTACT:_____

E-mail:_____

Phone:_____

STRAP EM UP BOOT CAMP

(Financial office copy) Your record of payment is your receipt

PROMISE TO PAY

PAYMENT RECORD

TOTAL: \$600

Cadet's name:

START:

END:

The balance due after enrollment fee is \$300

**PAYMENTS NEED TO BE MADE ON TIME AND IN FULL BY 3RD
MONTH OF ENROLLING YOUR CHILD**

Parent/Guardian:_____ Date:_____

E-mail:_____

PAYMENTS:

Strap Em Up Boot Camp

Parent Consent Release and Assumption of Risk

This agreement (*hereafter known as the "Agreement"*) is between Stepping Stones Foundation, Strap Em Up Boot Camp & Happy Trails Cowboy Church (*hereinafter collectively known as the "Companies"*) and the Parent, Legal Guardian or Power of Attorney, _____ Of Cadet _____ (*hereinafter known as {Participant}*).

THE COMPANIES ARE NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF THE PARTICIPANT RESULTING FROM AN INHERENT RISK OF PARTICIPATION IN BOOT CAMP ACTIVITIES. "INHERENT RISK OF PARTICIPATION" MEANS THOSE DANGERS OR RISKS WHICH ARE AN INTEGRAL PART OF PARTICIPATION INCLUDING, BUT NOT LIMITED TO, INJURIES OR DEATH WHICH RESULT FROM CONTACT WITH OTHER PARTICIPANTS, INJURIES OR DEATH WHICH RESULT FROM THE UNPREDICTABLE ACTIONS OF OTHER PARTICIPANTS, INJURIES OR DEATH WHICH RESULT FROM FALLS CAUSED BY LOSS OF BALANCE, AND INJURIES WHICH INVOLVE CONTACT WITH OBJECTS OR ARTIFICIAL STRUCTURES PROPERLY USED FOR BOOT CAMP ACTIVITIES.

I voluntarily elect to allow the minor Participant identified herein, to use all facilities and equipment while engaging in Boot Camp activities at the regular facility, and any other facility determined necessary to engage in Boot Camp activities. In consideration for being allowed to use the Company's facilities and equipment, and any other services provided by Companies, or its employees, volunteers or agents, I represent, acknowledge and agree as follows:

GENERAL RELEASE

I acknowledge and agree that this Agreement covers and is intended to release and provide other benefits, legal protections, and consideration to the Companies, its agents, owners, officers, managers, shareholders, affiliates, volunteers, employees, and all other persons or entities acting in any capacity on its behalf.

PARENT/LEGAL GUARDIAN/POWER OF ATTORNEY REPRESENTATIONS

I certify that I am older than 18 years of age, I am capable of reading and understanding this Agreement, and I have read and fully understand this Agreement. If I cannot read or understand this Agreement, I will not sign it, which will preclude the Participant from engaging in activities provided by the Companies.

I understand and agree that by signing this Agreement, I assume all risk of injury, death or damage and release the Companies from all liability to the fullest extent permitted by law. I understand and agree that if the Participant is injured in any way, the Participant, and/or its representatives are prohibited from making a claim against the Companies, and this Agreement prevents and prohibits any recovery of money from the Companies.

I represent that the Participant is physically and medically fit, otherwise healthy and able to safely participate in all activities and use all equipment required to fully engage in Boot Camp activities.

VOLUNTARY ASSUMPTION OF RISK; RELEASE OF POTENTIAL INJURIES

I acknowledge and agree that use of the equipment while participating in Boot Camp activities might be inherently and/or obviously dangerous. These inherent and/or obvious risks may result in serious physical or emotional injury, paralysis, death, or other damage to the Participant, and/or third parties, as well as damage to personal property of any or all such persons. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activities, which I further agree is for behavioral, education and recreational purposes and is completely voluntary.

I acknowledge and agree that the Participant is participating voluntarily at their own risk. I acknowledge and agree that the actions or activities of other participants or inactions of the Companies, including their negligence, and hidden, latent, or obvious defects in the equipment and/or facility could cause the Participant significant bodily injury or death.

I knowingly and freely assume all risks, both known and unknown, even if arising from the negligence of those persons released from liability herein, or from hidden, latent, or obvious defects in the equipment and /or the facility, and assume full responsibility for the Participant engaging in Boot Camp.

