

Afternoons R.O.C.K.



YMCA of Clay County
225 East Kruzan Street
Brazil, IN 47834

Dear Parents,

Thank you for allowing your child to attend the 2009 Afternoons R.O.C.K. program.

The program focuses on the substances that adolescents are most likely to use: alcohol, tobacco, marijuana, and inhalants. Our Project ALERT curriculum uses

participatory activities and videos to help:

- Motivate adolescents against drug use
- Teach adolescents the skills and strategies to resist
- Establish nondrug-using norms.

Guided classroom discussions and small group activities stimulate peer interaction and challenge student beliefs and perceptions, while intensive role playing activities help students learn and master resistance skills. Homework assignments that also involve parents extend the learning process by facilitating parent-child discussions of drugs and how to resist using them. We will also use the Improving Your Odds Gambling Curriculum for gambling prevention. Your child will need to attend at as many of the sessions as possible to fully benefit from this program. If your child is in a Sport that practices daily after school, they would likely miss too much to benefit from participation in this program.

REGISTRATION: Spaces are available for the first 40 students to register. Fill out this registration form and consent form **COMPLETELY** and return it to either the YMCA of Clay County or to the North Clay Middle School Office.

If you have any questions, please call me at (812) 442-6761 or email me at childcare@claycountymca.org
Thanks again!

Deborah Plummer, Program Director

Hosted by the
YMCA of Clay Co
and
CHANCES for
Indiana Youth

Spring 2009
at **North Clay M.S.**



YMCA
We build strong kids,
strong families, strong communities.

PROGRAM INFO

WHO: Youth ages 10 – 14. Youth must be 10 by the first day of the program and may not turn 15 before the last day of the program. Youth must also be in 5th to 8th grade. (All 5th graders must provide their own transportation to the program each day.)

WHAT: **FREE**, eight week, after school program provided by the YMCA of Clay County and CHANCES for Indiana Youth.

WHEN: After School – 6:00pm
 March M, W 9th, 11th
 M, T, W 16th, 17th, 18th
 Off Spring break week
 M 30th
 W 1st
 April M, T, W 6th, 7th, 8th
 T, W 14th, 15th
 M, W 20th, 22nd
 M, W 27th, 29th

WHERE: **North Clay Middle School Commons**

WHY: To provide a safe, stimulating environment for youth after school hours. There will be recreational and educational activities that build strong youth, healthy bodies and help to prevent the use of alcohol, tobacco and other drugs.

REWARDS: All registered Youth receive a free Afternoons R.O.C.K. T-shirt and a completion Pizza Party!

Youth attending 13 or more days will receive:

*** YMCA Youth Membership and Prizes!**

Afternoons R.O.C.K. REGISTRATION FORM

LEGAL NAME _____ SEX _____ BIRTHDATE ____/____/____ AGE _____
 (Last) (First)
 ADDRESS _____ CITY _____ ZIP _____
 PHONE # _____ SCHOOL _____ GRADE _____
 EMAIL ADDRESS: _____

LAST FOUR DIGITS OF YOUTH'S SOCIAL SECURITY NUMBER (required)

*****You cannot enroll in this program without providing the last 4 digits of your SSN*****

How many years have you participated in the CHANCES program? First year 1 2 3 4

T-shirt Size: Youth Sizes: Small Medium Large Adult Sizes: Small Medium Large XLarge

EMERGENCY CONTACT INFORMATION

Please list the name(s) of those authorized to make an emergency decision or pick up your child in the event you cannot be reached.

NAME – RELATIONSHIP	HOME PHONE	WORK PHONE	CELL PHONE
1.			
2.			
3.			
4.			

AGREEMENT

1. Consent: All youth must have a completed consent form on site prior to attending the program. See attached pages.

2. Medical Release

In the event I cannot be reached in an emergency, I hereby give permission to the physician, selected by the adult leader in charge, to hospitalize, secure proper anesthesia, or to order injection for my child. I understand that I am responsible for all medical expenses incurred by my child, and will not hold the YMCA of Clay County liable.

Signature of Youth _____

Signature of Parent/Guardian _____

Witness _____

Date _____



For info call Deb Plummer at the YMCA
 (812) 442-6761