



2018-2019 Application

Teenager's First Name _____ Last Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Telephone (Home) _____ (Cell) _____

Date of Birth _____ Gender F M Grade _____

Name of Parent/Guardian _____ Email _____

Address _____ City _____ State _____ Zip _____

Web App (Check) Facebook Messenger WeChat Instagram WhatsApp Other _____

I'm interested in (Check) Mentoring Tutoring Math Science Language Arts

Emergency Information

Name _____ Relationship _____

Phone _____ Work _____ Cell _____

Address _____ City _____ State _____ Zip _____

What school do you attend? _____ Does this teen have any medical issues that we need to be aware of? _____

Means of transportation (Check one) Walk Bike Bus



Rock Solid Rules

We have put the following rules in place so that your son or daughter may have a safe and FUN year while still being a responsible participant. Please go over this page with your teen and then you will both need to sign at the bottom.

1. No sitting on tables, counters, window ledges or under tables.
2. No hanging out in the sanctuary (area with row seating), except during planned activities.
3. There is no foul/bad language (cussing) or name-calling used at Rock Solid.
4. Fighting is not allowed.
5. Breaking/stealing equipment will not be tolerated and will require payment for replacement.
6. Leaving Rock Solid and then returning later is not permitted. When checking out, teens are required to leave the premises.
7. Staff will be respected at all times.
8. Playing in restrooms is not allowed.
9. Running is not permitted except when outside!
10. No weapons or drugs including guns, knives, lighters, matches, etc., will be tolerated.
11. Discipline can be a verbal warning, thinking time, cleaning of items (trash pick-up, window washing, etc.) or removal from the program (this is for a serious offense or repeated discipline problems) at the director's discretion.

Parents: Rock Solid is open from 3:30 to 6:30 p.m. on Thursdays.

We understand the above rules. By signing this paper, we agree to the above rules. We/I have adequate insurance to cover this child if he/she were to be injured while at Rock Solid. We/I hold RSTC and its employees and volunteers harmless of all liability for this child.

Parent's signature: _____ Date: _____

Student's signature: _____ Date: _____

Parental Transportation Release Form

I, _____, parent/guardian of _____ (student) request or give my permission to Rock Solid to transport my son/daughter to/from off campus activities. I absolve and indemnify Rock Solid Teen Center from any and all responsibility related to this travel during From August, 2018 through August, 2019.

Parent/Guardian Signature: _____

Rock Solid Teen Center



Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to *Rock Solid Teen Center, Inc.* to use the image of my teenager, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my teen for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the *Rock Solid Web* site.

- Deny permission to use my teenager's image at all.
- Grant permission to use my teen's image in the following ways (mark all that apply).
- Limited usage:** I want my teenager's image used within the program area setting only (not in the larger community).
- Limited usage:** I want my teen's image used for educational materials only (not marketing). This could be either at All Saints Episcopal Church or in the larger community. One example of this could be videos in parent education classes.
- Limited usage:** I want my teenager's image used on printed materials only (no digital or video use).
- Unrestricted usage:** I give unrestricted permission for my teen's image to be used in print, video, and digital media. I agree that these images may be used by Rock Solid Teen Center, Inc. for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/guardian signature _____ Date _____

Please make a copy of this form for your own records and bring the original to Rock Solid, or mail or fax it to:

Rock Solid Teen Center, Inc.
P.O. Box 693
Syracuse, IN 46567

If you have questions, contact Mark Eastway at 574-457-9375.

Rock Solid Teen Center