

The ROCK Ministries to Students & their Families @ Mercer Island Presbyterian Church
REGISTRATION & RELEASE

CONFIRMATION EXPERIENCE & MISSION TRIP: Jan. 8 – May 8, 2011

Please return this completed form (both sides) by November 1st
Contact Nicola Davidson (206)232-5596 x208 with questions. Please make checks payable to MIPC.

- Enclosed is my Tuition Payment of **\$150 (NA for Mentors)****
- Enclosed is my non-refundable deposit of \$100 for the Portland Mission Project, Feb. 18-22
(*deposit is due December 13th*)
- Enclosed is my Current Medical Information Form (Only if you have NOT already submitted a current Med Form)
- I will not be participating in the mission project.

REGISTRATION

Student Name: _____ Home Phone: _____

Student Cell Phone: _____ Text? Y N Carrier: _____

Address/City/St/Zip: _____

Gender: _____ Year: _____ Adult T-Shirt size: _____ Student Email: _____

Parent/Guardian(s) Name: _____ Parent(s) Email: _____

PARENTAL PERMISSION & LIABILITY RELEASE: I/We give permission for our student (name listed above) to participate in the **Confirmation Experience**, January 8 – May 8, 2011, including **Retreats** on January 8-9 and April 30-May 1 and **Portland Mission Project**, February 18-22, 2011, (Mission Trip permission is granted if box is checked above that student is participating in the Portland trip) with the ROCK Ministries to Students & their Families. I/We wish to make clear our understanding that Mercer Island Presbyterian Church, Mercer Island, Washington and the leaders of the trip are hereby relieved from any liability for loss of property, damage to property, or any personal harm that may come to the participant, and absolve the church and leaders and hold them harmless from any claim or demand which might be asserted in connection with such activities and events. By signing this release, I consent to my child's participation, and waive any and all claims that might arise out of such participation.

MEDICAL: In the case of medical emergency, I/We hereby authorize any medical and/or surgical care, including diagnosis and treatment, to be given by any licensed hospital or clinic, when the participant is accompanied by a leader of this trip and efforts have been made to contact us. I/We assume full financial and legal responsibility for such care, and any financial charges incurred in the event of an emergency. In the event of medical treatment, all expenses will be directly billed by the medical provider to the family. If the medical provider requires payment at the time services are rendered for my student and MIPC advances such payment (with my acknowledgment that MIPC is not required to do so), I agree to reimburse MIPC for the full amount of such payment. Furthermore, it is my responsibility to update the ROCK Emergency & Medical Information Form on file with any insurance, medical, or contact information.

PAYMENT POLICY: A non-refundable deposit will be required to reserve a place for any student. If at any time you decide to cancel your student's reservation, contact us immediately. Note that canceling prior to the event, or after all payments due, will require that you pay the full balance, as we may have secured tickets for transportation and admissions that are non-refundable. If your student's spot can be filled from a wait list, only then may receive a partial refund for monies paid, but your deposit will remain non-refundable and be applied towards any change fees.

Parent/Guardian Signature: _____ **Date:** _____

---Please complete other side ---

STUDENT CONTRACT: I am excited about the Confirmation Experience! I understand that during confirmation experience we will be meeting in and out of the classroom to discuss faith, encounter God, and discover what it is that we believe. I realize this is a commitment from January 8 – May 8, 2011., and will plan to attend the retreats on January 8-9 and April 30-May 1 and the Portland Mission Project, February 18-22, 2011, (Mission Trip permission is granted if box is checked above that student is participating in the Portland trip). I will enthusiastically be at the first class on January 16th and subsequent Sundays for classes. I do realize that there are certain expectations and rules I will need to follow for everyone to have a positive experience. I will participate in all activities, and I will be thoughtful to those around me. This will not be a problem, but I will not bring any illegal objects (drugs, alcohol, weapons, etc.) on ROCK activities, and know that if I have any difficulty following the rules, the leaders of the trip have the authority to send me home at my parents' expense. I am excited about this great experience! Sign me up!

Student Signature: _____ **Date:** _____

SCHOLARSHIPS: Scholarship money is available to assist students who would otherwise be unable to participate due to financial reasons. We ask that you would pay as much as you are able, so that we are able to assist as many families as we can. All requests are confidential.

I am interested in receiving a scholarship for this event in the amount of \$_____.

OPPORTUNITY TO GIVE: Scholarships are made possible by your donations. If you would like to assist an additional student attend this event please check a box below. Thank you for your generosity!

I am enclosing an extra \$50 to help provide scholarships for this event.

I am enclosing an extra \$_____ to help provide scholarships for events like this and other ROCK events.