

United in Wellness

March 29, 2008 @ 9am in Rincon

Registration Packet

Must be turned in by March 11, 2008

Youth Name: _____ Age: _____

Mailing Address: _____ City: _____ Zip: _____

Phone Number: _____ Date of Birth: _____

Male / Female T-shirt Size S ___ M ___ L ___ XL ___ XXL ___ XXX ___ 4X ___

Residing Reservation: _____

Parent(s)/Guardian(s) Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Participant Agreement

- I understand that this is an alcohol, tobacco & drug free event
- I understand that any staff/chaperone may reprimand me for any violation of event rules
- I am responsible for my own actions & will conduct myself in a mature, safe manner at all times
- I agree to participant on ALL scheduled activities
- I agree to be on time to all activities
- I understand that I am to remain on the event premises at all times
- I understand that photos & video will be taken at this event & consent and authorize the use of said photographs and video

I have read, understand and agree to comply with the above stated terms and conditions. I understand that the staff of this event reserves the right to dismiss me from the event if I fail to follow this agreement and that my violation of any of the terms and conditions may subject me to immediate expulsion from the event. My parent/guardian will be notified and may be subject to picking me up from event.

Participant Signature

Parent/Guardian Signature

Student Name: _____

Please list two (2) emergency contacts, in the event that parent/guardian cannot be reached:

1. Emergency Contact Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. Emergency Contact Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

MEDICAL HISTORY

- Date of last tetanus booster: _____
- **Allergies:** _____
- Is your child currently under the care of a physician? Yes No
If yes, please explain: _____
- Is your child currently taking any medications?
Please List: _____
- Please describe any other medical information we should be aware of:

By signing this form I will hold harmless Indian Health Council, Inc. (IHC) & Indian Country Alliance (ICA), Rincon Tribe and their employees for any injury or damage that may be sustained with respect to this event. In the event of an accident or other emergency, I hereby authorize any staff member or adult chaperone to make arrangements considered necessary for my child to receive medical care. In such circumstances I authorize care and treatment to be performed by a licensed physicians or surgeon. I understand and agree I am solely responsible for the cost of such care. In the event that my child should need over-the-counter medicine for minor aches & pains, I authorize the staff/Chaperone of this event to administer such medication.

Participant Signature

Parent/Guardian Signature

Student Name _____

**CONSENT FORM TO ATTEND
UNITED IN WELLNESS WORKSHOPS**

I hereby give consent for my child _____
to attend presentations conducted at the United in Wellness Conference on
March 29, 2008.

I understand that this Conference is focused on Prevention and is designed to educate and discuss issues related to adolescents, including topics such as Drug & Alcohol, Teen Dating on My Space, Teen pregnancy Prevention, Domestic Violence, Sexually Transmitted Infections, Contraceptives, Graphic detailed material and other topics that relate to being responsible and making the right choices.

This Conference intends to provide an opportunity for youth to gain education, understanding and insight on issues regarding responsibility

Participant Name

Parent/Guardian Signature

Date

CHAPERONE PARTICIPANT FORM

Chaperones attending UNITED IN WELLNESS CONFERENCE are expected to...

- Serve as great role models for students and demonstrate the importance of leadership and respect.
- Have clear communication with their group and know their whereabouts at all times
 - Enthusiastically participate in and role model a positive attitude in physical activities such as the outdoor activities.
- Be active participants and leaders during meals and interactive workshops.
 - Provide Staff with any feedback regarding your group or conference.

Name: _____

Address: _____
Street City St Zip

Phone: _____ Email: _____

Please describe why you would like to be a chaperone for this conference?

As a Chaperone I will be required to follow all rules and regulations of the conference With respect to conduct and responsibility. I also understand that I will be expected to stay on the grounds and be responsible for a group of youth for the duration of the conference.

_____ Date: _____

Applicant Signature