

INTAKE CHECKLIST

Section 1 Intake Documents—after acceptance is granted, Rock Solid Refuge must receive copies of these completed Intake documents before you arrive at intake. Bring originals with you. (Must be dated not more than 3 months prior to intake date. Fax: 306 297 3063; Email: applications@rocksolidrefuge.com)

- | | |
|---|--|
| <input type="checkbox"/> General Expectations | <input type="checkbox"/> Consent for Publicity |
| <input type="checkbox"/> Parent Agreement | <input type="checkbox"/> Conciliation & Arbitration Agreement |
| <input type="checkbox"/> Student Agreement | <input type="checkbox"/> Authorization for Return of Juvenile |
| <input type="checkbox"/> Student Handbook Agreement | <input type="checkbox"/> Tuition Payment Agreement |
| <input type="checkbox"/> Pre-entrance Medical—blood work/allergies | <input type="checkbox"/> Payment Information |
| <input type="checkbox"/> Medication Information & Authorization | <input type="checkbox"/> Partner for CHANGE |
| <input type="checkbox"/> Health Insurance | <input type="checkbox"/> Phone and Mail List/No Contact List |
| <input type="checkbox"/> Agreement and Consent | <input type="checkbox"/> Please have your pharmacy blister pack you're your son's prescription medications |
| <input type="checkbox"/> Medical/Dental Release | <input type="checkbox"/> Review the <i>What to Pack</i> list |
| <input type="checkbox"/> Grievance Policy Acknowledgement | |
| <input type="checkbox"/> Family Counselling Agreement | |
| <input type="checkbox"/> Please transfer your son's prescriptions and health insurance information to Jae's Pharmacy—
phone, 306 297 1333; fax 306 297 1335; email, jaesrx@pharmachoice.ca | |

Section 2 Temporary Grant of Authority and Indemnification in Favour of Rock Solid Refuge. Rock Solid Refuge must receive copies of these completed documents, signed in front of a Notary Public, before arrival at Intake. Bring originals with you. (Must be dated not more than 3 months prior to intake date.)

- Declaration of Legal Guardianship
- Independent Legal Advice acknowledgement
- Notary Public Certificate must be signed by a Notary Public

Section 3 Legal Documents. Rock Solid Refuge must receive copies of these documents before arrival at Intake.

- Legal records/court documents/custody documents/adoption certificate (if applicable)

Section 4 Bring to Intake

- | | |
|--|---|
| <input type="checkbox"/> A copy your health insurance card, both sides | <input type="checkbox"/> Petty cash for personal spending (\$200, suggested, in \$5 & \$10 denominations) |
| <input type="checkbox"/> Provincial health card (original) | <input type="checkbox"/> 1 st month's tuition |
| <input type="checkbox"/> Immunization record | <input type="checkbox"/> Student's personal effects; see <i>What to Pack</i> |
| <input type="checkbox"/> Legal photo ID (original) | <input type="checkbox"/> If your son needs eye glasses, he should bring an extra pair |
| ___ Passport ___ DL _____ Other | <input type="checkbox"/> At least four weeks' worth of blister packed prescription medications |
| These originals will be kept in the Rock Solid Refuge office during your son's program | |
| <input type="checkbox"/> \$500 expense deposit | |

Section 5 Done on site

- Parent package
- Weight, height, picture
- Inventory

INTAKE DOCUMENTS

Student's Name _____

Date of Admission _____

GENERAL EXPECTATIONS

Estimated length of stay:

- 12-15 months – dependent upon the student's progress through the levels and upon evaluation of the staff.

Visitation Requirements:

- It is mandatory for parents/guardians to attend RSR's annual Family Camp.
- At least two other onsite visits are required if possible. More than two visits are welcome.

Christmas Break/Weekend passes:

- Students will be sent home for a week during Christmas Break (at the parents' expense) as RSR will be closed for that week.
- Students in level 3 and 4 are granted the privilege of weekend passes to go home (at the parents' expense). These are to start the transition home after graduation.

Expectations for visits:

- While in the program, students are required to follow RSR rules and guidelines onsite and offsite. Please be mindful of this during visits and weekend passes.

Publicity of RSR students:

- Rock Solid Refuge obligates itself to protect the identities of students and minors. While visiting your teen, you will likely take pictures of him and other students. Parents/guardians are not permitted to make public the names or photographs of *current students or former students under 18 years of age*, who are not in your guardianship. In addition, parents will respect the privacy of all students not in their guardianship, even after they reach the age of 18, and will not publicize pictures without their consent. Parents are not permitted to publicize (i.e. Facebook) immediate negative situations pertaining to their, or any other, student.

