



OHIO TEEN INSTITUTE

LEADERSHIP CONFERENCE

June 12 – 16, 2018
Heidelberg University, Tiffin, 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 having a great time
- anyone who 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

Make Check payable to and Send to:

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

****Purchase Orders and Checks Accepted**

Further information regarding times, location, directions sent after registration received

REGISTRATION DEADLINES:

- **Early Bird Registration Fee: \$300.00**
- **After May 11, Registration Fee is \$330.00**
- **Registrations received after June 1st: \$350.00**
- **No Refunds after June 1, 2018**

• Payment, Purchase Order or letter from sponsor must accompany application

Payments not received by July 16th will be subject to a \$50 late fee per registration.

Send with Registration:
___ Registration Page
___ Medical Form
___ \$300.00 Fee

2018 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

2018 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

2018 Ohio Teen Institute Workshop Proposal

If you would like to present a workshop to our students or other TIAs, please let us know. This is OPTIONAL!

(PLEASE PRINT)

Name: _____ Co Presenters: _____

Workshop Title: _____

Please provide a brief description of your workshop. This will be what students see when selecting workshops.

Workshop is for: (Circle all that apply) YOUTH ADULTS

Are you willing to present this workshop more than once? YES NO

Will you need any audio visual equipment? Yes No

If yes, please note what type of equipment is needed (i.e. projection screen, easel, overhead projector, etc) _____

Will you need internet access for your presentation? Yes No

What type of space would you prefer for your workshop?

Open Space Lecture Style Tables & Chairs Chairs

Other Comments:

**An outline or synopsis of your workshop must be attached to this proposal.
Workshop Proposals due by April 6th, 2018**