

2017 Adult Chaperone Registration: Young Advocates Institute

Dear Community Leader,

The North Carolina Coalition Against Sexual Assault (NCCASA) is excited to open registration for the 2017 Young Advocates Institute, **July 7-9, 2017 at North Carolina A&T State University, Greensboro, NC!**

Launched in 2012, the Young Advocates Institute is a social justice summer camp that empowers and trains 200 youth, ages 13-17, from across North Carolina during a weekend of prevention/intervention education, advocacy and leadership development seminars. The purpose of the Young Advocates Institute is to give youth a voice, the opportunity to share their experiences regarding social justice issues, and to help them become an integral part of the solutions. The Institute features national speakers, peer to peer education, campus tours, and team building activities.

The cost to attendees for 2.5 nights of suite-style lodging, six (6) meals, six (6) snacks, two (2) t-shirts, book bags and training is \$35 per person. **Ten (10) scholarships** will be offered to youth in need of financial assistance. If your child or group needs financial assistance, please complete the scholarship form enclosed in the youth registration packet.

Please know that this is a service learning experience and participants must stay for the **ENTIRE** Institute. Attendees will not be allowed to leave.

****Groups of 10 or more must be accompanied by one (1) adult chaperone. The chaperone must agree to stay on the campus of North Carolina A&T University, July 7-9, 2017 and must complete a separate registration packet.****

Registration is now open. The firm deadline to submit a completed application is June 5, 2017. No exceptions.

Enclosed are the following **CHAPERONE ONLY** forms:

- Chaperone Registration Form.
- Waiver of Liability, Assumption of Risk and Indemnification form
- Chaperone Report of Medical & Health Profile (2)
- Chaperone Media Release Form
- Immunization Records
- Chaperone Consent for Background Check
- 2017 Young Advocates Institute Agenda At A Glance

All completed applications must include all forms in their entirety, signatures by a parent or guardian, and the \$35 commitment fee for each participant including chaperone. Make all checks or money orders payable to NCCASA. Please don't send cash. **CANCELLATION POLICY:** Full refund is **ONLY** given for cancellation of registration received by **June 5, 2017. Incomplete applications will not be considered for participation.** Attendees will be notified of their confirmed participation on or before **June 9, 2017.** If you have any further questions, please feel free to contact Tracy D. Wright at (919) 871-1015 or email youngadvocates@nccasa.org



2017 Young Advocates Institute Chaperone Registration Form

Cost: The cost to attendees for 2.5 nights of suite-style lodging, six (6) meals, six (6) snacks, two (2) T-shirts, book bags and training is **\$35 per person**. Please complete the following information concerning the adult chaperone that will be attending the 2017 Young Advocates Institute on July 7-9, 2017 at North Carolina A & State University with the youth participant (s).

Chaperone Information:

First Name:		Last Name:	
Street Address:		Apt./Suite:	
City:	State:	County and Zip Code:	
Telephone Number:	Cell Phone Number:	Email Address:	
How did you hear about the Young Advocates Institute?			
How many students will you be bringing to the 2017 Young Advocates Institute?			

Please complete the following:

Gender:	
_____ Female	_____ Male
Race/Ethnicity:	
_____ African American	_____ Asian/Pacific Islander
_____ Latino /Hispanic	_____ Other
_____ Caucasian	_____ Native American/ Alaskan
_____ Multi/Biracial	_____ American

Please check the youth participant's t-shirt size (adult sized shirts):

X-Small	Small	Medium	Large	X-Large	XX-Large
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I understand that I will be required to stay on North Carolina A & T University's campus for the entire duration of the Young Advocates Institute. I agree to act as a responsible role model and chaperone students and agree to follow the code of conduct prescribed. I will make sure my actions reflect the missions of the North Carolina Coalition Against Sexual Assault.

Chaperone Signature:	Date:
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2017 Young Advocates Institute

Chaperone Waiver of Liability, Assumption of Risk and Indemnification Agreement

Waiver: In consideration of being permitted to participate in any way in the 2017 Young Advocates Institute hereinafter called "Activity", I, for myself, my child, my heirs, personal representatives or assigns **do hereby release, waive, discharge, and covenant not to sue** North Carolina Agricultural and Technical State University and the North Carolina Coalition Against Sexual Assault, its officers, employees, and agents from liability from any and all claims resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, my child's participation in the Activity.

Assumption of Risks: Participation in Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. **I have read the previous paragraphs and I know, understand, and appreciate these and other risks that inherent in the said Activity. I hereby assert that my or my child's participating is voluntary and that I knowingly assume such risks.**

Indemnification and Hold Harmless: I also agree to IDEMNIFY AND HOLD North Carolina Agricultural and Technical State University and the North Carolina Coalition Against Sexual Assault HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my or my child's involvement in Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive is permitted by the law of the State of North Carolina and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement fully **understand its terms and understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily and **intent by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

EVENT ORIENTATION SHEET:

1. In case of medical emergencies, Emergency Medical Services will be contacted. If you want medical treatment to be provided to your child, please sign and return the Consent for Medical Treatment Form.
2. Participants are expected to represent themselves in an appropriate manner, abide by campus policies, and understand that they will be held accountable for their behavior.