Graduation:

- Following the completion of the Rock Solid Refuge 12-month program, a graduation will be held to celebrate the student's success. The student is required to participate in his graduation by giving a speech. Parents are expected to attend; other family and friends are encouraged to attend.

Student Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Director Signature

Date

PARENT/GUARDIAN AGREEMENT

Mark each statement verifying that you understand and are committed to the Rock Solid Refuge program.

	Yes	No
1. I have read the Rock Solid Refuge Student Handbook.	<input type="checkbox"/>	<input type="checkbox"/>
2. I understand that Rock Solid Refuge is a 12-15-month program (minimum, 12 months; but sometimes takes longer).	<input type="checkbox"/>	<input type="checkbox"/>
3. I understand that Rock Solid Refuge believes in a Christ-centered approach where the primary goal is the student's wholeness through the power of God.	<input type="checkbox"/>	<input type="checkbox"/>
4. I understand that Rock Solid Refuge is an interdenominational, faith-based program.	<input type="checkbox"/>	<input type="checkbox"/>
5. I agree that my son will participate in daily Christian classes.	<input type="checkbox"/>	<input type="checkbox"/>
6. I agree that my son will participate in daily manual labor as part of the work program.	<input type="checkbox"/>	<input type="checkbox"/>
7. I agree that my son will participate in one-on-one counselling and will co-operate fully as a student in the program.	<input type="checkbox"/>	<input type="checkbox"/>
8. I agree that my son will participate fully in the organized recreation program as part of his physical exercise training.	<input type="checkbox"/>	<input type="checkbox"/>
9. I understand that Rock Solid Refuge expects teens to discontinue all illicit drug and alcohol use immediately and permanently.	<input type="checkbox"/>	<input type="checkbox"/>
10. I understand that Rock Solid Refuge's policy is no smoking, no fighting, no girlfriends; that clothing must be modest to their expectations; that phone calls, visits, music, and television are extremely limited; that all mail is screened; and that teens' communication via phone, mail, visits must be approved in advance.	<input type="checkbox"/>	<input type="checkbox"/>
11. I understand that there is a high emphasis on rules, structure, and discipline; and I agree to co-operate fully with the program.	<input type="checkbox"/>	<input type="checkbox"/>
12. 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 to use this information 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.	<input type="checkbox"/>	<input type="checkbox"/>
13. I acknowledge that Rock Solid Refuge Inc. may suspend or discontinue my son's involvement in any programs administered by them if, in their sole discretion, it is determined that any information provided herein is inaccurate.	<input type="checkbox"/>	<input type="checkbox"/>

Parent/guardian signature _____

Date _____

Parent/guardian signature _____

Date _____

Director signature _____

Date _____

STUDENT AGREEMENT

Mark each statement verifying that you understand and are committed to the Rock Solid Refuge program.

	Yes	No
1. I understand that Rock Solid Refuge is a 12-15-month program (minimum, 12 months; but sometimes takes longer).	<input type="checkbox"/>	<input type="checkbox"/>
2. I understand that Rock Solid Refuge believes in a Christ-centered approach where the primary goal is a student's wholeness through the power of God.	<input type="checkbox"/>	<input type="checkbox"/>
3. I understand that Rock Solid Refuge is an interdenominational, faith-based program.	<input type="checkbox"/>	<input type="checkbox"/>
4. I agree to participate in daily Christian classes.	<input type="checkbox"/>	<input type="checkbox"/>
5. I agree to participate in daily manual labor as part of the work program.	<input type="checkbox"/>	<input type="checkbox"/>
6. I agree to participate in one-on-one counselling and will co-operate fully as a student in the program.	<input type="checkbox"/>	<input type="checkbox"/>
7. I agree to participate fully in the organized recreation program as part of my physical exercise training.	<input type="checkbox"/>	<input type="checkbox"/>
8. I understand that Rock Solid Refuge expects teens to discontinue all illicit drug and alcohol use immediately and permanently.	<input type="checkbox"/>	<input type="checkbox"/>
9. I understand that Rock Solid Refuge's policy is no smoking, no fighting, no girlfriends; that clothing must be modest to their expectations; that phone calls, visits, music, and television are extremely limited; that all mail is screened; and that teens' communication via phone, mail, visits must be approved in advance.	<input type="checkbox"/>	<input type="checkbox"/>
10. I understand that there is a high emphasis on rules, structure, and discipline; and I agree to co-operate fully with the program.	<input type="checkbox"/>	<input type="checkbox"/>
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 to use this information 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.	<input type="checkbox"/>	<input type="checkbox"/>
12. I acknowledge that Rock Solid Refuge Inc. may suspend or discontinue my involvement in any programs administered by them if, in their sole discretion, it is determined that any information provided herein is inaccurate.	<input type="checkbox"/>	<input type="checkbox"/>

