

COMPASS PROGRAM REGISTRATION

STUDENT INFORMATION

Student Name: _____ Cell (if applicable): _____

Date of Birth: _____ Address: _____

Allergies: _____ Medications: _____

Medical or Mental Health Conditions: _____

Interests:

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____ Cell: _____

Parent/Guardian Name: _____ Cell: _____

Email (list any who should receive email updates):

Emergency Contact Name: _____ Cell: _____

Relationship: _____

____ I understand that program participants may leave the skatepark property with program staff to participate in bike rides, hiking, compass skills, and other outdoor activities.

____ I give permission to MCA to use my child's photo on social media and in promotion materials.

Program participants will complete "An Asset Checklist" survey by Search Institute to help measure external assets: support, empowerment, boundaries and expectations, constructive use of time and internal assets: commitment to learning, positive values, social competencies, positive identity. Through active and interactive learning, reflection, projects and worksheets, young people learn about the importance of developmental assets, strengths in their lives, sources of support and areas for growth.

Parent/Guardian Signature

Date