



May 2010

Dear Adult Conference Participant:

By choosing to attend the Youth to Youth International's Eastern States Summer Training Conference, you've made a decision that will allow you to help young people take control of THE GAME. THE GAME is fast, fun and challenging. THE GAME is highly interactive. THE GAME is unpredictable. THE GAME is life and THE GAME counts!!

The conference agenda includes family groups (discussion groups that have made Y2Y Conferences famous!); workshops from professionals and from high school peers; youth action groups, and original teambuilding challenges and activities. You'll hear presentations from some of America's top youth speakers, including Shaun Derik, Jill Esplin, and Steve Thompson. We hope that you will join the daily Adult forums to network and share with other adults. You can also chose to perform, hang out, play, wind down, and dance the night away at three special evening events along with all the teens and staff.

Please read this packet carefully and return all relevant forms by July 9, 2010. Forms can also be downloaded off our website at [www.YouthtoYouth.net](http://www.YouthtoYouth.net) under "Conference Forms." Please select appropriate conference location (OH, CA or RI) and return those forms. If you're responsible for youth participants that are coming, and want to have a copy of their packet so you to be knowledgeable of what the youth participants are receiving and have a clear understanding of our operational procedures, you can download the youth participant forms off the website @ [www.youthtoyouth.net](http://www.youthtoyouth.net). If you have any questions, contact Cheryl Campbell at [ccampbell@youthtoyouth.net](mailto:ccampbell@youthtoyouth.net) 614/224-4506 ext 150 or Stephanie at [schristie@youthtoyouth.net](mailto:schristie@youthtoyouth.net) or ext. 149.

See you at the Conference,

A handwritten signature in black ink, appearing to read 'Cheryl Campbell', written in a cursive style.

Cheryl Campbell  
Eastern States Conference Coordinator  
Youth to Youth International

# Youth to Youth International's Eastern States Conference Participant Information

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## **CONFERENCE**

Thursday, July 29<sup>th</sup> 2010 at 11:45 a.m. through Sunday, August 1<sup>st</sup> 2010 at 1:00 p.m.

## **LOCATION**

Bryant University  
1150 Douglas Pike  
Smithfield, RI 02917

**\*\*Please note Conference Closing ceremonies will commence at 1:00PM. There will be NO lunch provided by Youth to Youth on the last day of Conference.**

## **EMERGENCY PHONE CALLS**

Beginning on Thursday, July 29<sup>th</sup> 2010 the Youth to Youth office telephone numbers on site are (401) 232-6915 (which has voicemail capabilities) or (401) 232-6914 (which does not have voicemail capabilities, but is an alternate number for office onsite).

## **REGISTRATION**

Directional signs will be posted at the college entrance. The participant registration site is Hall 16 Participant registration hours are between 12:00 p.m. and 1:00 p.m. on Thursday, July 29<sup>th</sup>, 2010. Directions to the Conference site can be found online at [www.youthtoyouth.net](http://www.youthtoyouth.net) closer to the time of the Conference. You may also consult the Bryant University website ([www.bryant.edu](http://www.bryant.edu)) for more campus information or a more detailed look at the map. Participants can arrive anytime within this period. At registration they will receive a participant manual, a nametag, and a tee shirt. They will sign-up for elective workshop sessions during the registration process.

(Adults do NOT need to sign up for workshops; they can attend which ever ones they prefer). Room keys will be issued at this time. If lost during the conference, or not returned at the conclusion of the conference, you must pay **\$30.00** for the key and **\$7.00** for the fob. This cost is imposed by the college, not made by Youth to Youth.

\*Please eat prior to your arrival on campus.

## **CANCELLATION POLICY**

A refund less \$35 processing fee per registration will be granted **if a request is received in writing (via mail or fax) by Thursday July 8, 2010**. The cancellation notice must list each canceling participant's name. During this 3-week block of time, cancellations cannot occur, either in part or whole. Stop payment of a check or purchase order does not constitute a cancellation, and thus full payment of conference fees will be collected. **Participant substitutions will be accepted.**

## **TRANSPORTATION**

Air transportation should occur through T.F. Green Airport in Providence, Rhode Island.

### **PLEASE NOTE: WE APOLOGIZE, BUT YOUTH TO YOUTH IS UNABLE TO PROVIDE TRANSPORTATION TO AND FROM THE AIRPORT**

The following is a list of taxi and shuttle services available to you. Please make arrangements personally by contacting the service directly.

- Airport Taxi & Limo           401-737-5550
- Bay Taxi                         401-461-0780
- Best Taxi                        401-781-0706
- 1-800-Book-A-Limo         800-266-5254

## **LATE DEPARTURES**

**PLEASE NOTE: Staff and participants will not be allowed to remain on campus after 3:00 p.m. on Sunday August 1<sup>st</sup>, 2010.**

A list of hotels in the area can be sent to you by request. Call Cheryl Campbell at the Youth to Youth office (614-224-4506 ext. 150) or [ccampbell@youthtoyouth.net](mailto:ccampbell@youthtoyouth.net)

## **MEDICAL**

A nurse will be made available for routine minor first aid, if needed. Medical care is not available on campus. In the unlikely event of a major emergency, an emergency squad will be contacted and/or the participant will be transported to a nearby hospital. Parents or guardians will be notified immediately in the event of illness or an emergency. Participants are responsible for supplying and taking their own prescriptions or over-the-counter medicines (i.e., aspirin, Tylenol, cold preparations) if needed. No staff member, including the nurse, will dispense or distribute any medications or medical treatments.