Student Signature _____

Date _____

Director signature _____

Date _____

STUDENT HANDBOOK ACKNOWLEDGEMENT AND AGREEMENT

I, _____ (student), have received a copy of the Rock Solid Refuge Student Handbook and have read and understand the content. I also have received and understand the instructions given regarding the level system. I understand that infraction of the rules will result in disciplines or loss of privileges.

Student Signature

Date

I, _____ (first parent) and _____ (second parent), have received a copy of the Rock Solid Refuge Student Handbook and have read and understand the content. I also have received and understand the instructions given regarding the level system. I understand that infraction of the rules will result in disciplines or loss of privileges.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Director Signature

Date

PRE-ENTRANCE MEDICAL

(To be completed by your physician)

Student's name _____

Date of birth _____

Provincial Health card number _____

Province _____

1. The following blood work **must** be completed prior to entrance to the program

- HIV
- Hepatitis B
- Hepatitis C
- Liver Function**

ALT, AST, GGT, ALK Phosphatase, total bilirubin (Note:** Students prepare food in the kitchen)

2. Last Tetanus shot was on _____ (date).

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

- Schizophrenia
- Bi-Polar Disease
- Other _____

If other, explain _____

4. Does the applicant regularly need medications? Yes No

If yes, explain _____

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

- Diabetes
- Allergies
- Heart problems
- Asthma
- High blood pressure

If yes, explain _____

6. Does the applicant have physical limitations that would hinder him from doing normal manual labor?

- Yes
- No

If yes, explain _____

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

Physician's name _____

Phone _____

Address _____

City _____

Province _____

Postal Code _____

Signature _____

Date _____

Send to

Rock Solid Refuge
Box 1622
Shaunavon SK S0N 2M0

applications@rocksolidrefuge.com
Fax: 306 297 3063
Phone: 306 297 3663

Office hours: Monday – Friday, 9:00 a.m. – 5:00 p.m.

AGREEMENT AND CONSENT

Re: _____ ("The Minor")

I, _____, as the parent(s) or legal guardian(s) of The Minor, hereby agree that Rock Solid Refuge Inc. may assume custody and control of The Minor, and may act on my behalf in The Minor's benefit so long as The Minor may reside at the Rock Solid Refuge Residence. I hereby release them from any liability or responsibility, with regard to any injuries or medical conditions, which The Minor has or has had prior to the signing of this release. I also hold Rock Solid Refuge Inc. harmless from and agree to indemnify Rock Solid Refuge, for any liability arising out of their care and custody of The Minor.

The purpose of this Agreement is to allow Rock Solid Refuge Inc. to make all decisions on The Minor's behalf as though they were the minor's legal guardian, so far as the law will allow, without attempting to relieve me of any responsibility.

I hereby agree that Rock Solid Refuge, shall keep The Minor for not less than one year, or until I revoke this Agreement and Consent in writing.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Director Signature _____ Date _____

MEDICAL, SURGICAL, AND DENTAL RELEASE AGREEMENT

I, _____, as the parent or legal guardian of _____, who is a juvenile do hereby grant Rock Solid Refuge the right, authority and consent to provide medical, surgical, or dental aide to their discretion.

I understand that if possible, I will be notified in advance of any medical, surgical or dental aide. I also understand that I, as the parent or legal guardian, will be fully responsible to pay any doctor or hospital bills, costs or medicine costs incurred while is in the program.

I understand that I will be billed by the billing agencies. I also agree to provide any medical or dental insurance forms to Rock Solid Refuge under this agreement.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Director Signature _____ Date _____

MEDICATION INFORMATION & AUTHORIZATION

I authorize the staff at Rock Solid Refuge to administer any medications to my son in strict accordance with specified directions and as prescribed by a physician, except for the ones listed below.

