



APPLICATION

Date: _____

Referred by: _____

Address/Phone: _____

Email address _____

Please complete all of the following questions with complete and accurate information.

Applicant's Legal Name: _____

Name applicant wants to be called: _____

Address: _____

City, State or Province, Country, Zip: _____

Phone/Email: (Home) _____ (Work) _____

(Fax) _____ (Other) _____

(Email) _____

Financial Sponsor: _____

Address: _____

City, State or Province, Country, Zip: _____

Phone/Email: (Home) _____ (Work) _____

(Fax) _____ (Other) _____

(Email) _____

Emergency Contact, if parents cannot be reached: _____

Address: _____

City, State or Province, Country, Zip: _____

Phone/Email: (Home) _____ (Work) _____

(Fax) _____ (Cell phone) _____

(Email) _____

Insurance Information:



APPLICANT'S PERSONAL INFORMATION

Name: _____ Date of Birth: _____
Current Age: _____ Birth Place: _____
Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
Social Security Number: _____ Drivers License Number: _____

PARENT INFORMATION

Father: _____
Mother: _____
Step Father: _____
Step Mother: _____

Please include the following information for the persons identified above:

- Home Address
 - Home Phone
 - Business Phone
 - Cell or Voicemail
 - Email
 - Occupation/Title
-

FORMAL & ALTERNATIVE EDUCATION INFORMATION

What is the highest grade completed in school? (degrees, certificates, endorsements)

Please indicate all schools, programs, workshops & seminars applicant has completed since high school.

Has the applicant had academic or intellectual testing in the last three years?
What was the results of the testing?

List any additional testing or inventories regarding interest, personality, skills or motivational indicators.



EMOTIONAL HISTORY AND CONCERNS

Has the applicant had major traumatic events? (abuse, rape, terror, etc.):

Please provide information if the answer is yes

Has the applicant ever been hospitalized for psychiatric/psychological reasons and /or been diagnosed with a mental disorder (i.e. depression, OCD, ODD, PTSD)? _____

Diagnosis: _____

Describe circumstances, dates, etc.: _____

Physician's Name: _____ Phone: _____

Hospital: _____ Phone: _____

If the applicant has a history with any of the following please provide significant information:

- Suicide attempts or ideations
- Self-harm, bizarre, or unusual behavior
- Convictions of misdemeanor or felonies
- Violent/Aggressive Behavior
- Eating disorders
- Addictions
- Substance Abuse

If applicable, list inpatient and outpatient treatment programs attended

(Please arrange to have appropriate psychological records sent for evaluation.)



PARTICIPATION RELEASE

I am fully aware that SouLore, Inc, Inner PathWorks, and Wings of Eagles participants engage in a large variety of physical, emotional, mental and spiritual activities. They range but are not limited to wilderness training, farming, indoor and outdoor athletics, vocational training, world travel, psychological and emotional training, and much more. I am further aware that there are substantial risks inherent in these activities. I hereby release SouLore, Inc., Inner PathWorks, and Wings of Eagles, its officers, employees, representatives and agents from any and all liability for property damage and personal injury in any form whatsoever caused by or arising from participation in any and all activities and operations. I have read this Release and understand all of its terms. I sign this Release voluntarily and with full understanding and knowledge of the claims I am releasing and waiving.

_____ (Participants Signature) (Date)

_____ (Print Participants Name)

PARENT PARTICIPATION RELEASE

As the parent of the participant I understand that I will also be in training while my adult child is in the program. This training will include three workshops with the option to participate in a Vision Quest. I recognize that my training will include activities that include outdoor activities, camping, and emotional, mental and spiritual challenges. I am further aware that there are substantial risks inherent in these activities. I hereby release SouLore, its officers, employees, representatives and agents from any and all liability for property damage and personal injury in any form whatsoever caused by or arising from participation in any and all activities and operations. I have read this Release and understand all of its terms. I sign this Release voluntarily and with full understanding and knowledge of the claims I am releasing and waiving.

_____ (Parents Individual Signatures and Date)

_____ (Print Parents Names)

MEDIA RELEASE

I, (participant) _____, hereby grant permission to SouLore, Inc, Inner PathWorks, and Wings of Eagles to use photographs, audio, video, or other artistic representations of me for the purpose of advertising, publicity, brochures or educational purposes. I have read this Release and understand all of its terms. I sign this Release voluntarily and with full understanding and knowledge of the claims I am releasing and waiving.

_____ (Participants Signature and Date)

_____ (Print Participants Name)

I, (parents) _____, hereby grant permission to SouLore to use photographs, audio, video, or other artistic representations of me for the purpose of advertising, publicity, brochures or educational purposes. I have read this Release and understand all of its terms. I sign this Release voluntarily and with full understanding and knowledge of the claims I am releasing and waiving.

