

## REGISTRATION INFORMATION

NAME (please print) \_\_\_\_\_

GRADE: \_\_\_\_\_

I agree to the following:

- ❖ Everyone participates as a group in planned activities.
- ❖ Everyone will show respect, concern, goodwill and consideration toward everyone else.
- ❖ Youth will respect and obey the directions of any adult advisor/chaperone.
- ❖ Youth will take time to use good judgment regarding personal safety and treatment of facilities and other people.
- ❖ Everyone will ensure that the camp facilities will be left in the same condition that it was found. Everyone helps clean up!

I understand if I happen to engage in inappropriate behavior that I will be called on it and consequences will occur.

Signature of student: \_\_\_\_\_

Signature of parent: \_\_\_\_\_

**Please submit this completed form and cash or a check made out to RRPC in the amount of \$40 to the CE office by October 30.** Scholarships are available based on need-see Lisa Watts for more information.

Medical information forms filled out at the beginning of the school year will be used. If you have not yet filled out a form please do so and submit it with this form. We must have a medical form to take your child off premises.

**Please alert Lisa Watts to any food allergies you child might have. Menus will be planned accordingly.**