I do not give authorization for Rock Solid Refuge to administer the following medications to my son at any time:

Parent/guardian signature _____ Date _____

(I understand that if I do not set up direct billing with Jae's Pharmacy for my son's medications, as stated on page one above, Rock Solid Refuge will give my contact information to the pharmacy.)

Regular prescription medication information for _____ (student name).

List each prescription medication for that you're leaving at RSR, and give the reason this medication was prescribed. Give instructions for administering this medication.

1. Medication: _____ for _____

Instructions (with/without food, earliest/latest this med can be given, missed med procedure):

He's been taking this medication ___ regularly/sporadically ___ since _____ (m/y).

He's ___ discontinued/altered ___ the prescribed use of this medication. Explain.

2. Medication: _____ for _____

Instructions (with/without food, earliest/latest this med can be given, missed med procedure):

He's been taking this medication ___ regularly/sporadically ___ since _____ (m/y).

He's ___ discontinued/altered ___ the prescribed use of this medication. Explain.

3. Medication: _____ for _____

Instructions (with/without food, earliest/latest this med can be given, missed med procedure):

He's been taking this medication ___ regularly/sporadically ___ since _____ (m/y).

He's discontinued/altered the prescribed use of this medication. Explain.

4. Medication: _____ for _____

Instructions (with/without food, earliest/latest this med can be given, missed med procedure):

He's been taking this medication ___ regularly/sporadically ___ since _____ (m/y).

He's ___ discontinued/altered ___ the prescribed use of this medication. Explain.

5. Medication: _____ for _____

Instructions (with/without food, earliest/latest this med can be given, missed med procedure):

He's been taking this medication ___ regularly/sporadically ___ since _____ (m/y).

He's ___ discontinued/altered ___ the prescribed use of this medication. Explain.

Comments: _____

Please contact the office with any additions or adjustments.

Phone: 306 297 3663 • Fax: 306 297 3063 • info@rocksolidrefuge.com

HEALTH INSURANCE

Provincial Health Card number _____

RSR will need to keep your son's original provincial health card on file.

Fax (306 297 3063) or email (applications@rocksolidrefuge.com) a copy of both sides of your health insurance card to RSR.

1. Insurance company _____

Policy holder _____

Policy holder's birthdate _____

Policy holder's address _____

Employer (company) name & address _____

Plan # _____

Carrier # _____

Policy # _____

Group # _____

ID # _____

Client/member # _____

RSR requires that prescriptions be transferred to Jae's Pharmacy in Shaunavon. **Remember to include a copy of both sides of your health insurance card so they can bill accordingly.**

Hours: Monday to Friday - 9:00 am to 5:00 pm

Phone: 306 297 1333

Fax: 306-297-1335

Email: jaesrx@pharmachoice.ca

Prescriptions that are non-transferrable will be the responsibility of parents to send refills to RSR.

GRIEVANCE POLICY

If at any time you feel you have received treatment that is harmful to you, either physically or emotionally, you have the right to file a written grievance. The grievance must be filed within five (5) days of the incident. Grievance forms may be obtained from the staff on duty. The grievance will be reviewed and responded to within 24 hours (with the exception of weekends and holidays). The response is only to acknowledge having received the form and to set up a meeting time to discuss the problem.

Student Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Director Signature

Date

FAMILY COUNSELLING AGREEMENT

I, _____, legal guardian of _____, a student in the Rock Solid Refuge program, agree to participate in a minimum of three family counselling sessions with the Rock Solid Director or an appointed counsellor for the purpose of evaluating and making adjustments before reintegration of my son back into my home. **RSR Family Camp is one such session.** I agree to attend all sessions to be scheduled by the Director, read all the assigned materials and complete all necessary exercises pertaining to the counselling sessions.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Director Signature

Date

CONSENT FOR PUBLICITY

I, _____, legal guardian of _____, authorize Rock Solid Refuge to use and publish, both in print and on social media such as Facebook and YouTube, for any lawful purpose, my son's photos and written stories, personal testimony, journals, etc. that I have, or he has, related to Rock Solid Refuge in whole or part.

I will not publish on social media photos of students who are not under my guardianship or make public any negative comments etc. about Rock Solid Refuge or its staff.

I understand that Rock Solid Refuge encourages sharing of its Facebook posts; however, I will not tag any of the Rock Solid students who are not under my guardianship.