_____ (Parents Individual Signatures and Date)

_____ (Print Parents Names)



ENROLLMENT CONTRACT

Participants name: _____ Address/phone: _____
Financial Sponsor: _____ Address: _____
Phone/Fax: (Work) _____ (Home) _____
(Cell) _____ (Email) _____

SCHEDULE OF FEES

Admission Interview Fee: \$150 per day (4 days average)

Student Account Funds

Intensive: \$1,000.00

Comprehensive \$4,000.00

Tuitions

Intensive Tuition: \$5,000.00

Comprehensive Tuition: \$25,000.00

Parents Workshop \$650.00 (per person)

AGREEMENT

1. Financial Sponsor agrees to the fees as set above. The monthly tuition of \$5,000.00 shall be paid in advance each month the Participant is enrolled.
2. Financial Sponsor understands that the monthly tuition is non-refundable, and will not be pro-rated or refunded if the Participant voluntarily terminates the apprenticeship or is expelled. SouLore may, in its sole discretion, refund a portion of the tuition.
3. Financial Sponsor agrees to pay all expenses not included in the tuition. The tuition includes food and shelter, training offered by SouLore, Inc staff, and regular program transportation. All expenses not included will be billed to Financial Sponsor, and Financial Sponsor agrees to pay such expenses upon receipt of the bill.
4. Financial Sponsor agrees to pay \$4,000.00 for a Student Account Fund (SAF) for the Participant at the time of enrollment. The fund will be used by SouLore staff to pay non-tuition related expenses for the student. (This fund is used sparingly and with sponsor consent for any large ticket times). Financial Sponsor agrees to replenish the fund upon billing to the full \$4,000.00. SouLore will provide the financial sponsor with an account summary of the fund. Financial sponsor will be entitled to a refund of the amount remaining in the fund at the completion of the training. Student Account Fund covers personal expenses such as medications, clothing, personal care, wilderness gear, training/classes not taught by SouLore, seed money for investment training projects.
5. Financial sponsor agrees to pay a late charge in the amount of one and one-half percent (1 1/2%) per month on all billings not paid in accordance with this Agreement. If it is necessary to refer this Agreement to an attorney for collection, SouLore shall be entitled to its costs and reasonable attorney fees. Not paying tuition on time can result in termination of the student.
6. Apprentice must provide his or her own health insurance and automobile insurance, if apprentice will be using his or her own vehicle for transportation. Financial Sponsor agrees to pay all uninsured health expenses for apprentice. Apprentice must provide proof of insurance required by this paragraph.

_____ (Financial Sponsors Signature and Date)



MEDICAL HISTORY

Please fill out all the following questions. If a question does not apply to you, insert "NA" in the blank. If there is not enough room to include all the information, please write it on an additional sheet and attach it to this form.

Applicant's name: _____

Person completing this form and their relationship to the applicant: _____

1. Your Physician Name: _____

Address: _____

Contact information: _____

2. Do you have any current health problems? ___no ___yes

If yes, please explain: _____

3. List all allergies and detailed description of reaction:

4. List all medications you currently are taking, including all prescription and "over the counter" substances:

5. Do you use tobacco? ___no ___yes

6. List all hospitalizations for medical reasons: (when & why)

7. Are you up to date with immunization (tetanus & TB)

8. Are there any other conditions that would limit you from engaging in recreational or physical activities? ___no ___yes

If yes, please explain: _____

Also attach a doctors written statement specifying the condition and limitations you might have.



PHYSICAL EXAMINATION

PATIENT'S NAME: _____ DATE OF EXAM: _____

Birth Date: _____	Pulse _____
Age: _____	Blood Pressure _____
Height: _____	Weight _____
Integument: _____	Head _____
Eyes: Glasses? _____	Vision: R- _____ L- _____ Fundiscopic _____
Ears: _____	Heart: _____
Nose: _____	Abdomen: _____
Throat: _____	Genitalia: _____
Neck: _____	Neurological: _____
Lymph: _____	Musculoskeletal: _____
Chest: _____	Scoliosis: _____

Significant findings or recommendations: _____

Are there any physical impairments which would limit the patient's ability to participate in vigorous physical activities? _____

Please list all current medical problems which are now under treatment. Include all medications and the dosage:

What specific "over the counter" medications are appropriate for the patient to take due to the above medications or their current health condition.

REQUIRED LAB TESTS AND IMMUNIZATIONS: (please attach results)

1. Urinalysis _____
2. CBC w/differential _____
3. Fasting Glucose _____
4. VDRI _____ date _____ results _____ treatment _____
5. Pregnancy Test _____ (females)
6. Gonorrhea (if indicated) _____
7. Tuberculosis skin test within one year _____
8. Tetanus within 10 years. (date) _____
9. HIV _____

Physicians Signature: _____
Address: _____
Phone: _____