

Note #2: Due to the number of requests for ATLAS, only those students registered in a full course load for semester one in their grade 12 year will be considered for admission to the program

Note #3: There is a program fee for ATLAS (amount TBD). This is primarily used for bus transportation costs and certifications. This fee is non-refundable. Please see SD8's Fees, Deposits, and Financial Hardship policy and administrative procedure at the links below.

https://www.sd8.bc.ca/sites/default/files/documents/2022-09/430%20Fees%2C%20Deposits%20and%20Financial%20Hardship%20%282022.05.24%29_0.pdf

https://www.sd8.bc.ca/sites/default/files/documents/2022-06/AP%20430.1%20Fees%2C%20Deposits%20and%20Financial%20Hardship_0.pdf

Note #4: SELECTION: The selection process for the ATLAS Academy is completed by a Selection Committee comprised of LVR staff, including administration. Each application is graded individually by the Selection Committee on 3 criteria:

1. Program Intention
2. Fitness Level and Medical Health
3. Positive Character Reference

The grades are compiled, and an overall score is given to each application. The highest scores are then used to help determine the class roster.

Criteria #1; Program Intention (1/3 of overall score)

Part A: General Questions, to be completed by student/applicant:

There are no right or wrong answers. This information provides the selection committee with information about who you are as a person. Your response to the following questions will help to ensure that the students selected are well suited for the academy and are likely to be successful.

1. How did you hear about the ATLAS Academy?

2. Why do you want to participate in the ATLAS Academy? What excites you about the academy?

3. What do you hope to gain from your experience in the ATLAS Academy?

4. What personal strengths do you feel you would bring to the ATLAS Academy?

5. What do you feel will be your greatest challenge(s) in the ATLAS Academy?

6. What other outdoor experiences have you had that would contribute to your success in the program?

7. ATLAS is physically demanding. There is an expectation that applicants will be engaged in regular and moderately intense exercise in the months leading up to the academy. What activities do you regularly participate in to stay fit? How would you describe your level of fitness? Please be specific.

8. Have you completed a First Aid course or CPR course? If yes, please give details.

9. This academy is very demanding both physically and mentally and you will need a great deal of support from those people who are closest to you. Please describe the support system you have in place to help you do well in this academy.

Criteria #1 PART B: Outdoor Skills

In order to adequately plan the academy each year, we need to know your level of experience in a number of areas. Please rate yourself honestly. While having prior outdoor experience will help your application, not having experience in many of the listed areas **WILL NOT** disqualify you from the academy.

Skiing / Snowboarding Ability: Please identify for level of skiing/snowboarding according to the descriptions at <https://skiwhitewater.com/level-descriptions/>.

I am currently a level _____ skier/snowboarder.

In comparison with other people your age, please rate yourself with respect to your present level of skill/experience in the following areas:

| | Outstanding (top 5%) | Excellent (top 15%) | Average | Below Average | Unable to Rate |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Basic Camping Skills | | | | | |
| Trail nutrition & cooking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Map & Compass use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Camp stove use & maintenance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Low impact camping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Equipment care & selection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| First Aid | | | | | |
| Level I First Aid | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CPR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Canoeing/Kayaking Skills | | | | | |
| Canoeing/Kayaking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Water rescue | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Swimming ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Winter Skills | | | | | |
| Avalanche awareness | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Avalanche rescue | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Snow shelters | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Skiing/Snowboarding ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mountaineering Skills | | | | | |
| Backpacking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Snow travel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Peak ascents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Glacier travel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hiking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Biking Skills | | | | | |
| Long distance cycle touring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bicycle maintenance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Climbing | | | | | |
| Bouldering | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Top-rope climbing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Criteria #2; Fitness Level & Medical Health (1/3 of score)

Part A: General Questions, to be completed by student/applicant:

Please read the question carefully and answer with details. Full disclosure of all pertinent medical and health details is essential.

