

\$425 per participant

Registration Deadline: **June 24, 2016**

Registration Information:

Name: _____ (please check) _____ M _____ F

Address: _____ City: _____ State: _____ Zip: _____

Country: _____ County: _____ Phone: (____) _____ Date of Birth: ____/____/____

School: _____ Year of HS Graduation: _____ Adult Advisor: _____

T-Shirt Size: _____ S _____ M _____ L _____ XL _____ XXL

Parent(s)/Legal Guardian: _____ Phone: (____) _____

_____ Phone: (____) _____

Parent Email: _____ Youth Email: _____

Emergency Contact Person if parents/legal guardian is not available:

Name: _____ Relationship: _____

Home Phone: _____ Cell or Work: _____

Medical Information:

Yes / No

Does the participant have any medical problems we should be aware of? _____

Are there any dietary needs or handicaps we should be aware of? _____

Does the participant have any allergies or any other limitations? _____

Please explain any "yes" answers: _____

Are there any medications we should be aware of? Please list name and dosage: _____

The nurse/staff may give youth participant: _____ Tylenol (Acetaminophen) _____ Advil (Ibuprofen) _____ None

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

Physician's Name: _____ Phone: (____) _____

Family Health Insurance Information: _____ Please check if NO insurance

Family Health Insurance Company: _____ Phone: (____) _____

Policy Holder's Name: _____ Insurance Group #: _____ Policy ID: _____

I _____ being the natural parent/legal guardian of _____, who resides at _____, hereby grant CompDrug/Youth to Youth, an Ohio, not-for-profit corporation, or its designee the right to transport the above captioned minor 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 minor medical treatment. I understand that I will be notified of any emergency situation as soon as reasonably practical, but that this Emergency Medical Release may be utilized in the event that I am unavailable to provide necessary consent, and immediate authorization for treatment required.

This release is effective for: Youth to Youth International's Southern States Conference July 19-22, 2016

For: _____
Parent/Legal Guardian Signature Participant, A Minor Date

Rules and Regulations

These rules are designed to ensure that all participants at Youth to Youth Conferences enjoy a maximum learning experience in an environment conducive to the exchange and sharing of ideas and concepts. All participants are expected to adhere to the rules as outlined herein, or may be established from time to time by Youth to Youth. Any violation of these rules may result in either a private discussion with a member of the Youth to Youth staff or immediate removal from the program or event. Enforcement and supervision of these rules shall be at the sole discretion and judgment of Youth to Youth. Parents/Legal Guardians will be responsible for transportation if their teen is removed from the conference. All expense or cost associated with the participant's removal from the program shall be the responsibility of the participant's parent/legal guardian.

Attendance: Timely attendance and participation are required at all scheduled events.

Behavior: Participants are expected to conduct themselves in a mature and orderly manner at all times.

Visitors: Visitors are not permitted for reason of supervision, liability and contract with facility owners.

Remain on Grounds: Participants are to remain on grounds of the conference. If a participant needs to leave the grounds for any reason, prior approval must be given by the Conference Coordinator.

Use of Drugs or Alcohol: Participants either found using or under the influence or in possession of alcohol, tobacco or other drugs, will be removed from the program. Smoking cigarettes is not permitted. Participants using prescription drugs for medical purposes MUST notify and store with conference Nurse in advance or at registration.

Curfew: Participants must be in their assigned rooms at curfew. Staff members reserve the right to conduct bed checks without notification any time during the program.

Sexual Activity/Violence: No sexual activity, acts of aggression or violence are permitted.

Dress Code: Clothing should be constructed and worn in such a manner that is not unduly revealing nor should clothing be worn so that undergarments are revealed. This includes midriff tops that expose the stomach area and which are not long enough to be tucked into the pants, muscle shirts, very short miniskirts or short shorts, and other garments of this nature are not acceptable.

As parent/legal guardian/participant, I have read the rules and regulations on this form and have discussed them with my parent/legal guardian/child. My parent/legal guardian/child understands all the rules and regulations and agrees, as do I, to abide by them. I agree to indemnify and hold the Youth to Youth program and its' sponsoring organization CompDrug, as well as the local sponsor and any of their agents and employees harmless from and against all claims, damages, cause of action or other liabilities cause by my violation of any of the rules and regulations contained in this agreement or established by Youth to Youth from time to time.

Parent/ Guardian Name: _____ Participant Name: _____

Parent/Guardian Signature: _____ Date: _____

Participant Signature: _____ Date: _____

Photo/Video, Evaluation Release

I understand that pictures and or videos of my child may be taken at the conference and hereby agree and consent to the use of these pictures/videos by Youth to Youth or its sponsoring organization CompDrug for promotional or any other purpose.

Signed: _____ Date: _____

I give my permission for my child to complete Youth to Youth conference evaluations. I also give permission for my child to participate in post-conference surveys and evaluations. I understand that data collected will be used for future program development.

Signed: _____ Date: _____

Payment

Please make checks payable to "Youth to Youth". Credit card and purchase orders are also accepted. Please list participant(s) names on PO and return with completed forms for each participant.

Total amount enclosed \$ _____ Payment Method (check one): _____ Check/Money Order _____ P/O _____ Credit Card

Name on Credit Card: _____

Account #: _____ Exp. Date: _____ Security Code: _____

Billing Address: _____ Billing Email: _____

Cancellation Policy can be viewed online and in information packet

MAIL OR FAX YOUR COMPLETED FORMS AND PAYMENT TO:

YOUTH TO YOUTH SUMMER TRAINING CONFERENCE

547 EAST 11th AVE, COLUMBUS, OH 43211

PH: (614)586-7941 FAX: (614)675-3318