



MEET NEW FRIENDS
RECONNECT WITH OLD ONES



MARION-CRAWFORD COUNTY TI 2019 CONFERENCE

Friday, February 22-
Sunday, February 24
@ Recreation Unlimited, Delaware



\$35

**Make checks payable to Marion-
Crawford Prevention Programs**

Deadline for registration is February 1st

For more information, contact:

Jodi Galloway (Marion)

Laura Busler (Crawford)

151 Campbell Street

Marion, OH 43302

740 914 6444



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Marion-Crawford TI 2018

Feb 22 – 24, 2019

**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.

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. 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 1, 2019

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