



OHIO TEEN INSTITUTE

LEADERSHIP CONFERENCE

June 10 - 14, 2019

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 3rd, Registration Fee is \$330.00**
- **Registrations received after June 1st: \$350.00**
- **No Refunds after June 1, 2019**

• 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
___ Fee

2019 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

2019 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

TIA Roles and Responsibilities

As a TIA (Teen Institute Adult) participant, you will be given the opportunity to be a member of the TIA “family group” throughout the week. This helps adults to experience a taste of what OTI is for a youth attending. Family Group is led by the TIA Family Group Facilitator and involves some small group activities and reflections that require group participation. This is a great way to learn some new ideas you can use in prevention with your own youth groups, as well as grow personally, and create some new bonds with other adults in the field. It is expected for all TIA adults to attend all family group session which generally occur 2 times throughout the day.

Workshops and large group presentations are another part of the TIA experience. Workshops and presentations are held for OTI participants throughout the week, and we encourage TIA’s to attend as many as possible to get the full experience of OTI, learn some new ideas, as well as receive your CE credits. If you choose not to attend a workshop or event, you will not get the full benefit and experience that OTI has to offer, as well as any CEs. Adults need to be present for the entire workshop to receive CEs.

Over the years, we have had adults attend the TIA track for multiple years. If you are returning to OTI as an Adult Participant, it is still important to understand that you will be expected to attend and participate in the Family Group sessions described above. Another option would be for the adult to attend OTI, but the adult would simply serve as an adult chaperone and be available for their youth throughout the week and not participate in the TIA track. Adults choosing not to participate in the TIA family group would still be able to participate in workshops and events held for the youth during the week. Adults choosing this option would still need to pay the entire TIA (Adult Participant) cost of the conference.

We hope this helps to clarify the role and responsibility of the TIA adult at OTI. If you have any questions or concerns, please feel free to contact Jodi Galloway at (740) 914-6444 or by email: Jodi.g@mcpreventionprograms.com.

Thank you and we look forward to including you as a part of the Ohio TI conference experience.