I also release Rock Solid Refuge Inc. from any liability by virtue of misprint, error or distortion that may occur unless it can be proved that the publication was maliciously caused and published for the purpose of subjecting me or my son to ridicule, scandal, reproach or indignity.

I understand that all information will be obtained from my son and me and not from any records that are protected by law.

Student Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Director Signature

Date

CHRISTIAN CONCILIATION AND ARBITRATION AGREEMENT

In consideration of the following terms and provisions, and other valuable consideration the receipt of which I acknowledge, the undersigned parties hereby agree as follows:

They accept the Bible as the inspired word of God. They believe that God desires that they resolve their dispute with one another within the Church and that they be reconciled in their relationships in accordance with the principles stated in 1 Corinthians 6:1-8. Matthew 5:23-24 and Matthew 18:15-20.

Accordingly, the undersigned parties hereby agree that, if any dispute or controversy arises between them and is not resolved in private meetings between parties pursuant to Matthew 5:23-24 and 18:15, then the dispute or controversy will be settled by biblically based mediation and, if necessary, legally binding arbitration, in accordance with the *Rules of Procedure for Christian Conciliation* (Rules) of the Institute for Christian Conciliation, a division of Peacemaker Ministries (rules available at www.HisPeace.org). The undersigned parties agree that these methods shall be the sole remedy for any dispute or controversy between them and, to the full extent permitted by applicable law, expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce arbitration decision, or to enforce this dispute resolution agreement. Any mediated settlement agreement, or arbitrated decision hereunder shall be final and binding, and fully enforceable according to its terms in any court of competent jurisdiction.

Student Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Director Signature

Date

AUTHORIZATION FOR RETURN OF JUVENILE

Under special circumstances, the student may be asked to leave the program. This document authorizes Rock Solid Refuge Inc. (RSR) to dismiss _____ (student) and transport him to the Swift Current bus depot if at any time he is unable to adjust to the program. In cases of illegal activity, severe violence, abuse, or threatened safety or well-being of others, police may be involved. Parents will decide what belongings will be sent with the student. Once the student leaves RSR with his parents/guardians or is dropped off at the bus depot in Swift Current, he is no longer the responsibility of Rock Solid Refuge.

Should a student decide to check himself out of the program, he will fill out a Request to Leave Form. Upon receiving the form, there will be a 24-hour period (minimum) where the directors will review the form. The staff, with the leadership of the directors, and in communication with parents/guardians, will make every effort to persuade the student to complete the program. If he insists on leaving, transportation is the responsibility of parents/guardians, who must communicate all arrangements with RSR. Parents will decide what belongings will be sent with the student. Once the student leaves RSR with his parents/guardians or is dropped off at the bus depot in Swift Current, he is no longer the responsibility of Rock Solid Refuge.

If the student runs away, we will search the immediate vicinity and inform the police and neighbours, if appropriate. Once the student is missing for an hour, parents/guardians will be notified.

Upon departure of the student, I further relieve Rock Solid Refuge Inc, of any responsibility for his safe arrival.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Director Signature

Date

TUITION PAYMENT AGREEMENT

This agreement must be completed and submitted to Rock Solid Refuge before intake.

In consideration of _____ (student's name) and recognizing that the monthly cost of 24/7 residential care and treatment at Rock Solid Refuge Inc is \$8,000.00 per student, I, _____ (parent or guardian), hereby agree to pay \$2,000.00 per month for the duration of the Rock Solid Refuge program, subject to the following conditions:

I understand that the last month's tuition will be forfeited if my son exits the program early for any reason. In the event that more than the last month's tuition has been prepaid, all remaining prepaid months will be refunded, excluding the remainder of the current month and less outstanding expenses, regardless of the day my son withdraws.

I understand that monthly tuition payments must be paid *in full* to Rock Solid Refuge Inc in installments by either:

- a) Pre-authorized debit agreement or,
- b) Pre-authorized credit card agreement

I understand that dishonored payments will incur an additional charge to my account of \$45.00 per transaction. Late payments will be charged to my account at the rate of 1.5% per month.

I further understand and agree that all medical expenses incurred on behalf of my son; transportation to appointments, passes, etc; and clothing costs, etc are my full responsibility. When my son leaves Rock Solid for any reason, whether completing the program or not, I will pay all outstanding expenses to Rock Solid Refuge.

