

# Youth2Youth

## Volcano Falls

### Thursday, August 7th



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The second day of the summit will be a fun day at Volcano Falls. Plans are;

- We will be going to Volcano Falls in Rockford, IL. which has mini golf, go carting and lazer tag. There is an arcade – but you must bring your own money for this.
- Bus transportation. Lunch and admission cost will be included free to Y2Y member that bring school supplies on Wednesday. If you do not bring school supplies, cost is \$5.00.
- We will leave Beloit at 9:30 am and return by 1:30 pm. Buses will also leave from Janesville – see the summit flier for bus times.
- **LASTLY – YOU MUST ATTEND THE SUMMIT ON THE 6<sup>TH</sup> TO BE ELIGIBLE TO ATTEND THE TRIP ON THURSDAY.**



### Janesville Bus Schedule

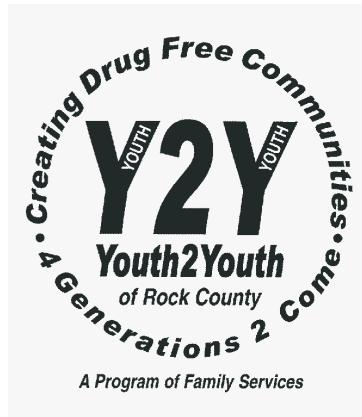
#### *Wednesday, August 6<sup>th</sup>*

Leaving Parker at	8:15 am
Leaving Craig at	8:30 am
Returning to Craig at	4:00 pm
Returning to Parker at	4:15 pm

#### *Thursday, August 7<sup>th</sup>*

Leaving Parker at	9:00 am
Leaving Craig at	9:15 am
Returning to Craig at	1:45 pm
Returning to Parker at	2:00 pm

Please plan to arrive at least 10 – 15 minutes earlier than the scheduled time. The bus will leave promptly at the times above so schedules will stay at time for all participants.



# *Youth2Youth 4 Change Summit*

*The focus of our summit this year will be “Youth2Youth 101”*

- When:** Wednesday, August 6<sup>th</sup> (9am – 3:30 pm) Thursday, August 7<sup>th</sup> (9:30 am – 1:30 pm – Beloit times) See bus schedule for times in Janesville.
- Where:** Central Christian Church in Beloit located at 2460 Milwaukee Rd. (Transportation will be available from Janesville if you reserve your space by July 25<sup>th</sup>.)
- Why:**
- 1) Because you will get to know other Y2Y/NIKE members from throughout the county
  - 2) You will have lots of fun!
  - 3) There will be good food.
  - 4) This is mandatory (meaning if you don't have a really good excuse why you can't come – you should be there)



*Community service is at the heart of our coalition work. We will be participating in our first community service of the year by asking all participants to bring school supplies to the summit, so we can fill a little red wagon. Central Christian Church will then be distributing them to needy families. Thank You!*

**If you bring a school supply on Wednesday – Thursday's trip is free. If you don't the cost is \$5.00**

*Please fill out the permission slip included in the summit information and return to 416 College St. by Friday, August 2<sup>nd</sup> or email forms to [debtfk@aol.com](mailto:debtfk@aol.com)*

*If you have any questions call Debbie at 608-313-9220 or 608-751-6018*

**Youth2Youth 4 Change Summit 2014**

**Confirmation and Waiver of Liability**

My child has my permission to Youth2Youth Summit on August 6 and 7<sup>th</sup>, 2014. I agree to the following provisions; (please initial each clause and sign below)

\_\_\_ I will be responsible for the drop off's and pick ups at the appointed time.

\_\_\_ I agree that no official or employee associated with the conference will be held responsible for any injuries or damages occurring while my child is participating in the conference. I do hereby hold harmless the sponsoring agencies, their officials, division and agents against any and all liability, damage, loss, claims or demand which arise out of are in any way connected with my child's participation in the conference.

\_\_\_ I hereby authorize any official of the training or designated chaperone to consent to emergency medical treatment as necessary for the health and safety of my child. I further agree that no official or volunteer will be held responsible for injuries or damages arising from the provision of any such emergency medical treatment. I do hereby agree to indemnify and hold harmless the sponsoring agencies, their officers, division and agents from any and all liability, damage, loss, claims, or demands and actions of any nature whatsoever, including attorney's fees, which arise out of or are in any way connected with the provision of such emergency medical services.

\_\_\_ I understand that Youth2Youth and other sponsoring agencies may take photographs, videotapes of participants and activities. I agree that Y2Y and other sponsoring agencies shall be the owner of, and may use such photographs/videotapes relating to the promotion of future programs. I relinquish all rights that I may claim in relation to the use of such photographs/videotapes.

\_\_\_ I understand that my child is expected to behave responsibly at all times during this conference and that conduct that is deemed injurious to self or to others can not be tolerated and may at our discretion of Youth2Youth result in termination of participation. Any additional costs associated in an early termination of participation are my responsibility.

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Parent/Guardian Signature

Date

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Parent/Guardian Name Printed

**Youth Participation Form**

*Must Return This Form by August 1, 2014*

Name \_\_\_\_\_

Birth Date \_\_\_\_\_

School: \_\_\_\_\_ Upcoming Grade Level: \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent's Work Phone \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

**Special Needs:** Please indicate any special needs or disabilities that we should know about. Include any relevant information with this form. We will contact you for further information if needed.

On rare occasions, medical attention is necessary or an emergency requiring hospitalization and/or surgery develops. As a general rule, anesthesia may not be administered to or an operation performed on a minor without written permission by the parent/guardian. Therefore, in order to prevent a dangerous delay, if an emergency does occur and we are unable to contact the parent or legal guardian, the parent/guardian is asked to sign the release form below.

In the event of an injury or illness to my son/daughter/ward,

I hereby authorize official staff to secure whatever treatment is deemed necessary and, if recommended by an attending physician, the administration of an anesthetic or surgery.

Is the minor listed above allergic to any medications? Yes \_\_\_\_\_ No

If yes, please list:

Please list any medical condition of which staff should be aware:

\_\_\_\_\_

Hospitalization Insurance Company

Hospitalization Insurance Policy #

\_\_\_\_\_

Parent/Guardian Signature

Date

**Youth2Youth of Rock County**

**YOUTH CODE OF CONDUCT**

YOUTH NAME: \_\_\_\_\_

**WHEREAS**, the possession and/or use of weapons, tobacco products, alcoholic beverages and illegal drugs, or remaining in the presence of individuals who are using or taking these items is prohibited; and

**WHEREAS**, sexual contact at any event or activity which occurs within the time frame of the International Conference and

**WHEREAS**, any behavior that violates any of the laws of the United States or the State of Wisconsin or any local ordinance is also prohibited; and

**WHEREAS**, the attendance and punctuality at all scheduled events at the conference is considered mandatory by all participants of the Youth2Youth conference

**WHEREAS**, all participants are expected to show respect for the property of others and the facility in which the meeting is being held;

**\*\*\*\* IMPORTANT NOTICE \*\*\*\***

**NOW THEREFORE**, I \_\_\_\_\_, agree to abide by this Code of Conduct and am aware that any infraction of the Code will result in my parent/guardian(s) being notified. In the event that it is determined that I have violated the Code, I may be sent home at my parent/guardian's expense. The responsibility for making this determination is vested in the chaperone and event sponsors.

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Participant's Signature

Date

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Participant's Name (Please Print)

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Parent(s) or Guardian(s) Signature

**These forms must be fully completed and returned before**

**August 1, 2014**