



Below is a checklist for bringing and registering youth for the 2010 Washington State Prevention Summit. The Team Adult Advisor, youth and their parents/guardians should review and complete the forms below **prior** to the Prevention Summit.

This checklist will help the group to stay organized and set in the right direction. The Youth Guidelines, Permission & Medical Forms packet can also be downloaded from the conference website at www.preventionsummit.org

Youth & Parent/Guardian Checklist:

- Review pages 2-4 of this packet and sign all the necessary forms in order for youth to attend the 2010 Prevention Summit.
- Forms should be given to the youth's chaperone and submitted during onsite check-in at the Summit. (Forms should not be sent directly to DSHS, DBHR or CASAT. Thank you.)
- If you are unable to reach your youth or your youth's chaperone in an emergency, please write down the following number in the event it becomes necessary to contact your child:

Yakima Convention Center - toll-free: 800.221.0751 or local: 509.575.6062 between the hours of 8:30 am – 5:00 pm M-F.

Team Checklist:

- Review 2010 Youth Leadership Track information located on conference website.
- Designate a Team Adult Advisor. (See Team Adult Advisor Guidelines for more information.)
- If your youth team doesn't already have a youth team name, one should be designated and placed on all registration materials. Please use the same team name for all team members.
- If your team is applying for a scholarship, download scholarship information/form online at www.preventionsummit.org.
- Send completed scholarship forms to CASAT no later than September 17, 2010, by 5pm Pacific to be eligible to receive a scholarship (see scholarship form for contact information).

Team Adult Advisor (one per team) Checklist:

- Individual registration forms must be completed and submitted with payment (or coupon code if scholarship was received) for ALL youth, chaperones and the Team Adult Advisor for your team. *Deadline for registration is Friday, October 1 by 11:59pm Pacific for scholarships. If teams are not registered by the deadline, the scholarship will be awarded to a team on the waiting list.*
- Download and review the Team Adult Advisor Guidelines and the Chaperone Guidelines located on the conference website.
- Attend mandatory chaperone meeting. Meeting dates/times are in the Chaperone Guidelines and the Summit website.

Chaperone Checklist:

- Download and review the Chaperone Guidelines located on the conference website.
- Attend one of the mandatory chaperone meetings. Meeting dates/times are in the Chaperone Guidelines and Summit website.
- Have one (1) original and two (2) copies of youth permission forms packet for each youth. Bring one set of forms to the Summit to be submitted at onsite check-in. The copies should be carried with a chaperone at all times onsite in the event of an emergency.



YOUTH PARTICIPANT GUIDELINES

The organizers of the youth track have been working hard to ensure that we have a variety of exciting workshops and activities to enjoy during our time in Yakima. The Summit organizers have set the expectations listed below to provide a framework of appropriate behavior for all attendees. **The youth team may choose to have additional guidelines and expectations.**

The **Washington State Prevention Summit** presents a great opportunity for the prevention community to come together, reflect on past years of success, learn new prevention strategies, and network with a variety of people. Though this is a time for fun and learning, there are a few guidelines that need to be followed:

- Youth are responsible to stay at the conference facility (Yakima Convention Center) at all times unless accompanied by an adult chaperone;
- Youth attending the Summit are expected to adhere to a zero tolerance policy for tobacco, alcohol, illegal drug use/possession, violence and sexual activity;
- The Summit curfew for youth is 11:00 p.m., no exceptions;
- Youth are expected to attend all meals, activities and workshop sessions;
- Chaperones are responsible for reviewing the workshops their youth plan to attend;
- Chaperones and youth must know which workshops each other are attending in case of emergencies;
- Youth and chaperones are requested to carry copies of the youth's emergency medical form;
- Youth contacts are Ivón Urquilla (Youth Leadership Track Lead) and the Summit onsite security team. They are available to answer questions and provide guidance as needed. Please contact them through the Summit check-in desk.
- Violations of any of the guidelines may result in a team or individual being sent home at his/her own expense.

YOUTH CODE OF CONDUCT

The goal of the **Washington State Prevention Summit** is to provide a safe, fun and positive environment in which youth and adults can learn and gain skills. As a youth attendee, I realize that I play a valuable role in attaining this goal and I promise to follow the guidelines listed below:

- I will obey all Yakima Convention Center rules, as well as all rules established by the hotel I am staying in, the Summit Staff and my chaperone.
- I will treat all others with respect.
- I will leave the hotel and workshop rooms as I found them.
- I will participate in Summit activities to the best of my abilities.
- I will listen to others.
- I will not engage in violent behavior.
- I will not use or bring weapons, tobacco, alcohol or other illegal substances, including but not limited to misuse of prescription or over the counter drugs, while at the conference.
- I will not engage in sexual behavior while attending the conference.

I understand violation of the Youth Code of Conduct will result in consequences for my behavior. Consequences may include:

- Not being able to participate in Summit activities and spending time with my chaperone.
- My Parent/Guardian will be notified and I could be sent home from the Summit at my own expense.*

*The Washington State Prevention Summit reserves the right to dismiss any attendee at any time, depending upon the severity of his/her infraction. Any costs related to such dismissals would be the responsibility of the individual being dismissed. Parents or guardians will be responsible for any costs incurred in sending a youth home early.

Youth (under age 18) will not be able to participate in the 2010 Washington State Prevention Summit without the signature of a parent/guardian.

I have carefully read this page and understand its contents.

Youth's Name (Please print) _____

Parent/Guardian Initials _____ **Youth Initials** _____



**YOUTH AND PARENT/GUARDIAN
 ASSUMPTION OF RISK**

I understand that there are risks in participating in educational workshops, recreational activities and off-site service project locations at the Washington State Prevention Summit at the Yakima Convention Center in Yakima, WA on October 14-16, 2010. Activities will include travel to and from the Yakima Convention Center, educational workshops hosted at the Yakima Convention Center, and travel in and around Yakima to attend off-site service learning projects. Projects will include activities such as, but not limited to, light cleaning and/or yard maintenance, painting, and handling of food. Evening recreational and physical activities include, but are not limited to: dancing, sports, board games, and crafts.

