

ITS TIME TO REGISTER FOR THE 2009/2010 SHOPRATEDUCATIONPROGRAM!!!!

Please read the following page and keep for reference. In order to register for classes you must return the class registration form and the student registration form (only if one was mailed to you).



CLASSES
ARE FREE!!!

SCHEDULE

This year, classes will be divided into two separate semesters. **You will only be allowed to attend one semester.** This allows us to reach more youth in Jackson County, and will allow students to work around their sports or personal schedules. Classes in semester two will be a repeat of semester one, so students will not benefit from attending both semesters.

Class	Location	Semester One	Semester Two (new students)
Monday	Classic Turning Argyle Plant (Jackson)	3:30pm-5:30pm Oct 5 th – Feb 4 th (15 weeks) MONDAYS ONLY	3:30pm-5:30pm Feb 15 th – May 27 (15 Weeks) MONDAYS ONLY
Tuesday	Classic Turning Argyle Plant (Jackson)	3:30pm-5:30pm Oct 5 th – Feb 4 th (15 weeks) TUESDAYS ONLY	3:30pm-5:30pm Feb 15 th – May 27 (15 Weeks) TUESDAYS ONLY
Wednesday	Classic Turning Argyle Plant (Jackson)	3:30pm-5:30pm Oct 5 th – Feb 4 th (15 weeks) WEDNESDAYS ONLY	3:30pm-5:30pm Feb 15 th – May 27 (15 Weeks) WEDNESDAYS ONLY
Thursday	Peak Manufacturing (Pleasant Lake)	3:30pm-5:30pm Oct 5 th – Feb 4 th (15 weeks) THURSDAYS ONLY	3:30pm-5:30pm Feb 8 th – May 27 (15 Weeks) THURSDAYS ONLY

PROJECTS

Projects that we are looking at completing throughout the program may include: robotic wheelie cars, mini bikes, hovercrafts, alternative energy projects, air hockey tables, 1932 Roadster (1/2 scale) and other small projects.

TRANSPORTATION

Students/parents will be responsible for transporting students to and from Shop Rat Classes. For Parkside students, we recommend checking with the Jackson Transportation Authority 517-787-8363- They offer rides for a minimal cost and will pick up students from Parkside and drop off at Classic Turning. Student may need to leave class a few minutes early in order to catch the ride- please contact the school's attendance office to arrange. We also encourage car pooling.

SAFETY POLICY (NO TOLERANCE)

Safety is our #1 concern at Shop Rat Classes. **We have a no tolerance policy for all students attending classes, events, camps etc. If a student is not following our safety rules, this includes horse play of any kind, the student will be asked to leave the program indefinitely.** Students will learn our safety policies during class.

CLASS LOCATIONS

Peak Manufacturing
11855 Bunkerhill Road
Pleasant Lake, MI 49272
Office: 517-769-2100
Instructor: 517-851-2184

Classic Turning
2500 West Argyle Street
Jackson, MI 49202
Office: 517-990-0620
Instructor: 517-851-2184

ENROLLMENT

Since you received this, you are in our database. **Please only sign up for classes if you are in 6-10th grade.** We will try to schedule students based on age. Once we receive your class registration form back, we will then attempt to schedule you into classes for the 2009/2010 year. Filling out your registration form does not guarantee you a spot in our program. We will try to accommodate all

applicants, but may need to assign some applicants to a waiting list. If you are placed on a waiting list, but never make it into the program, you will be first in line for our summer camp, in which we attempt to bring in all new students for.

CLASS CANCELLATIONS

Please attend all scheduled classes for the semester. If weather or other circumstances prevent us to hold class, a phone call will be placed to the contacts that were provided on the student's registration sheet. If you feel that conditions are unsafe to drive, please just call. If your class falls on a holiday such as Columbus Day, where school is not in service, attendance that night would be optional, although the planned class activities will still go as scheduled.

DRESS CODE

Students will be given a tee-shirt at the beginning of the program. We encourage students to wear these shirts to class and to special events. We do not encourage open toed shoes and prefer long pants. If you attend class in open toed shoes and/or shorts, it may limit the activities you may participate in.

ATTENDANCE POLICY

Since our program is funded through grants sponsors and donors, we have to have measurable objectives with the program. One objective is that students must be present and on time with accordance to our attendance policy, if we cannot successfully meet this objective, we will lose our funding. **IT IS EXTREMELY IMPORTANT THAT STUDENTS ARE PRESENT OR HAVE A REPORTED EXCUSABLE ABSENCE.** See attendance policy below.

You are required to attend all classes. We understand that there will be times in which you must be absent. When this situation occurs you must report this absence before class begins to any Shop Rat Staff at 517-769-2100, shoprat@gmail.com, 517-769-6900. **Also, school comes first so if you need to miss a class because of homework or studying, please just call.**

- If you have accumulated more than three **unexcused** absences you will be asked to leave the program.
- If you have more than five **excused** absences you will be asked to leave the program UNLESS SPECIAL ARRANGMENTS HAVE BEEN MADE BECAUSE OF SPORTS, ILLNESS OR OTHER REASONS.

