



ROCK'S EDGE SUMMER REGISTRATION FORM

<p style="text-align: center;"><u>SUMMER ADVENTURES</u></p> <p><input type="checkbox"/> Zombie Week (Jun. 19-22) \$ _____</p> <p><input type="checkbox"/> Pokemon Week (Jun. 26-29) \$ _____</p> <p><input type="checkbox"/> Cooking Week (Jul. 10-13) \$ _____</p> <p><input type="checkbox"/> Mad Scientist Week (Jul. 17-20) \$ _____</p> <p><input type="checkbox"/> Around the World Week (Jul. 25-27) (3 day camp = \$50) \$ _____</p> <p><input type="checkbox"/> Treasure Seekers Week (Jul. 31-Aug. 3) \$ _____ <i>(Students will need bike & helmet)</i></p> <p><input type="checkbox"/> Space Week (Aug. 7-10) \$ _____</p> <p>8:00am-6pm, \$65 per week breakfast/lunch/snacks included</p> <p style="text-align: right;">Total paid: _____</p>	<p style="text-align: center;"><u>SENSATIONAL SUMMER OF SUN & SUCCESS</u></p> <p><input type="checkbox"/> Zombies (June 23) FREE</p> <p><input type="checkbox"/> Mad Science (July 21) FREE</p> <p><input type="checkbox"/> Treasure (August 4) FREE</p> <p>8:00am-12:30pm, breakfast & lunch included Awesome Friday add-on for Summer Adventures!</p> <p style="text-align: center;"><u>SUMMER EXCURSIONS</u></p> <p><input type="checkbox"/> Binder Park ZOO (July 28-29) \$100.00 \$ _____</p> <p><input type="checkbox"/> Camping Trip (Aug. 14-16) \$130.00 \$ _____</p> <p>Admission, transportation, breakfast/lunch/snacks included</p> <p style="text-align: right;">Total paid: _____</p>
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Student Information

Name: _____ Date of birth: _____

Sex: Male / Female Current age: _____

Students cell phone: _____

Home mailing address: _____
Street
City
St.
Zip

Email address: _____

School (in fall): _____ Grade going into: _____

Parent/Guardian Information (please complete both)

(With whom do you live?): Mother _____ Father _____ Guardian (Specify) _____

Name: _____

Home phone: _____ Cell phone: _____

Home mailing address: _____
Street
City
St.
Zip

Email address: _____

Alternate Contact Information

Mother _____ Father _____ Relationship to student: _____

Name: _____

Home phone: _____ Cell phone: _____

Email address: _____

Please complete both sides =>

MEDICAL INFORMATION

Please specify any conditions, illnesses or disabilities that might alter participation in activities, so that we may better accommodate you

Allergies (Food, Insect, Medications): _____

Medications (If applicable): _____

Chronic Physical Illnesses (Diabetes, Epilepsy, Asthma): _____

Behavioral or Emotional Conditions (ADHD, Oppositional Defiant Disorder, Depression): _____

Physical Conditions: _____

AUTHORIZATIONS

I give permission for my student to be transported to and from ROCK programs and events by ROCK C4YD provided transportation. I understand that such transportation may be The ROCK vehicle, personal vehicles, rented cars, vans, chartered buses or on foot. It is understood that every necessary precaution will be taken to ensure students' safety. Yes _____ No _____

I give permission to view movies with a PG-13 rating at The ROCK. Yes _____ No _____

I give permission for my teen to swim at GMCC under the supervision of trained life guards and ROCK staff. Yes _____ No _____

RELEASE OF LIABILITY STATEMENT – ROCK C4YD

Participants and their parents understand that involvement under the supervision of The ROCK Center for Youth Development may entail risk of injury or harm to the Participant and agree that risk is fully assumed by the Participants and/or their parents. In addition, Participants agree to hold The ROCK Center for Youth Development harmless for, from and against any and all liability, damages and claims of any kind, known and unknown, which may be connected with, result from, or arise out of participating in activities at the ROCK Center for Youth Development. This includes, but is not limited to, claims involving economic loss, illness or medical condition, accidental injury or death.

If you participate in ROCK programs and events there is a possibility you will be photographed and/or filmed and your picture may be used for promotional purposes. By your continuing participation in the programs and events you agree to this.

By signing below, I acknowledge that I have read and understand the above statements.

Signature of Parent/Guardian: _____ Date: _____

If there are multiple releases on file for this student, the most recent one will be used.

Demographics

Demographics Disclaimer: Completing this section is completely voluntary, and all information recorded in this section will be kept confidential. The information will be used by The ROCK for statistical purposes, program assessment and planning, and may aid in securing program funding through grants. Your participation in this section is greatly appreciated.

Race/Ethnicity:

- African American/Black
- Hispanic/Latino
- American Indian/Alaskan Native
- White
- Asian/Pacific Islander
- Other

Do you have a disability? Yes No Do you qualify for free or reduced lunch? Yes No

The ROCK Center for Youth Development is a teen-focused organization that helps teens succeed and thrive. We are an independent, inclusive, non-profit who provides character and life skills education (ROCK Exposure), after-school programs (ROCK Grounded), and community based activities for middle and high school students (ROCK Unplugged). Our mission is to build hope and resilience in youth based on a foundation of acceptance, support, and respect that results in positive life choices.



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