I am submitting a deposit of \$_____ (\$500.00), to cover costs of, including but not limited to, appointments not covered by provincial health, travel costs (to/from appointments as well as passes and Christmas break), and purchase of medications. (A flat travel expense rate of \$30.00 to Shaunavon and \$75.00 to Swift Current will be applied. Travel expense to other destinations is calculated at \$0.40/km.) RSR will provide receipts for deductions (other than travel) made to my deposit. I will replenish my expense deposit as necessary. When my son leaves Rock Solid Refuge, after settling all outstanding bills, including unpaid tuition, the remainder of my deposit will be returned to me.

I am submitting \$_____, in cash, for my son's personal spending.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Executive Director Signature

Date

Bookkeeper Signature

Date

ROCK SOLID REFUGE INC
PAYMENT INFORMATION

Tuition for _____

I wish to pay monthly by:

Pre-Authorized bank account withdrawals (please supply a cheque marked VOID; complete authorization below)

Pre-Authorized credit card (please complete authorization below)

I hereby authorize Rock Solid Refuge Inc to withdraw/charge \$2,000.00 per month.

AUTHORIZATION

Signature _____ Date _____

If you choose to pay by credit card monthly, please complete the following information:

VISA MasterCard

Card # _____ Expiry _____/_____
MM YY

Name on Credit Card _____ CVV _____

For Office Use Only		
Payments commence on _____	_____	_____
MM	DD	YYYY
_____	_____	
Bookkeeper Authorization	Authorization Code	

PARTNER FOR CHANGE

Every Rock Solid Refuge student will be part of our *Partner for CHANGE* student sponsorship program. Sponsorship is \$39/month/student, and students will have as many as 100 sponsors. Each sponsor will be given a student photo & brief profile, regular updates on his progress, the opportunity to write to him, and an invitation to his graduation.

We are careful to protect student identities. We will give out his middle name only, along with his home province, grade, and general information.

As well as your tuition commitment, we need all parents to recruit sponsors. We will provide you with sponsorship information kits to pass on to your contacts.

Please help us create your son's profile, using the [online form](#); or print, complete, and return this form to us by May 27th. Please include a thank-you note to your son's sponsors.

Note: Recruiting sponsors does not replace your tuition commitment. Donations and sponsorships from parents and grandparents of students are not tax receiptable, unless they are in addition to the full \$1500 monthly tuition.

Student bio

Name: first _____ middle _____ last _____

Home province _____ Number of siblings _____ Grade _____

Favorite subject in school _____

Hobbies/Interests _____

Activities/sports _____

Talents (music, art, etc.) _____

Goals _____

Tell what issues brought your son to RSR (that you're willing to share with sponsors).

Thank-you to your son’s sponsor

APPROVED VISITOR/PHONE/MAIL CONTACTS

(You can make changes any time by contacting the office.)

Student's Name _____ Date _____

The following people are approved for visits:

Name & Relationship _____

Address _____

City/Prov./Postal Code _____

Phone _____

Name & Relationship _____

Address _____

City/Prov./Postal Code _____

Phone _____

The following people are approved for contact via telephone and mail:

Name & Relationship _____

Address _____

City/Prov./Postal Code _____

Phone _____

Name & Relationship _____

Address _____

City/Prov./Postal Code _____

Phone _____

Name & Relationship _____

Address _____

City/Prov./Postal Code _____

Phone _____

Name & Relationship _____

Address _____

City/Prov./Postal Code _____

Phone _____

Name & Relationship _____

Address _____

City/Prov./Postal Code _____

Phone _____

NO CONTACT LIST

(You can make changes any time by contacting the office.)

The following people are not permitted to have contact with _____ (student).
(Providing addresses and phone numbers helps us recognize incoming phone calls and mail.)

Name & Relationship _____
Address _____
City/Prov./Postal Code _____
Phone _____

Name & Relationship _____
Address _____
City/Prov./Postal Code _____
Phone _____

Name & Relationship _____
Address _____
City/Prov./Postal Code _____
Phone _____

Name & Relationship _____
Address _____
City/Prov./Postal Code _____
Phone _____

Name & Relationship _____
Address _____
City/Prov./Postal Code _____
Phone _____

**TEMPORARY GRANT OF AUTHORITY AND INDEMNIFICATION IN FAVOUR
OF ROCK SOLID REFUGE**

Declaration of Legal Guardianship

I/WE, _____, of
(first parent's name)

_____,
(street address) (city) (province) (postal code)

and _____, of
(second parent's name)

_____,
(street address) (city) (province) (postal code)

Hereby declare that:

Guardianship:

1. I/We am/are the legal guardian(s) and custodian(s) of

_____ ("Student"), born the ____ day of
_____, _____.

Decision-Making Authority

2. I/We have legal custody and guardianship of the Student and I/we alone am/are legally entitled to make decisions regarding his health, education and living arrangements.

