



Rock Solid Refuge Application Form

How to Apply:

Read the Rock Solid Hand Book. Fill out the application form and fax or mail it to the address at the bottom of the form. Have a doctor fill out the pre-entrance medical exam form and include it with the application form. Have the school that your son last attended fill out the bottom half of the Education Form. The directors will need to have an interview with the applicant and his parents/guardian before acceptance to the program is granted. Rock Solid staff will contact you and set up an interview time.

Instructions: Please print clearly.

- Give full and complete answers to all questions after you have read the "Rock Solid Hand Book". Misleading or incomplete information will jeopardize your application/admittance to the program. If questions are not applicable please enter N/A. Please mail the form to the address indicated at the bottom of the form.
- Student tuition fees will be discussed with the parents/guardians after application has been received.

For Office Use Only:
Date Application received: _____ Application Status: _____ Notes: _____

Date of Intake: _____

First Name: _____ Middle: _____ Last: _____
Current Address: _____ City/Town: _____
Postal Code: _____ Phone #: () _____
Date of Birth (m/d/y): _____ Last grade completed: _____
Parents/guardians: _____
Their home phone#:() _____ Work:() _____ Cell:() _____
Their address: _____ City/Town: _____
Their email: _____
Health Card #: _____ Province of Heath Card: _____
Health Insurance Company (ie. Blue Cross): _____ Health Ins. Policy #: _____
Place of birth: _____
Are you a Canadian citizen or Landed Immigrant?
Height: _____ Weight: _____ Age: _____
Who referred you to us? _____ Phone #: () _____
Describe your lifestyle concerning drugs and alcohol during the past six months.

Do you have, or have you ever had, a psychiatric condition?

Name of psychiatrist or prescribing doctor: _____
Phone #: () _____
Do you have a history of violence? Please give details.

Are you currently in juvenile detention? If yes, why are you there and when will you be released?

If in juvenile detention, what is the name and address of the institution?

Do you have any court cases pending? If yes, what for? _____

Are there any outstanding warrants for your arrest? If yes, what for? _____

Is there a restraining order against you? Explain _____

Please mention any other information we should know about you:

After reading the “Rock Solid Hand Book”, please initial each statement to verify that you fully understand and are in agreement with the following:

AGREEMENTS	INITIAL
1. I understand that Rock Solid Refuge is a 12-15 month program.	
2. I understand that Rock Solid believes in a Christ centered approach where the primary goal is a student’s wholeness through the power of God.	
3. I understand that Rock Solid Refuge is an interdenominational faith-based program.	
4. I agree to participate in daily Christian classes.	
5. I agree to participate in daily manual labor as part of the work detail program.	
6. I agree to participate in one-on-one counseling and will cooperate fully as a student in the program.	
7. I agree to fully participate in the organized recreation program as part of my physical exercise training.	
8. I understand that Rock Solid Refuge expects teens to quit all drugs and alcohol cold turkey.	
9. I understand that Rock Solid Refuge’s policy is no smoking, no fighting, no girlfriends, and that clothing must be modest to our expectations, and that phone calls, visits, music, and television are extremely limited, and that all mail is screened. Further, that teens communication via phone, mail, visits must be approved in advance.	
10. I understand that there is a high emphasis on rules, structure, and discipline and I agree to fully cooperate with the program.	
11. I have provided the information in this application voluntarily and confirm that it is accurate and truthful to the best of my knowledge. I authorize Rock Solid Refuge Inc., their staff, and other persons approved by them as to use the information provided in any manner deemed reasonable by them in their sole discretion for purposes of the program(s) administered by them. I agree not to hold Rock Solid Refuge Inc. responsible for any inadvertent release of such information to third parties.	

12. I acknowledge that Rock Solid Refuge Inc. may suspend or discontinue my involvement in any and all programs administered by them if in their sole discretion it is determined that any information provided herein is inaccurate.	
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I have read the "Rock Solid Hand Book" and hereby acknowledge my full understanding and commitment to co-operate with the rules of this Rock Solid Refuge program. I also understand and agree that a breach of these rules and/or principles will subject me to disciplinary action and/or loss of privileges and/or dismissal from the program. I further understand that all fees paid to Rock Solid Refuge Inc. are non-refundable.