At registration, please inform the nurse if you are taking medication or have a medical problem. Routine non-controlled prescriptions for a controlled substance (such as Ritalin for hyperactivity) will be kept locked in the nurses' station and the teen may obtain medicine for self-administration when needed from the nurse. If you have any questions regarding your child's eligibility due to physical limitations or medical problems, please contact us at least 2 weeks prior to your arrival.

## **WHAT TO BRING**

For your stay at Bryant University, you will need to know the following about the dorms and what to bring:

Some of the dorms are not air-conditioned, so you may want to bring a fan. You will be using communal bathrooms (as the dorm rooms do not have private bathrooms). Linen provided by the college includes 2 sheets, 1 pillowcase, 2 bath towels, 1 pillow, and 1 blanket. (Youth to Youth charges participants for items not in their rooms at checkout. Participants may pay these charges at checkout or be billed. This also pertains to any other damage costs caused by participants.)

Cell phones and other electronic devices are not recommended. They can cause a disturbance and/or distraction to the conference. All use of cell phones which includes texting is prohibited during the conference. Exceptions are in your dorm, **before** lights out, or at meal times to parents. In case of emergency, participants and staff should be reached through the Youth to Youth office (this number is



## **CHECKLIST**

All youth must return the following forms:

- ★ Emergency Medical Release
- ★ Rules and Regulations
- ★ Early Arrival Overnight form (optional)
- ★ "Get on the Stage" Talent Show Form (optional)

All adults must return the following forms:

- ★ Emergency Medical Release
- ★ Youth Action Group Form
- ★ Early Arrival Overnight form (optional)

**All forms must be returned by JULY 8<sup>th</sup>, 2010 to:  
Youth to Youth Int. Eastern States Conference  
Attn: Stephanie  
547 E. 11<sup>th</sup> Ave  
Columbus, OH 43211**

# Youth to Youth International's Eastern States Conference July 29 – August 1, 2010

## Medical Information Sheet –Adult Participant

Please complete all areas. Information must be returned by July 8, 2010.

Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

### Medical Information:

Yes

No

- |   |       |       |
|---|-------|-------|
| 1. Do you have any medical problems we should be aware of?                      | _____ | _____ |
| 2. Are there any dietary needs,handicaps, or medications we should be aware of? | _____ | _____ |
| 3. Do you have any allergies?   | _____ | _____ |
| 4. Are there any physical limitations we should be aware of?                    | _____ | _____ |

Please explain any "yes" answers:

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In case of emergency, should we contact your physician? Y\_\_\_\_\_ N\_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: ( )\_\_\_\_\_

**(Please complete other side)**

**ADULT PARTICIPANT  
EMERGENCY MEDICAL RELEASE**

I, \_\_\_\_\_ residing at \_\_\_\_\_, hereby grant CompDrug, and Ohio, not-for-profit corporation, or its designee the right to transport the above-captioned to any emergency medical or health care facility for immediate treatment and/or consultation, if necessary.

Further, I hereby grant CompDrug's medical director or his designee, the right to consent on behalf of the above-captioned for medical treatment. I understand that I will be notified of any emergency situation as soon as reasonably possible, but that this Emergency Medical Release may be utilized in the event that I am unavailable to provide the necessary consent, and immediate authorization for treatment is required.

This release is effective for: Youth to Youth Eastern States Conference: July 29-August 1, 2010

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Family Health Insurance Information:**

\_\_\_\_\_  
Family Health Insurance Company

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Policy Holder's Name

\_\_\_\_\_  
Insurance Group #

\_\_\_\_\_  
Policy ID #

\_\_\_\_\_ Please check if NO insurance

Emergency Contacts: (Please Print)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Cell/Work Phone: (     ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (     ) \_\_\_\_\_ Cell/Work Phone: (     ) \_\_\_\_\_

**PLEASE COMPLETE & RETURN THIS PACKET BY July 8th TO:  
Youth to Youth Int. Eastern States Conference  
Attn: Stephanie  
547 E 11<sup>th</sup> Ave  
Columbus, Ohio 43211  
Phone: 614/224-4506 ext. 149 ♦ FAX: 614/224-8451**

**\*\*If faxing forms, please call the extension above the next day to verify that our office received readable forms. We will only call back if we did NOT receive them.**

# Youth Action Group Process

**Staff/Adult Participants:** Please fill out this form if you will be facilitating a group of participants from your community during Youth Action Group (YAG) time. This is the time in the agenda when participants regroup with their own community to create a plan of action to take home. By filling out this form, you agree to facilitate this process for your community, and you are securing a meeting location during the YAG portion of the conference. We will provide a general outline, but this is a time for community groups to work on current projects or design a new plan. We strongly recommend that all groups with at least three people at the conference choose this option.

**Note:** Youth staff who don't have an adult advisor attending the conference and fill out this form will be assigned an adult monitor. They will be there only as an adult presence. Youth staff are responsible for facilitating the meeting.

*If questions, call Ty at 614/224-4506 ext. 147.*

Adult Advisor or Youth Staff Name: \_\_\_\_\_

Group Name: \_\_\_\_\_

Contact #'s: (H) \_(\_\_\_\_\_)\_\_\_\_\_ (W) (\_\_\_\_\_)\_\_\_\_\_

# of Participants: \_\_\_\_\_

Existing Groups : Please share successful Prevention Programming/ Activities/ Events etc., your group has implemented or has been working on this year:

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***Return with other forms by July 8, 2010 to secure a meeting location***