| Questions: | Yes (✓) | No (x) | Details |
|--|--------------------|-------------------|----------------|
| 1. Do you have any present medical issues, including mental health (panic attacks, anxiety?) | | | |
| 2. Do you have any health issues which prevent you from participating in physical activities? | | | |
| 3. Do you smoke and/or vape? If yes, how frequently? | | | |
| 4. Do you have asthma or shortness of breath? | | | |
| 5. Have you ever had seizures? | | | |
| 6. Do you require a special diet? | | | |
| 7. Do you have problems with your neck, back, knees or joints that limit your present activities or may limit course activities (i.e. carrying a 30-50 lb backpack)? | | | |
| 8. Are you currently taking medication, or are you under the care of a physician for a medical issue? | | | |

8. Please describe the physical activity you do on a regular basis, including frequency and duration, if applicable.

9. Please describe any other conditions that may have a bearing on your health, or your ability to participate in the ATLAS Academy.

Criteria #2 Part B: To be completed by Parent/Guardian

Your youth has applied for entry into the Adventure Tourism Leadership and Safety (ATLAS) Academy, with an outdoor skills focus. Students enrolled in this academy participate in many physically and mentally challenging activities. These activities may include (but may not be limited to) climbing, cycling, hiking, canoeing, skiing and snowboarding. Students will be sleeping outdoors, carrying heavy outdoor packs, cooking meals outdoors, and traveling over uneven terrain. Students can encounter adverse weather conditions such as cold temperatures (-20 °C), wind, intense sunlight, snowstorms, rain, etc. Some of the program's trips occur in remote areas where evacuation to modern medical facilities could take many hours.

Student Name: _____ Birth Date: _____

BC Medical Services Plan Health No.: _____ Student School Accident Insurance: Yes No

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify:

Reaction(s) to above?

Carries Epi pen? Yes No Carries Ana Kit? Yes No

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, recent hospitalization or surgery, chronic conditions, phobias, anxiety, etc.). Please be specific: _____

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:

Medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such):

Other Health/Medical/Dietary Concerns:

Emergency Contacts:

1) _____ Phone: (H) _____ (W) _____ (C) _____

2) _____ Phone: (H) _____ (W) _____ (C) _____

Name of Physician _____ Phone # _____

Parent/Guardian who is filling out and signing this form:

Name (please print) _____

Signature _____ Date: _____

This page is intentionally blank

Criteria #3; Character Reference (1/3 of score)

(Please note: both Teacher and Community Member references are required as part of the application)

Reference Letter #1 - Teacher Page 1 of 2

Name of Applicant (first and last): _____

Instructions for the applicant / student:

1. Carefully read the questions on this form. With these questions in mind, choose a secondary school teacher and an adult community member who will provide a confidential reference for you.
2. Your reference writer should have known you long enough and well enough to be able to evaluate you in the listed areas. A reference writer **may not be a relative**.
3. Please fill in your name (Name of Applicant) on both sides of this form.
4. Please give your reference writers ample time to complete the form and return it to you well before the deadline.
5. Ensure that your reference is placed in a sealed envelope and is attached to your application form. Failure to submit all documents, on time, will likely result in the disqualification of your application. **Due date for submission is April 4, 2023 @ 4:00 pm.**

Name of Reference Writer (first and last) _____

Occupation: _____ Phone (day): _____

Instructions for the reference writer:

1. Please be honest.
2. All information provided will be held in confidence.
3. To maintain confidentiality, please place the completed form in a sealed envelope, and sign across the seal.
4. Return the sealed envelope to the applicant, so that the student can bring hand it in with their application.

Reference Letter #1 - Teacher Page 2 of 2

Name of Applicant (first and last): _____

How long have you known the applicant? _____ years? _____

In what capacity do you know the applicant? _____

In comparison with other students (young people) at the applicant’s level with whom you have been associated with, please rate the applicant with respect to the following categories:

| | Outstanding (top 5%) | Excellent (top 15%) | Average | Below Average | Unable to Rate |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Respect | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> · Being considerate of others · Showing concern for others (compassion) · Being respectful of property and equipment | | | | | |
| Responsibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> · Assuming responsibility · Arriving prepared · Following directions · Acting in a helpful, dependable manner | | | | | |
| Interpersonal Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> · Listening well · Participating fully in group/class tasks · Practicing self-control · Being inclusive of others | | | | | |
| Attitude | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> · Demonstrating a positive attitude · Being open to new experiences · Showing an interest in learning | | | | | |
| Leadership | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> · Demonstrating initiative (self-directed) · Demonstrating independence | | | | | |

What specific qualities make this applicant a suitable person for the ATLAS Academy?