Parent/Legal Guardian/Power of Attorney initials: _____

AGREEMENT TO PAY OWN MEDICAL EXPENSES

I acknowledge, accept and assume the risk of any and all medical conditions, limitations, or disabilities (whether temporary or permanent) that the Participant possess, whether known or unknown, which might contribute to or exacerbate any injury the Participant may sustain as a result of using the Company's equipment and facilities, or while engaging in Boot Camp activities. I acknowledge and agree that if medical assistance of any form, including but not limited to emergency care, hospitalization, out-patient care, or physical therapy is required or performed as a result of any injury the Participant sustains while using the Company's equipment and facilities, or while engaging in boot Camp activities such assistance shall be at my own expense.

RELEASE OF LIABILITY

I hereby forever, irrevocably and unconditionally release, waive, relinquish, discharge from liability and covenant not to sue the Companies, and their successors, predecessors-in-interest, and insurers (collectively, the "Releasees") from any and all claims, demands, rights, actions, suits, causes of action, obligations, debts, costs, losses, charges, expenses, attorney's fees damages, judgements and liabilities, of whatever kind or nature, in law, equity or otherwise, whether now known or unknown, suspected or unsuspected, and whether or not concealed or hidden, related to or arising, directly or indirectly, from the Participant's access to and/or use of the Company's facilities and/or its equipment, hidden, latent, or obvious defects in the equipment and/or the Company's facilities, the failure to warn of dangerous conditions in connection with engaging in the Companies activities, and/or the acts or omissions of the Releasees, including, without limitation, any claim for negligence, hidden, latent, or obvious defects, failure to warn or other omission, properly damage, personal injury, emotional injury, illness, bodily harm, paralysis or death.

I acknowledge and agree that by signing this Agreement, I am agreeing to release the Companies from its own negligence, including any negligent act and/or omission of the Companies, including its employees, managers, volunteers, and all other persons acting on behalf of the Companies, and/or hidden, latent, or obvious defects in the equipment that results in harm.

INDEMNITY

In the event that any claim released herein is brought by, or asserted on behalf of myself or the Participant, I shall immediately defend, indemnify and hold harmless the Releasees, from any loss or liability, including reasonable attorneys' fees, costs, and other legal expenses, associated therewith or arising therefrom. If a claim is made against the Releasees by a third party, including other participants, to the extent such claim arises out of the actions or inactions of the Participant, I agree to defend, indemnify and hold harmless the Releasees, and any of them, from any loss or liability, including reasonable attorney's fees, associated therewith or arising therefrom, arising out of such claims made.

I agree and acknowledge that should the Releasees or anyone acting on their behalf, be required to incur attorney's fees and/or costs to enforce this agreement. I agree to immediately defend, indemnify and hold harmless the Releasees for and against all such attorney's fees and/or costs.

TERM OF AGREEMENT

I understand that this agreement extends forever into the future and will have full force and legal effect each and every time the Participant is engaged in activities as required by the Releasees.

IN SUMMARY, BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT IF THE PARTICIPANT IS INJURED IN ANY WAY, THIS WAIVER PREVENTS AND PROHIBITS ANY RECOVERY OF MONEY FROM ANY OF THE RELEASEES.

Signature of Parent/Legal Guardian/Power of Attorney

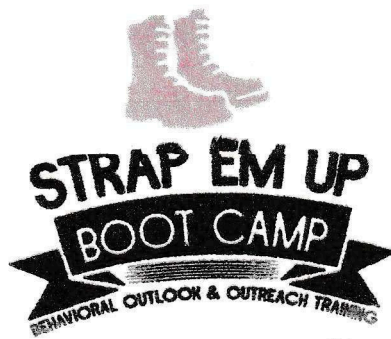
Date

Printed name of Parent/Legal Guardian/Power of Attorney

Address

Email

Phone number (s)



Happy Trails Cowboy Church
9530 Augusta Rd.
Pelzer, SC 29669

This waiver is between Parents/Guardians_____and
Strap Em Up Boot Camp agreeing to make home visits when
necessary.

I(we)_____ agree to allow Strap Em UP
Boot Camp instructors to visit where the cadet resides upon calling
for emergency help at my/our request, if we are unable to solve the
issue over the phone.

I understand that if this is an extremely dangerous situation I am to
call 911 for police intervention.

