

# Marion-Crawford TI 2022

## Feb 26<sup>th</sup> – 27th

FOR OFFICE  
USE ONLY:  
\_\_\_\_\_ cash or  
\_\_\_\_\_ chk

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

Your PHONE \_\_\_\_\_ Parent Phone number \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ GENDER \_\_\_\_\_

T-Shirt Size: S M L XL 2XL 3XL Vegetarian Meals: NO YES

### RULES of TI TRAINING:

1. Attend and actively participate in all scheduled activities.
2. Be courteous and respect the rights of others.
3. Abstain from the use of tobacco, alcohol and other drugs.
4. Engage in no behavior connoting sexual intimacy with other participants and/or staff.
5. Follow all other rules deemed necessary by the TI Coordinator(s) or staff members.

**Per rules at Recreation Unlimited, all staff/participants are to wear masks at all times unless sleeping or eating.**

**Statement of Commitment:** I understand that T.I. is a drug-free organization. I agree to remain tobacco, alcohol and other drug-free and follow the above stated rules. Also, I agree to attend and participate in all scheduled activities. I also understand that it is my obligation as a participant of TI to contribute positively to my school after this training. I have read the above and agree to follow these expectations. I give my permission for my name to be released as a participant in this program.

\_\_\_\_\_  
Signature of TI Participant

\_\_\_\_\_  
Date

I hereby give my son or daughter, \_\_\_\_\_ permission to participate in the Teen Institute Training. **Per rules of Recreation Unlimited, all in attendance will be required to wear a mask, no exceptions. Masks will be available if a student does not have one or does not come with one.** I understand that as a TI participant, my child will be expected to contribute positively to his/her school. Additionally, I give my son/daughter to be photographed/video taped during TI. I understand that this photograph/video tape may be used for promotional purposes, including newspaper articles, publications and other publicity materials. I have read the above and approve of my son/daughter's participation.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Please Return to ANY Youth Board Member/TI Advisor OR  
Mail/drop off to: 151 Campbell Street; Marion, Ohio 43302**

**DEADLINE FOR APPLICATIONS: Friday, February 4, 2022**

# MARION CRAWFORD COUNTY TI Medical Release & Liability Form

NAME: \_\_\_\_\_

MEDICAL CONSIDERATIONS (asthma, diabetes, etc): \_\_\_\_\_

CURRENT PRESCRIPTIONS: \_\_\_\_\_

SPECIAL DIETARY NEEDS & FOOD ALLERGIES: \_\_\_\_\_

### Emergency Contact Information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

In the event that I experience a minor medical condition such as a headache, stomach ache, menstrual cramps, or other complaints that would not require medical attention, I give permission to be given over the counter medications (Advil, Tylenol, Benadryl, Maalox, Midol, Motrin, Tums)

Exceptions: \_\_\_\_\_

In the event of a medical emergency and all attempts to notify the persons above have been made, I hereby authorize the staff to provide emergency medical care. If further medical care is necessary, I give permission for my son/daughter to be transported to a medical facility to be given appropriate medical treatment if that would be necessary due to the nature of the illness or injury. I hereby release and hold harmless the organizers, agencies, Boards, schools and agents of the Marion-Crawford County Teen Institute program from any and all liability from any losses, claims, expense, actions, causes of action, cost damages and obligations (financially or otherwise) arising from any and all acts and unforeseen contingencies that result in injury or damage to property while participating in this event. I further understand that Marion-Crawford County TI will not be held responsible for my child's negligence including but not limited to, horseplay, frolicking and/or rule noncompliance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If under 18, \_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date