



OHIO TEEN INSTITUTE

WEEKEND LEADERSHIP CONFERENCE

Are you a high school student that lives a drug-free healthy lifestyle?

Are you a leader in your school or community?

Or do you have an interest in becoming a leader?

Are you interested in meeting other like-minded youth from around the state of Ohio?

If you answered YES, OTI is for you!

OTI is a valuable experience for students involved in TI or other drug prevention/wellness programs like SADD, Teen Advisors, Youth to Youth and PRIDE. Come and share your experiences and learn new ideas to take back to your local program. Members of Student Council, Key Club, and class officers will also learn new skills and ideas.

During the weekend conference, you will participate in small discussion groups. Participants also select workshops to learn new skills and knowledge. It isn't all business at OTI – there is plenty of time for fun!

Ohio Teen Institute (OTI) is a weekend leadership conference for high school students where:

- Students develop the skills to become a positive leader within their schools and communities.
- Students are equipped with the knowledge and ability to make positive choices and encourage their peers to do so also.

MISSION: to provide training and education for Ohio youth, empowering them to develop the skills to make drug-free, healthy lifestyle choices, become resilient and responsible adults, and to positively impact their schools and communities.

OTI believes that youth know the challenges that are relevant in their schools and communities and that peer-led initiatives are effective in reducing alcohol, tobacco and other drug use.

The Teen Institute program planted its roots in Ohio in 1965 and we are proud to be continuing this program over 50 years later!

We invite you to spend a weekend participating in an unforgettable experience and make lifelong friends at the OTI Weekend Conference.



OHIO TEEN INSTITUTE

WEEKEND LEADERSHIP CONFERENCE

December 10 – 12, 2021

Recreation Unlimited; Delaware, Ohio

YOUTH PARTICIPANT APPLICATION

Youth Participants should be high school students, in to grades 9-12, who:

- Are proud to be alcohol, tobacco and drug free
- Are motivated to give service to their school and community
- Have the desire to develop and utilize their leadership skills
 - Will reach out to others and value diversity
- Want to have fun and have a lifetime experience!

Send Applications & Registration fees to:

Marion Crawford Prevention Programs
151 Campbell Street
Marion, OH 43302
(740) 914-6444
Fax: (740) 914-6610

**Purchase Orders and Checks Accepted

Payable to:

Marion Crawford Prevention Programs

Further information regarding times, location, directions sent 1-2 weeks before weekend OTI.

REGISTRATION DEADLINES:

- **Registration Fee: \$125**
- **Registration Due by November 5th**
- No Refunds after November 19th
- Payment, Purchase Order or letter from sponsor must accompany application

Payments not received by January 28th will be subject to a \$50 late fee per registration.

Sponsored by the Ohio TI Planning Committee;
a collaborative effort of T.I. supporters interested in providing Youth Led training opportunities
Website: www.ohioti.com

2021 Ohio Teen Institute

YOUTH PARTICIPANT REGISTRATION

Send with Registration:
____ Registration Page
____ Medical Form
____ Registration Fee or PO

(PLEASE PRINT)

NAME _____ AGE _____

ADDRESS _____ GENDER _____

CITY/STATE/ZIP _____

SCHOOL _____ Grad Year _____ COUNTY _____

PARTICIPANT PHONE _____ PARENT/GUARDIAN PHONE _____

EMAIL _____

Have you attended Ohio TI previously? YES NO If yes, what year(s) _____

T-shirt Size: S M L XL 2XL 3XL 4XL

ROOMMATE REQUEST: _____

RULES of Ohio Teen Institute Leadership Conference:

1. Abstain from the use of tobacco, alcohol and other drugs.
2. Be courteous and respect the rights of others; be as positive as possible.
3. Attend and actively participate in all scheduled activities.
4. No engagement in behavior connoting sexual intimacy with other participants and/or staff.
5. Follow all other rules deemed necessary by Ohio TI Coordinators and camp.

Participant Commitment:

I understand that Ohio TI is a drug-free organization. I agree to remain tobacco, alcohol and other drug free during the Ohio TI Conference and follow the stated rules. I also understand that it is my obligation as a participant of OTI to contribute positively to my school and/or community after this training. I have read and agree to follow these expectations.

Signature of Ohio TI Participant

Date

Parent Permission:

I hereby give my daughter or son, _____ permission to participate in The Ohio Teen Institute Conference. I understand that as a TI participant, my child will be expected to contribute positively to her/his school and community. I hereby release and hold harmless the organizers, agencies, boards and agents from any and all losses, claims, expenses, actions, causes of actions, cost damages and obligations (financially or otherwise) arising from any and all acts and unforeseen contingencies that result in injury to persons or damage to property while participating in this event. I have read the above and approve of my daughter's/son's participation. Additionally, I give my permission for my daughter/son to be photographed/videotaped during the Ohio TI Conference. I understand that this photograph/video may be used by the organizers of Ohio TI for promotional purposes, including newspaper articles, publications and other publicity.

Signature of Parent/Guardian

Date

Responsibility for Registration Cost:

I agree to be responsible for this participant's registration cost. Payment or Purchase Order must accompany this Registration.

Signature of Parent/TI Advisor/Administrator

Self Pay

Agency/School

(please write in agency/school name)

2021 Ohio Teen Institute MEDICAL & LIABILITY FORM Youth Participant

(PLEASE PRINT)

NAME: _____

Does the participant have any medical problems we should be aware of? Yes No

Does the participant have any allergies or special dietary needs? Yes No

Does the participant need any other special accommodations? Yes No

Please explain any yes answers: _____

List all current prescriptions and OTC medications _____

Please put initials in the space provided:

In the event that I experience a minor medical condition, such as headache, stomach ache, menstrual cramps, or other complaints that would not require medical attention, I give permission to be given the following:

Aspirin Tylenol Ibuprofen Benadryl
 Maalox/Tums/Pepto Bismol Other (please specify) _____

IN CASE OF AN EMERGENCY CONTACT:

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

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 to be transported to a medical facility to be given appropriate medical treatment if that would be necessary due to the nature of the injury or illness. I hereby release and hold harmless the organizers, agencies, Boards, schools and agents of the Ohio Teen Institute Program from any and all liability from any losses, claims, expenses, 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 Ohio TI will not be held responsible for my negligence including, but not limited to, horseplay, frolicking and/or rule noncompliance/breaking. I hereby release and hold harmless the organizers, agencies, boards and agents from any and all losses, claims, expenses, actions, causes of actions, cost damages and obligations (financially or otherwise) arising from any and all acts and unforeseen contingencies that result in injury to persons or damage to property while participating in this event.

Signature of Participant

Date

Signature of Parent/Guardian

Date