In consideration for and as a condition of my child being allowed to participate in this voluntary activity, I agree to take full responsibility for any and all risks that exist, including the risk of death or injury to my child or loss or damage to my property. I understand that there may be risks that the Department of Social and Health Services - Aging and Disabilities Services Administration Division of Behavioral Health and Recovery (DSHS/ADSA/DBHR and Prevention Summit Co-Sponsors, its director, officers, employees, agents, volunteers, contractors, facilitators and assigns cannot predict or foresee, and I also assume full responsibility for those risks.

Risks include but are not limited to: temporary or permanent muscle soreness, sprains, strains, cuts, abrasions, bruises, ligament and/or cartilage damage, orthopedic damage, head, neck or spinal injuries, loss or use of arms and/or legs, eye damage, disfigurement, burns, or death. I also recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of traveling to or from the Washington State Prevention Summit and its activities that cannot be specifically listed. Further, I recognize that the actions of other participants in the activity may cause harm or loss to my child or property.

RELEASE OF LIABILITY

I release, the state of Washington, DSHS/ADSA/DBHR and Prevention Summit Co-Sponsors, its director, officers, employees, agents, volunteers, contractors, facilitators and assigns from any and all liability, claims, costs, expenses, injuries and/or losses to person or property, which I may sustain and/or sustain as a result of death or injury of my child, as a result or related to participation in the above event. My child's participation includes, but is not limited to, travel to and from the event in a private or public vehicle, any activity connected with the event itself, and use of state equipment or facilities for the event on or off DSHS/ADSA/DBHR property.

PHOTOGRAPHY/VIDEO RELEASE

As the parent/guardian, I authorize and consent **DSHS/ADSA/DBHR and Prevention Summit Co-Sponsors, its director, officers, employees, agents, volunteers, contractors, facilitators and assigns** to take activity photographs and videos of my youth to provide information for publications and other marketing developed to promote education about drug abuse prevention and recovery. I understand that information may be provided verbally or by computer data transfer, mail, fax, or hand delivery. I, the parent/guardian, understand and agree to the release of information authorized in this form. I understand I may revoke this release in writing at any time, but I understand that revocation will not affect any information that was already released.

If you DO NOT want your youth photographed or videotaped; please check here

I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with DSHS/ADSA/DBHR and Prevention Summit Co-Sponsors, its director, officers, employees, agents, volunteers, contractors, facilitators and assigns. I sign it freely and voluntarily.

Youth (under age 18) will not be able to participate in the 2010 Washington State Prevention Summit without the signature of a parent/guardian.

 Youth's Name (Please print)

 Youth's Signature

 Date

 Parent/Guardian Name (Please print)

 Parent/Guardian Signature

 Date

 Relationship to child

 Daytime Phone

 Evening Phone



MEDICAL EMERGENCY CONTACT INFORMATION FORM

In the case of an emergency and contacting your child becomes necessary, please call your youth's chaperone. In the event you cannot reach your youth or his/her chaperone, please contact the Yakima Convention Center - toll-free: 800.221.0751 or local: 509.575.6062 between the hours of 8:30 am – 5:00 pm M-F.

Youth Participant Information (Please print clearly.)

Last Name	First Name	Date of Birth
Chaperone's Name	School	City
Insurance Company	Insurance Policy Number	

List any medications currently prescribed to the youth: _____

List any allergies, especially to medications: _____

AGREEMENT AND CONSENT FOR TREATMENT

The parent/guardian authorizes the Department of Social and Health Services - Aging and Disabilities Services Administration Division of Behavioral Health and Recovery (DSHS/ADSA/DBHR [formerly Division of Alcohol and Substance Abuse]) and Prevention Summit Co-Sponsors, its director, officers, employees, agents, volunteers, contractors, facilitators and assigns to provide emergency medical aid to my youth. In the event that the parent/guardian cannot be reached within an appropriate period of time, given apparent medical condition of the youth, the parent/guardian hereby authorizes the transportation of the youth by ambulance, aid car, or program vehicle, to a medical facility for evaluation and treatment. The parent/guardian further consents to medical care and treatment, including, but not limited to, surgical and other procedures, by or under the supervision of a licensed health care provider and to hospital care, when such care or treatment is deemed by the licensed provide to be immediately necessary or advisable in order to safeguard the youth's health. The licensed health care provider would be called in or otherwise selected by a DSHS/ADSA/DBHR and Prevention Summit Co-Sponsors, its director, officers, employees, agents, volunteers, contractors, facilitators and assigns. The parent/guardian acknowledges that **it is the responsibility of every individual, including the parent/guardian, to provide adequate accident and health insurance coverage for the youth** participating in the 2010 Prevention Summit and acknowledges that the DSHS/ADSA/DBHR and Prevention Summit Co-Sponsors, its director, officers, employees, agents, volunteers, contractors, facilitators and assigns do not provide insurance coverage for participants.

I have carefully read this document, understand its contents and am fully informed about this program and circumstances. I am aware that this document is a contract with DSHS/ADSA/DBHR and Prevention Summit Co-Sponsors, its director, officers, employees, agents, volunteers, contractors, facilitators and assigns. I sign it freely and voluntarily.

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Youth's Name (Please print)	Youth's Signature	Date
Parent/Guardian Name (Please print)	Parent/Guardian Signature	Date
Relationship to child	Daytime Phone	Evening Phone

Additional Emergency Contact Name(s) and Phone Number(s)