



## **Cochrane High School R.O.A.M.S**

Rivers, Oceans, and Mountains School

Student Application

Fall 2020-2021

Application to be submitted by March 23rd, 2020 - See website for details

*[cochranehighroams.com](http://cochranehighroams.com)*

## Student application

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

### Parent/Guardian Contact Information

Name(s) Printed: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

While previous experience in outdoor pursuits is not necessary for ROAMS, it is important that you have *some* interest in outdoor activities. We'll be outside very regularly (as much as possible!) - some of the activities are as follows: hiking, backpacking, camping, mountain biking, skiing, snowshoeing, orienteering, cooking, geocaching, shelter building, sailing (pending approval!), kayaking, canoeing, rock climbing, various team sports, and other outdoor interests students might have!

CHS ROAMS is open to anyone from zero experience in the outdoors to seasoned outdoor enthusiasts. Likewise, in terms of academics, we're looking for a diverse student population; just as we would find in any other class at CHS. The only expectations are that the student is curious and willing to try new things, willing to work with others, and willing to embrace frustrating and difficult situations when they arise.

*Please answer the following questions to the best of your ability. You may respond in any form: written responses (typed or handwritten), video, photos or images, presentation, or set up a time to be interviewed.*

*Please contact Mr. Talen <[jtalen@rockyview.ab.ca](mailto:jtalen@rockyview.ab.ca)> and CC Ms. Kromm <[akromm@rockyview.ab.ca](mailto:akromm@rockyview.ab.ca)> with any questions or requests for special arrangements.*

### Selection Process

CHS ROAMS will have up to 28 spots open for the 2020-2021 Fall/Winter Semester Admission will be dependent upon your responses to the application questions

**Year-long programs** - *we will work to create scheduling solutions*

Please indicate by circling which other year-long CHS programs you are involved in:

BAND

FRENCH

NEITHER

Please review the participation commitments below carefully - and sign off on them.

We understand that participation in on/off campus activities requires excellent self-management skills. Disrespectful behaviour will not be tolerated. All school rules are applicable for all activities - no smoking/vaping, alcohol, drug use, etc. - this may warrant removal from the program.

*Initials: Parent \_\_\_\_\_ Student \_\_\_\_\_*

We understand that this is a full semester one commitment - once enrolled in the program, students have committed to completing the Sept-January semester within the ROAMS program.

*Initials: Parent \_\_\_\_\_ Student \_\_\_\_\_*

We understand that participation in on/off campus activities will require complete compliance of all safety rules and regulations.

*Initials: Parent \_\_\_\_\_ Student \_\_\_\_\_*

We understand that participation in off campus activities requires proper outdoor clothing for the weather - appropriate footwear and outerwear on all outdoor field studies is essential.

*Initials: Parent \_\_\_\_\_ Student \_\_\_\_\_*

We understand that students in the ROAMS program are expected to participate in **all** activities/trips/experiences.

*Initials: Parent \_\_\_\_\_ Student \_\_\_\_\_*

We understand that field trips may take place in less than ideal weather conditions. Some field trips may be cancelled when travel is not safe.

*Initials: Parent \_\_\_\_\_ Student \_\_\_\_\_*

We understand that there is a fee with a maximum of \$1200. Any surplus at the end of the semester will be refunded to the families in ROAMS.

*Initials: Parent \_\_\_\_\_ Student \_\_\_\_\_*

**Chaperoning** - *In order for our many off campus excursions to take place, we need parent chaperones to assist. We hope that parents can help with at least one day trip - some parents will need to join us for more than one trip.*

**Parents** - are you able to help chaperone for one or more trips/outings during this program?

(Circle one)

YES

NO



## Willingness to Try New Things

Describe, using specific examples, your ability to and interest in, trying out new things that have pushed you out of your comfort zone. Please include how you manage discomfort when trying new things, and why you think trying and learning new things is important.

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## References

Please provide the names and contact information of two adults (teachers, principals, coaches, employers, etc.) that would endorse you entering this program.

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

Position & Organization \_\_\_\_\_

Phone Number \_\_\_\_\_

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

How does this reference know you? \_\_\_\_\_

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

Position & Organization \_\_\_\_\_

Phone Number \_\_\_\_\_

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

How does this reference know you? \_\_\_\_\_