Intention to Transfer Authority

3. It is my/our wish and intention that the Student shall reside at Rock Solid Refuge and participate in its year-long, faith-based residential program for teenaged boys with addictions and other life-controlling issues (the "Program"). It is my/our wish and intention that the Student shall be under the authority of the Directors of Rock Solid Refuge (the "Directors") while he participates in the Program.

Grant of Authority to Make Educational Decisions

4. In order to support the Student's participation in the Program and in order to ensure that the Student is able pursue his education while residing at Rock Solid Refuge, I/we grant the Directors the authority to make educational decisions regarding the Student on my/our behalf. This authority includes but is not limited to the authority to determine where the Student attends school.

Recognition of Risk and Release of Rock Solid Refuge

5. I/We understand that many of the sports, work projects and other activities in which the Student will participate while at Rock Solid Refuge involve a measure of risk. I/We acknowledge that I/we have been made aware of these risks. I/We consent to the Student's participation in these activities and I/we understand and acknowledge that the Student will be exposed to these risks. I/We agree that I/we and my/our heirs, executors, administrators, successors and assigns will not hold Rock Solid Refuge or its Directors, employees, agents, successors or assigns responsible for any harm that the Student may suffer as a result of these risks.

Grant of Authority to Sign Consents, Waivers, and Authorizations

6. In order to facilitate the Student's participation in the Program and in order to ensure that the Student receives any and all necessary medical, legal and other attention while residing at Rock Solid Refuge, I/we grant each Director the authority to provide and sign consents, waivers and authorizations of any form and content on my/our behalf and on the Student's behalf in regard to the Student.

Grant of Authority to Make Emergency Medical Decisions

7. In order to ensure that the Student's health and safety are adequately provided for, I/we grant each Director the authority to make emergency medical decisions on my/our behalf and on the Student's behalf in regard to the Student.

Grant of Authority to Use Reasonable Force

8. I/We also grant the Directors and employees of Rock Solid Refuge the authority to use reasonable force to restrain the Student if necessary in order to protect the safety of the Student, others, and property. I/We agree that I/we and my/our heirs, executors, administrators, successors and assigns will not take legal action against Rock Solid Refuge or its Directors, employees, agents, successors or assigns for any reasonable action taken pursuant to this Temporary Grant of Authority or for any harm caused or loss sustained by that action.

Duration of Grant of Authority

9. The authority granted in sections 5, 6 and 7 of this document shall endure until the Student no longer resides at Rock Solid Refuge, which shall be deemed to have occurred at the occurrence of the earliest of the following events:

- (a) the Student's completion of the Program;
- (b) my/our removal of the Student from the Program, which removal shall be deemed to have occurred only when I/we have physically removed the Student from the premises of Rock Solid Refuge and Rock Solid Refuge has been provided with written confirmation of my/our intention to remove the Student from the Program;
- (c) the removal of the Student from the Program at the Directors' request, which removal shall be deemed to have occurred only when the Directors have provided the request to me/us in writing and the Student has been physically removed from the premises of Rock Solid Refuge;

- (d) the Directors' notification to me/us in writing that the Student has removed himself from the Program; or
- (e) the removal of the Student from the Program by police action or court order.

Release from Liability

10. I/We agree that neither I/we nor my/our heirs, executors, administrators, successors and assigns, nor the Student, insofar as I/we am/are able to waive the right on his behalf, will take legal action against Rock Solid Refuge or its Directors, employees, agents, successors or assigns for any action or omission occurring pursuant to this Temporary Grant of Authority. Without limiting the foregoing, **I/we agree that neither I/we nor my/our heirs, executors, administrators, successors and assigns will take legal action against Rock Solid Refuge or its Directors, employees, agents, successors or assigns for negligence regarding any decision, act or omission occurring pursuant to this Temporary Grant of Authority.**

Indemnification

11. I/We understand and acknowledge that I/we continue to be legally responsible for any harm caused by the Student while he is participating in the Program. I/We understand and agree that **I/we will indemnify Rock Solid Refuge and its Directors, employees, agents, successors and assigns from and against any and all claims, damages, costs, actions, and expenses which Rock Solid Refuge or its Directors, employees, agents, successors or assigns may at any time incur or suffer as a result of the Student's actions,** provided such claim, damage, cost, action or expense is not the result of the negligence or willful act or misconduct of Rock Solid Refuge or any Director, employee, agent, successor or assign of Rock Solid Refuge.

