

HORSEHEADS YOUTH COUNCIL YOUTH FOR YOUTH CONFERENCE

What is a Youth For Youth?

Youth For Youth is a youth-driven program, which uses education, peer support and fun activities to help young people stay drug, alcohol and sex free. This is a comprehensive peer involvement and drug prevention program where teens support each other in their decisions to be free of tobacco, alcohol and other drugs. Recreational and educational activities will be presented throughout this event. This is the ninth annual *Youth for Youth Conference* sponsored by the Horseheads Youth Council in conjunction with The Town of Horseheads Youth Bureau. Please help to make it successful.

What is Youth Council?

Youth Council is an organization to determine youth interests (recreational, social, cultural, etc.) and create a beneficial environment for the community. Members will build different skills through conferences, seminars, community service events and recreational activities.

Who is Youth For Youth directed at?

For ALL students in Grades 9-12.

When does it take place?

Saturday and Sunday, March 7th and 8th

Arrival - Saturday, March 7th, 9:00 – 11:00 a.m.

Dismissal - Sunday, March 8th, 12 noon

Where is it held?

It is held at Horseheads High School

401 Fletcher Street

Horseheads, NY 14845

(Please enter at Fletcher Street / Auditorium Entrance)

Does it cost anything?

Yes; to help the Horseheads Youth Council cover conference costs, we are asking that each participant pay \$25 and fill out a registration form which must be turned in before February 27th, 2009.

Do you need to bring anything?

Bring your sleeping bag, toiletries, bathing suit, towel or anything you would need for a sleep-over. Meals and snacks will be provided.

What do you have to do to go?

Register by February 27th, 2009. No walk-ins will be accepted. You **MUST** register before February 27th, 2009. We do not give refunds or substitutions after February 27th, 2009.

Registration Directions

1. Fill out registration form completely and have your parent/guardian sign it.
2. Make checks payable to the Horseheads Youth Council Youth For Youth.
3. Payments must accompany registration forms.
4. Send in your registration and payment before February 27th, 2009 to:

YOUTH FOR YOUTH

HORSEHEADS YOUTH BUREAU

2305 C Grand Central Avenue

HORSEHEADS, NY 14845

Remember that registration is limited!! Please return your registration and payment as soon as possible to guarantee your spot. Remember to include your payment with your registration form.

If you have any questions, please call Bruce May at the Horseheads Youth Bureau (607) 739-3517.

REGISTRATION FORM FOR YOUTH FOR YOUTH

DEADLINE February 27th, 2009

Name _____ Circle one M / F

Address _____

City _____ State _____ Zip _____

Classof _____ School _____

Phone # () _____ Age _____

Email _____

****** Agreement **** REQUIRED**

I will not consume alcohol or any illegal substances, engage in any sexual activity or smoke cigarettes on the premises during the Youth For Youth. I will obey all the rules set forth by Horseheads Central School and by the Horseheads Youth Council. I will not leave the premise of the designated area where the Youth For Youth Conference is held. I will not come to the Youth For Youth under the influence of alcohol or any other drugs. I will not bring any alcohol, drugs or cigarettes with me to the Youth for Youth. If I violate these rules, I will accept dismissal from the conference and lose my registration fee.

Signature _____ Date _____

Parent/Guardian _____ Date _____

Medical Information

Name of Doctor _____
Phone # () _____
Insurance Carrier _____
Phone # () _____

Do you have any medical conditions or allergies for which you are taking medication for which would restrict your physical activity or require special equipment, meals or accommodations for this event? If so, please indicate. List any legal prescriptions and/or medications. If you are taking medication for any medical condition, please list below.

In Case of Emergency Call

Name _____
Phone # () _____
Name _____
Phone # () _____

Medical and Participation Release ** REQUIRED **

I, _____ being the parent/guardian of _____, hereby grant The Town of Horseheads Youth Bureau or its designee the right to transport the above minor to any emergency medical or health care facility for immediate treatment and/or consultation, if necessary. Further, I hereby grant to The Horseheads Youth Bureau or their designees the right to consent on behalf of the above captioned minor for treatment. I understand that I will be notified of an emergency situation immediately but that this emergency medical release is in the event that I am unavailable to necessary parties, and immediate authorization for treatment is required. I grant my child the right to participate in all of the activities, including the dance and any other physical activities.

I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the Town of Horseheads, Horseheads Central School District, Youth For Youth organizers, supervisors, participants and volunteers for any claim arising out of injury to my/our son/daughter except to the extent, and in the amount covered by accident or liability insurance.

Parent/Guardian signature _____ Date _____

**HORSEHEADS YOUTH COUNCIL
Presents
YOUTH FOR YOUTH
CONFERENCE 2009**

**March 7th and 8th
2009**

HORSEHEADS HIGH SCHOOL



***FOR MORE INFORMATION CONTACT
BRUCE MAY
(607) 739-3517***