



Summer Camp 2012 @ Youthlinks!

420 Broadway, Rockland
Monday - Friday, 9AM - 12PM

Camp begins June 25
Registration recommended May 21 - June 8
Confirmation letter by June 13

Sign up also available online at
www.youthlinksonline.org/RASA.html

Track Descriptions

Choose your track when you register. Try a different track each week or pick your favorite and stick with it! No two weeks of camp will be the same.

MOOSE



Hang out on the beach! Work with animals! Visit farms! Cook! Play games and make new friends—all while volunteering for worthy local causes! Spend the week having fun, helping others and exploring our community.

Bobcat



Make every day a "field day" with summer sports and games. Hit the field, hit the pavement, hit the courts, hit the trail and hit the beach. A different sport or outdoor adventure each day.

FOX



Get creative in the summer art camp! This is your chance to explore all different kinds of art! We'll spend a lot of time outside, letting nature be our inspiration.

Sailing

Rockland Community Sailing at The Apprenticeshop Monday - Friday from 9AM - 4PM

Zoom around Rockland Harbor while learning to sail! Every day you'll rig sailboats, launch off the dock, learn nautical skills, and have fun! Race with the winds! Chase your friends in other boats. Learn to tack and jibe! Tie cool knots! Explore and experience your maritime backyard!

You will receive a form with additional information from The Apprenticeshop with your confirmation letter.



You're invited!
Games!

Family Field Day Potluck Barbeque

At the Youthlinks house
Thursday, July 26th, 5PM-7PM

Calling all parents!

Youthlinks is looking for volunteers to help in our garden and to help plan or support Family Field Day.

Interested?

Please call 594-2221 or email yinfo@brmaine.org

- 🐾 Summer Camp is FREE!
- 🐾 9AM - 12PM, Monday - Friday
- 🐾 Open to current RDMS Students
- 🐾 Out of area students may join on a space available basis
- 🐾 Drop off & pick up at Youthlinks
- 🐾 FREE snacks served daily

Register Here

1. Choose your selection below
2. Provide your information on back

Example:

Check off your week(s) and order your track preference:

<input checked="" type="checkbox"/>	Week 3 7/9-7/13	2		1		3	
		Pref.		Pref.		Pref.	

Camp is 9AM-12PM unless otherwise noted.

Week	Track Selection
<input checked="" type="checkbox"/> Week 1 6/25-6/29	Sailing 9AM-4PM
<input checked="" type="checkbox"/> Week 2 7/2-7/6 No camp 7/4	# Pref. # Pref. # Pref.
<input checked="" type="checkbox"/> Week 3 7/9-7/13	# Pref. # Pref. # Pref.
<input checked="" type="checkbox"/> Week 4 7/16-7/20	# Pref. # Pref. # Pref.
<input checked="" type="checkbox"/> Week 5 7/23-7/27	# Pref. # Pref. # Pref.
No camp July 30 - August 17	
<input checked="" type="checkbox"/> Week 6 8/20-8/24	Sailing 9AM-4PM

If you don't make it into an activity we will add you to the waiting list. You will receive a confirmation letter with more information.

COMPLETE BACK SIDE →

The Rockland After-School Alliance (RASA) is a collaboration between RSU #13 and Youthlinks.

The following information and releases are for participation in all RASA clubs and programs offered by Youthlinks and Rockland District Middle School.

General Information 2012-2013

Full Name		Date of Birth	Grade	Gender
Address			Home Phone Number	
City	State	Zip	Email (please provide to receive email registration confirmation)	
Mother's/Guardian's Name			Work/Cell Phone Number	
Father's/Guardian's Name			Work/Cell Phone Number	
I live with: (optional)				
<input type="checkbox"/> both parents <input type="checkbox"/> my mother <input type="checkbox"/> my father <input type="checkbox"/> other				
Race: (optional)				
<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other (Please specify) _____				

Medical Information

Please list *all* medical conditions and allergies:

Please list *all* medications your son or daughter is currently taking:

Doctor's Name	Phone Number
Emergency Contact (other than parent/guardian)	Phone Number

What is your health insurance? MaineCare Other None

My child currently has a case manager: yes no

I would be interested in learning about case management services with Youthlinks: yes no

Permission to Participate

I permit my son or daughter to participate in RASA activities. In the event that I cannot be reached in a medical emergency, I authorize treatment for my son or daughter.

I understand that s/he may be involved in volunteer and community service projects, enrichment activities, workshops, field trips, outdoor activities and other programs under the auspices of RASA.

I understand that RASA will periodically administer surveys to my son or daughter about their participation in programs.

RASA has my consent to use my son or daughter's name, quotes, artwork, photograph, and/or other written material in its publicity.

I understand that activities may vary depending on the programs; however, they may include, but are not limited to using carpentry tools and power tools; using garden and yard tools; providing direct care to animals at animal shelters; contact with small children and senior citizens; yard work; kayaking; rock climbing; hiking; swimming; cooking; and many other activities. I permit RASA staff and trained adult volunteers providing transportation to and from activities in Youthlinks vehicles and in their personal vehicles.

I understand that RASA staff may contact school staff or other service providers to discuss my son or daughter's school performance, standardized test scores, grades, behavioral issues, medication, correctional system involvement, and other issues.

I release RASA, its staff, volunteers, and Board of Directors from responsibility or expense for any injuries incurred by my son or daughter while participating in RASA activities.

By signing below, I acknowledge I have read, understand, and agree to all of the above terms and conditions of this agreement.

Parent/Guardian Signature	Date
Printed Name	

I give my consent for my son or daughter to walk, cycle, or drive home independently from RASA programs.

Return this form to RDMS office or Youthlinks at 420 Broadway, Rockland, ME 04841
or fax to 603-372-1960

Questions? Visit www.youthlinksonline.org/rasa or call 594-2221

RASA is supported by a 21st Century Community Learning Center Grant from the Maine Department of Education.