Parents must drop off and pick up students no more than a half hour before and after scheduled class.

PARENT INVOLVEMENT

Parents are always invited to watch a class. We also encourage parent volunteers to help out with the classes. Volunteers will be required to fill out an application and pass a background check. Please contact Don O Connor for more information.

INSTRUCTOR INFORMATION

Don comes to the Shop Rat Education with a wealth of experience in education. In almost 40 years of experience in skilled trades Don has worked as an Industrial Arts Instructor for schools in Michigan and Florida, a Technology Education Teacher for the Hanover-Horton School District, a Business Owner in Florida and even a Technical Writer for Lematic Inc. With a Master of Arts and a Bachelors of Science Don has the education in Industrial/Technical Education to deliver excellent instruction to our students.

SHOPRAT FOUNDATION BACKGROUND

The Shop Rat Foundation is a 501 c non profit charitable organization with a mission to advance the skilled trade industries by opening the minds of our youth through building unique and innovative projects from concept to completion. Check out www.shoprat.org for more information.

GENERAL CONTACT INFORMATION

EXECUTIVE DIRECTOR	CHRIS SALOW	shoprat@gmail.com	517-769-2100 x. 11
DIRECTOR	AMANDA PROCTOR	shoprat@gmail.com	517-769-2100 x. 12 Cell: 517-262-1339
INSTRUCTOR	DON O CONNOR	doconnor.shoprat@gmail.com	517-769-2100 x. 16 Cell: 517-851-2184
THE SHOP RAT FOUNDATION 11855 BUNKERHILL ROAD PLEASANT LAKE, MI 49272		PHONE: 517-769-2100 FAX: 517-769-6902 WEBSITE: WWW.SHOPRAT.ORG	



2009/2010 SHOP RAT EDUCATION PROGRAM CLASS REGISTRATION FORM

STUDENT FIRST NAME: _____ STUDENT LAST NAME: _____

SEE SCHEDULE FOR CLASS TIME/DATE DETAILS

What semester would you like to register for?	1 st Semester (October 5 th – February 4 th) 2 nd Semester (February 15 th – May 27 th) Either Semester works for me
What class (night) would you like to register for?	Monday (Classic Turning-Jackson) Tuesday (Classic Turning-Jackson) Wednesday (Classic Turning-Jackson) Thursday (Peak Manufacturing- Pleasant Lake) Any class works for me as long as it is in Jackson
What is your second choice in case your first choice is full? (class/night)	Monday (Classic Turning-Jackson) Tuesday (Classic Turning-Jackson) Wednesday (Classic Turning-Jackson) Thursday (Peak Manufacturing- Pleasant Lake) I can only attend classes from my first choice.
Do you need to be placed in the same class as another student?	Yes Who? _____ No

We are moving to an e-mail/website communication method for messages to parents rather than mailing out letters. We will e-mail all communication to your email and post all messages on our parent/student section of our website. We will only call if classes are unexpectedly canceled or in an emergency.

Please check the preferred communication method for class announcements. We highly encourage e-mail/website as the costs and preparation time are much lower than mailings.	Email/website _____ @ _____ . _____
	Mail
	Street Address: _____ City: _____ State: _____ Zip: _____

Other notes that would assist the Shop Rat Foundation in scheduling the student in our programs:

Please mail completed form to: Shop Rat Foundation 11855 Bunkerhill Road Pleasant Lake MI 49272 or fax to 517-769-6902 or scan and e-mail to shoprat@gmail.com. For questions call 517-769-2100 or 517-851-2184.

SHOP RAT FOUNDATION

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNIFY AGREEMENT

("AGREEMENT")

1. IN CONSIDERATION of being permitted to participate in any way in Shop Rat Foundation ("Shop Rat") events ("Activity"), I for myself, my personal representatives, assigns, heirs, and next of kin:
2. ACKNOWLEDGE, agree and represent that I understand the nature of activities that my dependent will participate in, and that he/she is qualified, in good health and in proper physical condition to participate in such Activity. I further agree that if at any time I believe conditions or equipment to be unsafe, I will immediately discontinue further participation in the Activity.
3. FULLY UNDERSTAND that (a) ACTIVITIES INVOLVE RISKS AND DANGERS; (b) these risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMES BELOW, (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity.
4. HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY FOR THE LOSSES, COSTS, AND/OR DAMAGES FOLLOWING SUCH INJURY, EVEN IF CAUSED IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW:
5. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Shop Rat Foundation, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and leasers of premises on which the activity takes place, (each considered on of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNIFY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.
6. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT. SIGNATURE ON FRONT OF AGREEMENT.
7. PHOTOGRAPH/INTERVIEW AUTHORIZATION: I agree that any photographs and/or videos taken by any Shop Rat personnel shall be the property of Shop Rat to be used, at its discretion, for any publicity, marketing and/or advertising purposes, and I hereby consent to and authorize such use without restriction. I also give permission for my dependent to be interviewed about Shop Rat by the news media and Shop Rat TV filming crew. Additionally, I give my permission to use film footage of my dependent (at film producer's discretion) on any Shop Rat TV episode or advertisement for Shop Rat TV.

