



Yakima, WA

Navigate Your Future

November 7-8

Prevention Summit Checklist

Youth may not attend without all pages in this packet signed!

Below is a checklist for bringing youth to and registering for the 2016 Prevention Summit. The Team Adult Advisor (TAA), youth, and their parents/guardians must review and complete the forms below prior to the conference. All forms must be completed, signed, and turned in at the time of registration in order for youth to attend the 2016 Prevention Summit. This checklist will help the group come prepared and stay organized.

Youth & Parent/Guardian Checklist:

Review pages 2 - 5 of this packet and sign at the bottom of EACH page in order for youth to attend the Prevention Summit.

This packet should be given to the youth's TAA or chaperone and submitted during onsite check-in at the conference. (Forms should NOT be sent directly to DSHS, DBHR or CASAT.)

Parents: 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: 509-575-6062**

Youth must be 12-18 years of age to participate as a team member.

Team Checklist:

Designate a TAA (see TAA Guidelines for more information).

If your youth team does not already have a youth team name, one should be designated and placed on all registration materials. Please reference the same team name for all team members on conference forms and materials.

View the Travel Info link on the website for information on the group lodging block:
<http://preventionsummit.org/travel-info/>

TAA (one per team) Checklist:

Review the TAA/Chaperone Guidelines located on the "Forms" page of the Prevention Summit website:
<http://preventionsummit.org/forms/>

Either the TAA or Chaperone for each team must attend the mandatory In Person Chaperone/TAA Meeting at the Yakima Convention Center.

*Both the TAA and Chaperone need to attend one of the meetings.

By Phone: Tuesday, November 1, 2016 at 3:30 p.m. PST. Call-in Number: 360-407-3780. Access Code: 148183#

In Person (At the Yakima Convention Center): Sunday, November 6, 2016 at 7:30 p.m. in TBA

Bring one (1) copy of each Youth Guidelines/Permission Forms packet for the TAA/Chaperone to retain and carry at all times on-site.

Bring one (1) copy of the Youth Guidelines/Permission Forms packet for each youth to retain and carry at all times on-site.

Bring one (1) copy of the Youth Guidelines/Permission Forms packet to submit at check-in.





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Youth Guidelines

Without this completed form in hand, youth (under 18) will be denied entrance to the Prevention Summit.

The following guidelines and expectations have been set forth by the organizers of the Prevention Summit to help provide for a great youth program experience. These guidelines have been established to provide safety and a framework for appropriate behavior for all attendees. Youth teams may choose to have additional guidelines and expectations.

Guidelines must be followed in order to participate in the conference and related activities. Violations of any of the guidelines may result in an individual or team being disqualified from eligibility for event prizes and/or scholarships for a 12-month period.

The Prevention Summit provides youth prevention teams the opportunity to learn from others while showcasing their own education and planning skills by sharing the successes and lessons learned from projects commenced during or following previous Prevention Summits or other youth trainings. Though this is a time for fun and learning, there are a few guidelines that need to be followed:

- Youth are required to stay at the conference facility (Yakima Convention Center) at all times, unless accompanied by their TAA or Chaperone.
- Youth attending the Prevention Summit are expected to adhere to a zero tolerance policy for tobacco, marijuana, alcohol, misuse/abuse of medicines, and illegal drug use/possession.
- Youth will exhibit respectful and professional behavior; including refraining from engaging in affectionate, intimate, or sexual behavior and/or activity.
- The Prevention Summit curfew for youth is 10:00 p.m. – (In Rooms) – No exceptions.
- Youth, TAAs, and Chaperones are expected to attend all event activities, meals, and conference workshops.
- Youth are expected to stay with their TAA or Chaperone at all times during the conference and its related activities.
- Youth must retain and carry their personal Youth Guidelines/Permission Forms at all times while on-site at the conference.
- Youth are expected to adhere to the “no guest policy” in conference areas.

Youth Code of Conduct

The goal of the Prevention Summit is to provide a safe, fun and positive environment in which youth and adults can learn and gain skills.

