



The Rock Teen Center Student/Membership Information Form

Form must be signed by parent/guardian

Confidentiality: Any confidential information requested is for our records, for the funding of our organization receives, as well as for the safety of your children.

Student/Member (Please Print)

First Name: _____ Middle: _____ Last: _____

Nick Name: _____ Birth Date: _____

Gender: _____ School: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Student Phone Number: _____ Student Email: _____

Medical Information

Insurance Company: _____ Policy Number: _____

Physician: _____ Physician Phone: _____

Hospital: _____ Hospital Phone: _____

Medications: _____

Medical Problems/ Allergies: _____

Disabilities: _____

Emergency Contact Information

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

Parent/Guardian Address: _____ City: _____

State: _____ Zip: _____

Please Check

_____ I have read the completed application and understand the Code of Conduct (SEPARATE PAGE) for the Solid Rock Teen Center and request that my child be admitted into membership.

_____ I have explained the Code of Conduct to my child and agree that Solid Rock will not be held responsible for any accident involving my child while on the Solid Rock premises or while engaged in any of its activities away from Solid Rock.

_____ I understand that by signing this form I am giving the Solid Rock Teen Center consent to use photos or videos of my child for promotional and/or advertising purposes.

Parent/Guardian Signature

Student/Member Signature

Date