Dated as _____ this _____ day of _____, _____.
city date month year

Parent/Guardian Signature _____

Applicant's Signature _____

RECOGNITION AND ASSUMPTION OF RISK AGREEMENT & PHYSICIAN RELEASE

(must be signed & returned with application)

I, the undersigned parent/legal guardian of _____, authorize said child's full participation in the Rock Solid Refuge program, including related activities. It is my understanding that participation in the activities that make up Rock Solid Refuge is not without some inherent risk of injury. As such, in consideration of my child's participation in Rock Solid Refuge, I hereby release, waive, discharge, and covenant not to sue the program, Rock Solid Refuge Inc., their officers, servants, agents, or employees from any and all liability, claims, demands, action, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participation in any such activity, or while in, or upon the premises where the activity is being conducted.

I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required, including transportation, and accept responsibility for the cost. I also understand that the medical insurance policy carried by Rock Solid Refuge Inc., if any, will provide only minimum coverage and that I should make sure my child is covered with Provincial or family insurance in the event of a serious accident

Photographic Release

I understand that Rock Solid Refuge may record my child's participation in activities on video, photograph or electronic means. I grant Rock Solid Refuge Inc. unlimited use of any such recordings with no obligation to me. Such recordings are the sole property of Rock Solid Refuge Inc.

Signed _____

Dated _____

Pre-Entrance Medical Exam

(To be completed by your physician)



Applicant's Name _____ Date of Birth _____

Health Card Number _____ Version Code _____ Province _____

1. The following blood work **MUST** be completed prior to entrance into the program:

HIV _____ Liver Function* _____ Hepatitis B _____ Hepatitis C _____

*ALT, AST, GGT, ALK Phosphatase, Total Bilirubin (NOTE: Students prepare food in kitchen)

2. Tetanus Shot current: Yes _____ No _____ Date of last shot: _____

3. Does the applicant currently suffer from any of the following mental illnesses?

Schizophrenia _____ Bi-Polar Disease _____ Other _____

If yes, explain _____

4. Does the applicant regularly need medications? Yes _____ No _____

If yes, what medications, and for what reason? Can the applicant function with out them?

5. Does the applicant currently suffer from any of the following?

Diabetes _____ Allergies _____ Asthma _____ High Blood Pressure _____ Heart Problems _____

If yes, explain _____

6. Does the applicant have any physical limitations that would hinder him from doing normal

manual labor? If yes, explain _____

7. Are you this applicant's regular attending physician? Yes _____ No _____

Physician's Name _____ Phone # (_____) _____

Address _____ City _____

Physician's Signature _____ Date _____

Please send form to: Rock Solid Refuge Inc.
Box 1622
Shaunavon, SK.
S0N 2M0

Fax: 306-297-3063
Office Phone: 306-297-3663



EDUCATION INTAKE FORM

Rock Solid Refuge Inc.
<http://www.rocksolidrefuge.com>

Field Office: (306) 297-3663

Charitable #: 81689 7946 RR0001

Box 1622 Shaunavon, SK S0N 2M0
info@rocksolidrefuge.com

Fax #: (306) 297-3063

Renewing & Restoring Adolescent Lives

In order to establish the student's education level/ability and to enable our staff to work more effectively with you in the provision of education, please provide the requested information.

School History

Name of Student: _____

Grade Level: _____

Last School Attended: _____

Contact Information for Previous School:

Name of Contact Person: _____ Phone No.: _____

Email: _____

****It is your responsibility as the parent/guardian, to inform the student's school that they will be attending Rock Solid Refuge. ****

Consent/Contract Statement

I consent to:

Yes No The placement of my child in the Rock Solid Refuge School.

Yes No The release of a copy of my child's educational file to the Rock Solid Refuge School

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

As the student will likely be changing schools partially through the school year, please gather any material available from their current school to complete their courses for the current school year.

Please have the School Contact person fill out this section:

Student's Behaviours at School: Check all that apply

Failing grades Truancy/ Poor attendance Language/disrespect

Non-Compliance Poor social or relational skills Drugs/alcohol problems

Threatening behaviour Depression Sexualized behaviour

Oppositional/Defiant behavior

Other: _____

After this form has been returned to Rock Solid Refuge we will contact the school to gather further information about the student and to see about completing the courses he is currently enrolled in.