- I will obey all Yakima Convention Center rules, as well as all rules established by the Prevention Summit Staff and my TAA/Chaperone.
- I will treat all others with respect.
- I will leave the hotel and workshop rooms as I found them, or better.
- I will participate in Prevention Summit activities to the best of my abilities.
- I will conduct myself in a professional manner.
- I will listen to others.
- I will not engage in violent behavior.
- I will not use or bring tobacco, marijuana, alcohol or other illegal substances, including but not limited to misuse of prescription or over the counter medicines.
- I will not engage in affectionate, intimate or sexual behavior and/or activity.
- I understand violation of the Youth Code of Conduct will result in consequences for my behavior.

Violations to Guidelines or Code of Conduct:

Violation of any of the guidelines or code of conduct may result in:

- Not being able to participate in Prevention Summit activities.
- My Parent/Guardian will be notified.
- Being sent home from the conference at my own expense.*
- I may be disqualified from eligibility for event prizes and/or scholarships for a 12-month period.

*The 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.

Who to Contact at the Conference

Youth contacts are Ivon Urquilla (Prevention Summit Chair) and the Prevention Summit onsite security, Ross McDowell. They are available to answer questions and provide guidance as needed. Please contact them through the check-in desk.

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

I have carefully read this page and understand its contents.

Youth Name (Please print)

Youth Signature

Date

Parent/Guardian Name (Please print)

Parent/Guardian Signature

Date





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November 7-8

Youth Release Form

Youth and Parent/Guardian Assumption of Risk

I understand that there are risks in participating in educational workshops and recreational activities at the Prevention Summit at the Yakima Convention Center, Yakima, WA, on November 7-8, 2016.

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 (DSHS), Behavioral Health Administration (BHA), Division of Behavioral Health and Recovery (DBHR), their contractors, and Prevention Summit Co-Sponsors 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 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/BHA/DBHR and Prevention Summit Co-Sponsors, any subdivision or unit of DSHS/BHA/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 whether on or off DSHS/BHA/DBHR and Prevention Summit Co-Sponsors property.

Photography/Video Release

As the parent/guardian, I authorize and consent DSHS/BHA/DBHR and Prevention Summit Co-Sponsors to release information about my youth's participation in the Prevention Summit for publishing by the DSHS/BHA/DBHR and Prevention Summit Co-Sponsors, its director, officers, employees, agents, volunteers, contractors, facilitators, and assigns. I also authorize the use of my youth's photograph and participation in a video. I understand that information may be provided verbally or by computer data transfer, mail, fax or hand delivery. I 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. A copy of this form is valid to give my permission to release records.

Check here, if you do NOT want your youth photographed or videotaped.

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/BHA/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 Prevention Summit without the signature of a parent/ guardian. I have carefully read this page and understand its contents.

Youth Name (Please print)

Youth Signature

Date

Parent/Guardian Name (Please print)

Parent/Guardian Signature

Date

Relationship to Child

Daytime Phone

Evening Phone





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November 7-8

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 at: 509-575-6062.**

Youth Participant Information (Please print clearly.)

_____ Last Name First Name Date of Birth

_____ Chaperone's Name Chaperone's On-site Phone Number

_____ Insurance Company Insurance Policy Number

List any medications currently prescribed to the youth: _____

List any allergies, including foods and medications: _____

Emergency Contact Name: _____ Relationship to child: _____

Daytime Phone: _____ Evening Phone: _____

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

Comments:





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Agreement and Consent for Medical Treatment

The parent/guardian authorizes the Department of Social and Health Services (DSHS), Behavioral Health Administration (BHA), Division of Behavioral Health and Recovery (DBHR) 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 provider 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 the Department of Social and Health Services (DSHS), Behavioral Health Administration (BHA), Division of Behavioral Health and Recovery (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 2016 Prevention Summit and acknowledges that the DSHS/BHA/DBHR and Prevention Summit Co-Sponsors, its director, officers, employees, agents, volunteers, contractors, facilitators, and assigns do not provide insurance coverage for participants.

Agreement and Consent for Medical Treatment

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/BHA/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 2016 Prevention Summit without the signature of a parent/guardian.

Youth Name (Please print)

Youth Signature

Date

Parent/Guardian Name (Please print)

Parent/Guardian Signature

Date

