

# The Rock Club

## *ROCK OUT! REGISTRATION*

Child's Name: \_\_\_\_\_  
First Last

Belay Certified:  Yes  No Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Previously Enrolled in Program?  Yes  No If yes, which one: \_\_\_\_\_

Reliable e-mail REQUIRED (for confirmation/billing/important information): \_\_\_\_\_

Home Tel: ( ) \_\_\_\_\_ Work Tel: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

**How did you hear about us? :** \_\_\_\_\_

## ***CHOOSE YOUR WEEK(S)***

<input type="checkbox"/>	<b>Week 1</b>	June 25-29
<input type="checkbox"/>	<b>Week 2</b>	July 2-6 *prorated
<input type="checkbox"/>	<b>Week 3</b>	July 9-13
<input type="checkbox"/>	<b>Week 4</b>	July 16-20
<input type="checkbox"/>	<b>Week 5</b>	July 23-27
<input type="checkbox"/>	<b>Week 6</b>	July 30-Aug3
<input type="checkbox"/>	<b>Week 7</b>	August 6-10
<input type="checkbox"/>	<b>Week 8</b>	August 13-17
<input type="checkbox"/>	<b>Week 9</b>	August 20-24

Partial Week(s): \_\_\_\_\_  
 (Only after completing 1 full RockOUT! Week)

**\*No camp on July 4<sup>th</sup>, outdoor days are July 5<sup>th</sup> and 6<sup>th</sup>**

**PAYMENT PLAN:**  PRE-Pay in Full  Pay in Full on the 1<sup>st</sup> day of class

**PAYMENT METHOD:**  Amex  MasterCard  Visa  Cash  Check

CC # \_\_\_\_\_

Exp (mm/yy) \_\_\_\_ / \_\_\_\_ CVV# \_\_\_\_\_ Zip Code \_\_\_\_\_

**A Credit Card must be on file to reserve a spot in class (unless pre-paying in full).  
 CC payment must be made in person. Checks may be mailed. Thanks!**

I have read and agree to the rules and policies of TRC's Junior Programs (please refer to page 2).

**X** \_\_\_\_\_  
 Parent/Legal Guardian Signature

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date

# **WELCOME TO TRC'S SUMMER CAMP!**

## **YOUR KIDS WON'T JUST LIKE IT, THEY'LL LOVE IT!!**

### **RULES OF BEHAVIOR**

- (a) All climbers must abide by TRC's written rules and regulations posted at the front desk.
- (b) TRC's programs use a group format. Participants must be able to follow instructions and function appropriately in the group environment.
- (c) All participants agree to follow the principles of Leave No Trace and to not damage property, the environment or plant or animal life.
- (d) TRC reserves the right to dismiss, without refund, and at the Director's sole discretion, any child whose behavior is deemed harmful to him/herself, other climbers or staff, TRC property, or who does not otherwise comply with these Rules of Behavior.
- (e) TRC is not responsible for the loss or damage of participant's personal property. We strongly suggest children not bring ipods or other electronic devices and that all gear is labeled with the climber's name.

### **ENROLLMENT AND PAYMENT INFORMATION AND POLICIES**

- (a) Those enrolling in summer programs must submit a waiver signed by their respective parent or legal guardian *before* the start of their first class.
- (b) Space is held for registrants on a first-come, first-served basis. A Credit Card is required at the time of registration to reserve a place in programs.
- (c) Payment is due in full on the first day of camp.
- (d) Climbers who sign up for a class and drop out will be charged a \$100 placement fee if their place in camp cannot be filled by another climber. If the spot is filled there will be a \$25 administrative fee for the change.
- (d) In the event of a summer program becoming full or cancelled by TRC for any reason, we will apply 100% of any amount paid towards the cost of another session or refund such amount to you.

### **GENERAL INFORMATION FOR THE ROCKOUT! PROGRAM**

- (a) Participants in the *Rock Out!* Outdoor Program must submit a waiver for the Minnewaska State Preserve before departure. This form will be provided prior to the trip's departure. Participants without this form will not be able to travel to the site. No refunds will be given in this situation.
- (b) A Medical Release form is attached to the general registration form and must be submitted before departure.
- (b) The van departs from TRC for the climbing site at 7:30am sharp. We cannot wait for stragglers or late arrivals. No refunds will be given for participants that arrive late.

