



# OHIO TEEN INSTITUTE

## WEEKEND LEADERSHIP CONFERENCE

# December 10 – 12, 2021

Recreation Unlimited; Delaware, Ohio

### ADULT PARTICIPANT APPLICATION

***Support Youth in Their Choice to be Drug Free!!!***

#### ***Who should participate in the Adult Track at Ohio TI?***

- anyone who enjoys working with youth and would like to build their knowledge and skills in effective youth-led prevention programming
- anyone who would like to network and share ideas with others in the prevention field
- anyone who would like to learn to work more effectively with youth
- anyone who is willing to attend the entire conference

**Payment or Purchase Order must accompany application**

#### **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.

**Send with Registration:**

\_\_\_ Registration Page

\_\_\_ Medical Form

\_\_\_ Fee

# 2021 Ohio Teen Institute

## ADULT PARTICIPANT REGISTRATION

(PLEASE PRINT)

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

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

EMPLOYER/JOB TITLE \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

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

COUNTY \_\_\_\_\_ SCHOOL (if applicable) \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_ GENDER \_\_\_\_\_

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

TI/Drug-Free Program Experience:

Experience working with high school students:

What are your expectations of the Ohio Teen Institute Conference: What do you hope to gain from attending?

**Statement of Commitment:** I understand that as an Ohio TI Adult Participant, I agree to attend the entire Ohio TI Conference and participate in all scheduled activities.

\_\_\_\_\_  
Signature of Adult Participant

\_\_\_\_\_  
Date

# 2021 MEDICAL & LIABILITY FORM

## Adult 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      \_\_\_\_\_ 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 of illness. I hereby release and hold harmless the organizers, agencies, Board, 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. 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