ACKNOWLEDGEMENTS AND AGREEMENTS:

1. I, the parent or guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Shop Rat Foundation ("Shop Rat"), and their affiliated organizations and sponsors.
2. I hereby represent and certify that the age of the registrant listed above is correct and the registrant is physically fit to engage in structured and unstructured activities at Shop Rat.
3. I recognize the possibility of physical injury associated with these activities at Shop Rat, accepting the registrant for their programs and activities ("the Programs"), I hereby release, discharge, and/or otherwise indemnify Shop Rat, its affiliated organizations and sponsors, their employees, and associated personnel (whether paid or volunteer), against any claim by or on behalf of the registrant as a results of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.
4. I represent that I am the parent or legal guardian of the above-named registrant and that I have read and understand the above statements and the back side of the registration form.

**EDUCATION PROGRAM
& SUMMER DAY CAMPS**

STUDENT REGISTRATION/MEDICAL INFO FORM

Please provide us with the following information. At the Shop Rat Education Program and Summer Camps, the health and safety of our campers is our most important concern. For this reason we require that you complete the form below and carefully read all information that follows. This procedure helps ensure the well-being of all students/campers and is required for program/camp participation. We request that all forms be returned prior to the program/camp start date your child will be attending in order to complete your reservation.



11855 BUNKERHILL RD
PLEASANT LAKE, MI 49272
517-769-2100

STUDENT/CAMPER INFORMATION (PLEASE PRINT)

Camper/Student Name: _____ Gender: _____ M _____ F
 Date of Birth: _____ Grade: _____ School: _____
 Parents/Guardian Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Telephone: () _____ Work Telephone: () _____
 Cell Telephone: () _____ Email: _____

EMERGENCY CONTACT

Emergency Contact: _____
 Relationship to Student/Camper: _____
 Telephone Number(s): () _____ () _____ () _____

MEDICAL INFORMATION

Is student/camper covered by health insurance: ___ Yes ___ No
 Complete Health Insurance Information:
 Company: _____ Policy #: _____ Group Number: _____
 List all medical conditions, physical or learning disabilities, any emotional or behavioral problems, and/or any other relevant information: _____

 Drug Allergies: _____
 Food Allergies: _____
 Indicate any medications or special treatments received by the applicant: _____

HOSPITAL OF CHOICE

PHYSICIAN OF CHOICE

PHYSICIAN'S PHONE

DENTIST OF CHOICE

DENTIST PHONE

OTHER INFORMATION

Student Tee-Shirt Size (Adult) Small Medium Large X-Large

REGISTRATION FORM MUST BE SIGNED BY PARENT/GUARDIAN

- I (parent or legal guardian) hereby grant permission for the above said student, to participate in all phases of activities for the Shop Rat Education Program or Summer Camps. It is with my full knowledge and approval that I allow the above-named applicant to participate.
- I understand and agree that I am responsible as the above-named applicant's parent or legal guardian for providing health insurance to cover any accident and/or health problems resulting from or arising out of the participation of the applicant in the Shop Rat Education Program or Summer Camps. I hereby give consent in advance for the personnel of The Shop Rat Education Program and the Shop Rat Foundation to take any and all necessary steps to provide any and all necessary medical treatment on behalf of the applicant. In the event of an emergency, I authorize the personnel of the Shop Rat Education Program and Shop Rat Foundation to arrange for any necessary emergency medical treatment of behalf of the applicant, including but not limited to calling 911. I understand that the Shop Rat Education Program and Shop Rat Foundation will try to contact me as soon as possible in the event of such an emergency. I agree to assume all financial liabilities.
- I hereby release, discharge, and hold harmless the Shop Rat Foundation, its employees and its agents for any and all responsibility, damages, or causes of action, present or future, resulting from or arising out of the participation of the above named applicant in the Shop Rat Education Program or Summer Camps.
- I understand and agree that if a clause or provision of this release and permission is found by a court to be invalid, that finding shall not invalidate any other clause or provision of this release, which shall continue to be enforceable.
- I hereby acknowledge that I have/will notify the personnel of the Shop Rat Foundation of any and all special medical needs or other information required by the above-named applicant.
- I verify that you have my permission to take the above said student to the nearest medical facility for emergency treatment and I assume responsibility for payment.
- I ACKNOWLEDGE AND AGREE THAT I HAVE READ AND UNDERSTAND THE ACKNOWLEDGEMENTS AND AGREEMENTS, PHOTOGRAPH/INTERVIEW AUTHORIZATION, AND THE LIABILITY AGREEMENT (FRONT AND BACK).

**DONT FORGET
TO SIGN**

Parent/Guardian Signature _____ Printed name/Relationship _____ Date _____