**IF YOU HAVE YOUNGER CHILDREN THEY CAN CLIMB TOO! ASK US ABOUT OUR CAMP TRC PROGRAM. IT RUNS ALL SUMMER LONG!**

**KEEP YOUR KIDS CLIMBING DURING THE SCHOOL YEAR WITH OUR JUNIOR PROGRAMS:**

**Fall Session:** Sept-Dec

**Winter Session:** Jan-May

**Spring Mini:** May-June

**AND DON'T FORGET OUR VACATION MINI CAMPS:**

**December, February, and April**

**MEDICAL INFORMATION AND RELEASE FOR:** \_\_\_\_\_

**Emergency Contact:**

\_\_\_\_\_  
Name Relationship Phone

Primary Medical Insurance Co. \_\_\_\_\_

Policy Holder \_\_\_\_\_ Group Number \_\_\_\_\_

Policy Number \_\_\_\_\_ Claims Tel. Number \_\_\_\_\_

Child's primary physician: (Name): \_\_\_\_\_ (Tel): \_\_\_\_\_

Child's primary dentist: (Name): \_\_\_\_\_ (Tel): \_\_\_\_\_

<b>Subject to:</b>	Yes	No	<b>Now Have or Have Had</b>	Yes	No
Colds	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Sore Throat	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Fainting Spells	<input type="checkbox"/>	<input type="checkbox"/>	Lung Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	Corrective Lenses/glasses	<input type="checkbox"/>	<input type="checkbox"/>
Cramps	<input type="checkbox"/>	<input type="checkbox"/>	Been Hospitalized	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	Surgery	<input type="checkbox"/>	<input type="checkbox"/>

Please explain "yes" answers: \_\_\_\_\_

Date of last Tetanus Vaccination: \_\_\_\_\_

Please identify allergies including allergies to food, medications, and drug reactions:

\_\_\_\_\_  
\_\_\_\_\_

My camper takes NO medications on a routine basis OR

My camper takes medication as follows:

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific time \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific time \_\_\_\_\_

Reason for taking \_\_\_\_\_

Please check over-the-counter medications that may be administered:

Tylenol     Ibuprofen     Cough Syrup/drops     Decongestant     Dramamine

Antacid     Hydrocortisone     Calamine Lotion     Benadryl

Other: \_\_\_\_\_

Use this space to provide any additional information about the camper's behavior and physical, emotional or mental health about which the instructors should know to better work with your child:

---

---

---

---

Has your child expressed concerns about the camp? Yes No Explain: \_\_\_\_\_

---

---

While my child is attending or traveling to or from a The Rock Club activity, I hereby authorize the Guide, or in his/her absence or disability, any adult instructor accompanying or assisting him/her, full authority to take whatever action he or she deems necessary regarding my child's health in the case of emergency where I am unable to make a timely decision. I fully release The Rock Club and its agent's from any liability in connection with those decisions. I grant permission for emergency treatment for said minor including but not limited to: Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon.

Child: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR STAFF ONLY:**

Account #: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Check When Complete → Account Charged: \_\_\_\_\_ PIF (CC): \_\_\_\_\_ OR PIF (check): \_\_\_\_\_ OR PIF (cash): \_\_\_\_\_

Prorated: Y / N Details: \_\_\_\_\_ Admin Fee: Y / N Details: \_\_\_\_\_

Sibling discount: Y / N Details: \_\_\_\_\_ Total Charge: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_



## Minnewaska State Park Preserve - Peter's Kill Area Acknowledgement of Risk Climbing Permit

*\*Valid for Present Climbing Season Only*

The holder of this permit climbs with full knowledge of the dangers involved and assumes any risk of injury and death caused by the inherent dangers of the sport. It is understood that Minnewaska State Park Preserve does not maintain the rocks, cliffs, or other natural features of the terrain, does not provide supervision or instruction, does not approve qualifications or certify instructors in any manner, is not responsible for the condition of the terrain or acts of persons who may be on Minnewaska State Park Preserve property and is not responsible for climbing protection on the cliffs (as for example: bolts, pitons, rappelslings, rings, etc.).

- The holder of this permit recognizes natural hazards of forested, mountainous terrain and assumes all risk of personal injury caused by such hazards.
- The holder acknowledges that skill and training are essential in rock climbing.
- Be aware of the existence of other climbers and hikers and do not throw or kick any objects from cliff.
- Use service roads and marked access trails only, carry out all litter, do not disturb plants or wildlife.
- Dogs must be kept on leashes, six feet or less in length, at all times.
- Use clean climbing techniques only. The use of bolts and pitons are strictly prohibited.
- No fires, camping, motor vehicles, radios, glass containers, or alcohol.

NAME AND PHONE NUMBER IN CASE OF EMERGENCY \_\_\_\_\_

Age of Climber (If Under Age 18) \_\_\_\_\_

**Parent or Guardian must sign below if Climber is under age 18.**

Signature of Parent/Guardian \_\_\_\_\_

Printed Name of Climber \_\_\_\_\_ Today's Date \_\_\_\_\_

Signature of Climber \_\_\_\_\_