Do you recommend this applicant for the ATLAS Academy? Yes No

Teacher Signature: _____ Date: _____

Teacher Name (please print) _____

Name of Applicant (first and last): _____

Instructions for the applicant:

1. Carefully read the questions on this form. With these questions in mind, choose a secondary school teacher and an adult community member who will provide a confidential reference for you.
 2. Your reference writer should have known you long enough and well enough to be able to evaluate you in the listed areas. A reference writer may not be a relative.
 3. Please fill in your name (Name of Applicant) on both sides of this form.
 4. Please give your reference writers ample time to complete the form and return it to you well before the application deadline
 5. Ensure that your reference letters are in sealed envelopes. Failure to submit all documents, on time, will likely result in the disqualification of your application.
- Due date for students to submit is April 4, 2023 at 4:00pm, please make sure you have your letter in advance of this deadline.**

Name of Reference Writer (first and last) _____

Instructions for the reference writer:

You have been asked to be a reference for a student interested in participating in the ATLAS Academy at LV Rogers Secondary School. ATLAS is a practical, outdoor education course taught almost exclusively away from the school, in outdoor settings, in a variety of seasons. For more information on ATLAS - visit <http://lvrsecondary1.weebly.com/atlas.html>

1. Please be honest.
2. All information provided will be held in confidence.
3. To maintain confidentiality, please place the completed form in a sealed envelope, and sign across the seal.
4. Return the sealed envelope to the applicant, so that he/she can hand it in with their application.

Thank you for taking your time in completing this reference.

Reference Letter #2 (Community Member) (Page 2 of 2)

Name of Applicant (first and last): _____

How long have you known the applicant? _____ years

In what capacity do you know the applicant? _____

In comparison with other students (young people) at the applicant’s level with whom you have been associated with, please rate the applicant with respect to the following categories:

| | Outstanding (top 5%) | Excellent (top 15%) | Average | Below Average | Unable to Rate |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Respect | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| · Being considerate of others · Showing concern for others (compassion) · Being respectful of property and equipment | | | | | |
| Responsibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| · Assuming responsibility · Arriving prepared · Following directions · Acting in a helpful, dependable manner | | | | | |
| Interpersonal Skills | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| · Listening well · Participating fully in group/class tasks · Practicing self-control · Being inclusive of others | | | | | |
| Attitude | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| · Demonstrating a positive attitude · Being open to new experiences · Showing an interest in learning | | | | | |
| Leadership | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| · Demonstrating initiative (self-directed) · Demonstrating independence | | | | | |

What specific qualities make this applicant a suitable person for the ATLAS Academy?

Do you recommend this applicant for the ATLAS Academy? Yes No

Signature of Community Member: _____ Date: _____

Name of Community Member (please print): _____

ATLAS COURSE REGULATIONS - GREAT EXPECTATIONS!

1. This is a participation course. Actively taking part in each lesson is essential for student success.
2. Students will be evaluated on their participation and their ability to **DEMONSTRATE** knowledge and skills that have been taught. Evaluation will be 50% for ATLAS and 50% for Active Living 12.
3. Students are expected to travel on the school bus provided. Student drivers are not permitted.
4. School and District Rules apply to **ALL** students at **ALL** times during the course including while on overnight trips. Drugs and alcohol are major violations of school rules. A curfew will be imposed on **ALL** overnight trips as decided by the teacher in charge. Infractions of school rules may lead to expulsion from the course or school at the ruling of the School Administration. Remember, you are representing L.V. Rogers whenever you are in public so you are expected to be **AMBASSADORS** at all times.
5. Safety is of major importance! This class will sometimes be in conditions or locations which provide a higher than normal risk of serious accident. To prevent injury or loss of life all students will be expected to continuously demonstrate a total commitment to safe practices as taught in this course, or use behavior that is in the category of "good common sense".

I _____ have read the above ATLAS Regulations and understand that if I am accepted into the ATLAS Academy I am to abide by these regulations.

Student Signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

****end of application****