

Youth Leadership Conference

Congratulations! You are awesome!

Join us for **THREE** action-packed days filled with exciting workshops, team-building games, and activities to increase your leadership skills!



June 25 - 27 from 9:00- 3:00



Wallkill Valley Regional High School
10 Grumm Road, Hamburg NJ



Email Michaela to register
Michaela@centerforprevention.org





Above the Influence Youth Group Permission & Release Form

A program of the Wallkill Valley Community Coalition and Center for Prevention and Counseling



Contact Michaela at michaela@centerforprevention.org

Today's Date _____

Student's Name _____ Parent's Name _____

Street Address _____ Mailing Address _____

City _____ State _____ Zip _____

Current School/ Grade _____ Date of Birth _____

Student's Email: _____ Cell # _____

T-Shirt Size: _____

Parent/Guardian Email _____ Cell # _____

Parent/Guardian Home # _____ Work # _____

Emergency Contact Name _____ Phone # _____

Medical Conditions—Allergies, chronic conditions, other: _____

Medications: _____

I hereby grant permission for my child to participate with The Above the Influence Youth Group, a program of the Wallkill Valley Coalition & the Center for Prevention & Counseling. I understand that my child participates in these activities at their own risk and that THE WALLKILL VALLEY COMMUNITY COALITION AND/OR the Center for Prevention and Counseling and its adult supervisors are not liable for any injury personal or otherwise to my child or caused by my child. Should any problems arise concerning the behavior of my child, I will come pick my child up.

I recognize that THE WALLKILL VALLEY COMMUNITY COALITION uses photographs and video images of events for publicity materials such as THE WALLKILL VALLEY COALITION and CFPC website, newspapers, newsletters, Facebook pages, Instagram and local televised media and I hereby grant permission for photo/video images of my child to be taken and used for such purposes.

I authorize the treatment, by a qualified and licensed medical doctor, of the minor listed above in the event of any medical emergency which, in the opinion of the attending physician, is necessary and I/we cannot be reached after reasonable effort has been made to secure my personal consent. I am responsible for any medical expenses.

Signed: _____ Date: _____

(Parent or legal guardian)