Temporary Grant Of Authority And Indemnification

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Temporary Grant Of Authority And Indemnification

Independent Legal Advice

12. I/We am/are aware that I/we may seek independent legal advice before signing this Temporary Grant of Authority and Indemnification.

Dated at _____, _____
(city) (province)

This ____ day of _____, 20____.

Notary Public

First Parent / Guardian

Notary Public

Second Parent / Guardian

Notary Public Certificate

I, _____, of
(Notary Public)

(street address) (city) (province) (postal code)

Certify:

- a) that I witnessed the signing of the Temporary Grant of Authority and Indemnification in favour of Rock Solid Refuge by _____ (the "Grantor", First Parent) dated _____;
- b) that I witnessed the signing of the above-mentioned Grant of Authority by the grantor;
- c) that in my opinion the Grantor was an adult who could understand the nature and effect of the Temporary Grant of Authority and Indemnification at the time that he or she signed the above-mentioned Temporary Grant of Authority and Indemnification.

(Signature of Notary Public)

(Date)

Notary Public Certificate

I, _____, of
(Notary Public)

(street address) (city) (province) (postal code)

Certify:

- d) that I witnessed the signing of the Temporary Grant of Authority and Indemnification in favour of Rock Solid Refuge by _____ (the "Grantor", Second Parent) dated _____;
- e) that I witnessed the signing of the above-mentioned Grant of Authority by the grantor;
- f) that in my opinion the Grantor was an adult who could understand the nature and effect of the Temporary Grant of Authority and Indemnification at the time that he or she signed the above-mentioned Temporary Grant of Authority and Indemnification.

(Signature of Notary Public)

(Date)

LEGAL DOCUMENTS

Fax or email copies of legal records—court documents, custody documents, adoption certificate (if applicable). Rock Solid Refuge requires proof of custody or adoption if the applicant is not legally in the custody of both biological parents.

What to Pack

Name _____

Do not bring products that contain alcohol.

With a permanent marker, put your name on all personal items, including socks and underwear.

Clothing	Maximum Allowed	Accessories	Maximum Allowed
Underwear	10	Belts	2
Socks	10	Ties	4
Undershirts	2	Sunglasses	
Collared/Dress Shirts	4	Watch	
Plain T-shirts	6	Necklaces	
Long-sleeved shirts	4	Bracelets	
Sweaters	2	Rings	
Casual Dress Pants	2		
Dress Pants	2		
Sweat Pants	2		
Jeans	5		
Shorts	2		
If your son needs eye glasses, he should bring 2 pairs			
School Supplies	Maximum Allowed	Night supplies	Maximum Allowed
Notebook		Pajama Pants	2
Loose Leaf		Slippers	1
Binders		Bathrobe	1
Duo Tangs		Wash Cloths	2
Pens		Towels	2
Pencils		Pillow	2
Calculator		Blankets	2
Backpack		Sheets	2 sets
		Sleeping Bag	1

What to Pack		Name _____	
Outdoor Wear	Maximum Allowed	Foot Wear	Maximum Allowed
Caps/Hats	1	Casual Shoes	1
Summer/Fall Jacket	1	Athletic Shoes	2
Winter Jacket	1	Sandals	1
Wind Breaker	1	Swim Shoes	1
Touque	1	Rubber Boots	1
Gloves	2	Winter Boots	1
Scarf	1	Steel-toed Work Boots	1
Swim Trunks	1	Work Shoes	1
Work Pants	2		
Work Shirts	2		
Work Gloves	2		
Work Coat	1		
Personal Items	Maximum Allowed	Bathroom Supplies	Maximum Allowed
Bible		Toothbrush	
Books		Toothpaste	
Magazines		Floss	
Ipads	0	Electric Razor	1
Iphones	0	Razors	2
Ipods	0	Shampoo	
Headphones		Conditioner	
Earbuds		Body Soap	
Wallet		Facial Cleanser	
Musical Instruments		Deodorant	
Sports Gear		Cologne	
Suitcases		Lotion	
Flashlight		Brush/Comb	
Fishing license (if you have for Saskatchewan)		Chap-Stick	