Strap Em Up Boot Camp also requests the permission of the
Parents/Guardians to allow instructors to take actions to remove
bedding, games, etc. accordingly as consequences for inappropriate
and negative behavior.

Parents/Guardians_____Date:_____

Drill Sgt. Robert M. Klein, Exec. Dir._____

March 2024

www.strapemupbootcamp.com

Non-Profit 501(C) (3)
PRESENTED BY STEPPING STONES FOUNDATION



Happy Trails Cowboy Church
9530 Augusta Rd.
Pelzer, SC 29669

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WAIVER and CONSENT AGREEMENT
Permission for Use of Photos

This Waiver and Consent Agreement dated_____

between Parent(s)/Guardian(s)_____

and Strap Em Up Boot Camp gives permission to the instructors to publish photographs of cadet_____ on the website, social media, newspapers, and any publicity that relates to Strap Em Up Boot Camp.

This waiver and consent agreement is for the duration of the cadet's program, and relieves Strap Em Up Boot Camp, instructors & volunteers of any and all liability.

This agreement shall become null and void with no further effect at the completion of the cadet's program.

Date:_____

Parent(s)/Guardian(s) Print:_____

Signature:_____

Strap Em Up Boot Camp Official:_____



Happy Trails Cowboy Church
9530 Augusta Rd.
Pelzer, SC 29669

WAIVER and CONSENT AGREEMENT

This Waiver and Consent Agreement dated _____

between Parent(s)/Guardian(s) _____ and
Strap Em Up Boot Camp gives permission allowing instructors to
shave the hair of cadet, _____ as (understood)
consequences for the inappropriate, uncalled for negative behavior in
not complying with SEUBC instructor.

This waiver and consent agreement is for the duration of the cadet's
program, and relieves Strap Em Up Boot Camp of any and all liability.

This agreement shall become null and void with no further effect at
the completion of the cadet's program.

Date: _____

Parent(s)/Guardian(s) (Print) _____

(Signature) _____

Strap Em Up Boot Camp Official _____

CHECKLIST OF CONCERNS

Review the list below and check off any emotional and/or behavioral problems that you would attribute to your child. The spaces at the bottom are for adding any problems that do not appear on the list.

- | | |
|--|--|
| <input type="checkbox"/> Frequently steals | <input type="checkbox"/> Is frequently angry or loses temper often |
| <input type="checkbox"/> Frequently lies or is deceitful | <input type="checkbox"/> Frequently argues with adults |
| <input type="checkbox"/> Has run away from home | <input type="checkbox"/> Is easily annoyed by others, highly irritable |
| <input type="checkbox"/> Has deliberately set fires | <input type="checkbox"/> Often blames others for his/her mistakes |
| <input type="checkbox"/> Is truant from school | <input type="checkbox"/> Often defies or ignores adult requests |
| <input type="checkbox"/> Has broken into a car or dwelling | <input type="checkbox"/> Refuses to follow directions or rules |
| <input type="checkbox"/> Has deliberately destroyed another's property | <input type="checkbox"/> Has a low frustration tolerance |
| <input type="checkbox"/> Is physically cruel to others | <input type="checkbox"/> Deliberately annoys or provokes others |
| <input type="checkbox"/> Is physically cruel to animals | <input type="checkbox"/> Avoids taking responsibility for behavior |
| <input type="checkbox"/> Often initiates physical fights | <input type="checkbox"/> Frequently swear or uses foul language |
| <input type="checkbox"/> Has forced another into sexual activity | <input type="checkbox"/> Is overly disrespectful to authority |
| <input type="checkbox"/> Carries (or has carried) a weapon | <input type="checkbox"/> Has no concern for consequences |
| <input type="checkbox"/> Has used a weapon to hurt someone | <input type="checkbox"/> Becomes destructive when angry |
| <input type="checkbox"/> Has legal problems | <input type="checkbox"/> Becomes aggressive/assaultive when angry |
| <input type="checkbox"/> Has a history of drug, tobacco, or alcohol use | <input type="checkbox"/> Is overly controlling of others |
| <input type="checkbox"/> Appears to be influenced by gangs | <input type="checkbox"/> Has threatened to harm/kill others |
| <input type="checkbox"/> Participates in gang activity | <input type="checkbox"/> Doesn't get along well with others |
| <input type="checkbox"/> Displays inappropriate/inconsistent emotions | <input type="checkbox"/> Becomes vindictive when angry |
| <input type="checkbox"/> Complains of "seeing things" (visual hallucinations) | <input type="checkbox"/> Engages in self-harming or self-mutilation |
| <input type="checkbox"/> Complains of "hearing voices" (auditory hallucinations) | <input type="checkbox"/> Often attempts to manipulate others |
| <input type="checkbox"/> Has bizarre thought processes | <input type="checkbox"/> Often appears sad or depressed |
| <input type="checkbox"/> Has homicidal thoughts/ideation | <input type="checkbox"/> Withdraws or isolates from others |
| <input type="checkbox"/> Has suicidal thoughts/ideation | <input type="checkbox"/> Has feelings of worthlessness |
| <input type="checkbox"/> Acts immaturely | <input type="checkbox"/> Has a complete lack of motivation |
| <input type="checkbox"/> Seeks negative attention | <input type="checkbox"/> Often fidgets or squirms, can't sit still |
| <input type="checkbox"/> Is overly preoccupied with sex | <input type="checkbox"/> Is easily distracted |
| <input type="checkbox"/> Acts out sexually | <input type="checkbox"/> Has a difficult time following directions |
| <input type="checkbox"/> Urinates or defecates in unusual places | <input type="checkbox"/> Talks excessively at inappropriate times |
| <input type="checkbox"/> Wets or soils self during the day | <input type="checkbox"/> Has a difficult time following directions |
| <input type="checkbox"/> Has problems at school | <input type="checkbox"/> Often interrupts or intrudes on others |
| <input type="checkbox"/> Has excessive anxiety and worry | <input type="checkbox"/> Has a difficult time focusing on a task |
| <input type="checkbox"/> Has a fear which disrupts daily life | <input type="checkbox"/> Often acts impulsively (without thinking) |
| <input type="checkbox"/> Often impedes on the rights of others | <input type="checkbox"/> Has a difficult time playing quietly |
| <input type="checkbox"/> Participates in dangerous/reckless behaviors | <input type="checkbox"/> Often fails to complete chores or tasks |

OTHER: _____

OTHER: _____

OTHER: _____

This checklist is an excellent source of information for any mental health professional that may be working with your child.

2.

Please list any further problems, concerns, or inappropriate behaviors below.

Signature _____ Date: _____

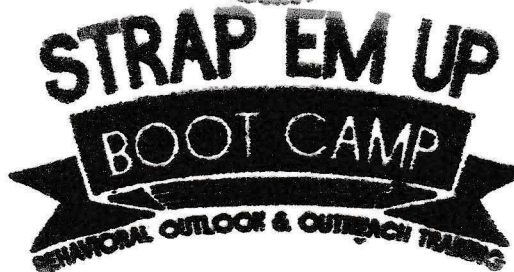
COMMENTS: _____

This checklist is an excellent source of information for any mental health professional that may be working with your child.

WE POLISH NOT PUNISH



501(C)(3)



Non-profit



Strap Em Up Boot Camp is a faith-based, para-military youth development and outreach program for young cadets ages six to 18 years old. The boot camp promotes the mental, physical, emotional, and social development of each cadet.

We strive to instill a strong work ethic, a sense of belonging and purpose, self-respect, self-discipline, as well as structure. Our program includes a combination of physical training, Life Skills class, leadership opportunities, and community outreach.

Strap Em Up Boot Camp works to help each cadet gain confidence, self-motivation, increased responsibility, compassion for others, develop leadership skills to become a good citizen in the community, and improve relationships with family, teachers, and peers.

Our Strap Em Up Boot Camp program meets every Saturday at _____ Church (in the field behind), 9530 Augusta Rd., Pelzer, SC 29669. The program starts PROMPTLY at 9:00 a.m. and continues until 4:00 p.m.

Boot camp runs for **36 Saturdays**, rain or shine. Lunch and snacks are provided.



We participate in Community Service projects, fundraisers, and field trips.

For more information contact:

Executive Director, Sr. Drill Sgt. Robert Klein
864-263-7354

Visit our website: www.strapemupbootcamp.com
Follow & join us on Facebook: Strap Em Up Boot Camp

PRESENTED BY STEPPING STONES FOUNDATION