I have read the above-mentioned document, understand it and agree to abide by the rules set forth.

Name of Chaperone	Signature of Chaperone	Date



2017 Young Advocates Institute

Medical & Health Profile Form (1)

In order for chaperones to receive medical treatment in the event of illness or injury while participating in the 2017 Young Advocates Institute, please provide the following information and sign the consent form below: if not applicable, please write N/A in the space provided.

Chaperone:	Date of Birth:
Address:	
Insurance Company and Policy Number:	
Physician:	

Please list any medical or mental health diagnoses of the chaperone:

Please list any prescription medication the chaperone currently taking: *I understand that the North Carolina A & T University and North Carolina Coalition Against Sexual Assault, will not administer any medications, prescribed or over the counter, to participants of the Young Advocates Institute. It is the responsibility of the parent/guardian, chaperone (if applicable) and youth participants to ensure all needed medications are taken during the duration of the Young Advocates Institute.*



2017 Young Advocates Institute

Medical & Health Profile Form (2)

Does the chaperone have any special needs or ability status of which North Carolina A&T University and the North Carolina Coalition Against Sexual Assault need to be aware in order to make sure the participant is comfortably accommodated (ADA, special hearing, mobility, language needs)? If so, please explain thoroughly:

Please check if the chaperone has any of the following dietary needs:

Vegetarian	Vegan	Lactose Intolerant	Gluten-Free	Others
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Please list any allergies the chaperone has and any reactions to these allergies:

MEDICAL TREATMENT CONSENT: I, _____ as a chaperone, do hereby consent and grant permission to receive necessary medical treatment in the event of an injury while attending the 2017 Young Advocates Institute. I accept full responsibility for the payment of all such medical charges. I hereby indemnify North Carolina A&T State University and the North Carolina Coalition Against Sexual Assault its employees and representatives and hold them harmless in the exercise of its duty under this authority.

Signature of chaperone: _____

Instructions for Immunization Records

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE YOU COMPLETE THE NEXT THREE PAGES:

The following information is required by North Carolina A&T University in order to participate in the 2017 Young Advocates Institute. These forms are required in order to ensure the safety of the participant and to waive North Carolina A&T University of any liability. **All paperwork and signatures must be complete in order for the participant to attend the 2017 Young Advocates Institute.**

The Report of Medical History should be completed by the participant's parent or guardian.

The Consent for Treatment of Student Under 18-Years-Old should also be completed by the participant's parent or guardian.

The Immunization Record must be completed by a physician **OR** you must submit a copy of the participant's immunization records along with this packet. **Please note: if you attach a copy of the participant's records, then the North Carolina A&T University immunization form provided does not need to be completed.**



North Carolina A & T State University
STUDENT HEALTH SERVICE
Greensboro, NC 27411
336-334-7880 (Office) 336-256-2613 (Fax)
REPORT OF MEDICAL HISTORY
(Summer Outreach)

** Provision of Social Security number is voluntary and is requested solely for administrative convenience, record keeping accuracy, and to provide a personal identifier for the internal records of this institution.

LAST NAME (PRINT)	FIRST NAME	MIDDLE	**BANNER ID#	
HOME ADDRESS (NUMBER & STREET)	CITY	STATE	ZIP	TELEPHONE #
DATE OF BIRTH:		SEX M <input type="checkbox"/> F <input type="checkbox"/>	MARITAL STATUS S M OTHER	
Fr. Soph. Jr. Sr. Grad.	Yes <input type="checkbox"/> No <input type="checkbox"/>	SUMMER I <input type="checkbox"/> II <input type="checkbox"/>	DUAL <input type="checkbox"/> 20__	
CLASS YOU ARE ENTERING (Circle)	PREVIOUSLY ENROLLED HERE?	REGISTRATION DATE:		

HOSPITAL HEALTH INSURANCE/ NAME OF COMPANY	ADDRESS	POLICY #
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NAME & RELATIONSHIP OF NEXT OF KIN	ADDRESS	TELEPHONE #
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PARENTS OF STUDENTS UNDER 18: I hereby authorize any medical treatment for my son / daughter which may be advised or recommended by the medical staff of the Student Health Service of the N C A&T State University at Greensboro, NC.

Signature of Parent Guardian _____ Date _____

PERSONAL HISTORY PLEASE ANSWER ALL QUESTIONS Comment on all positive answers in space below or on additional sheet.

HAVE YOU HAD	Yes	No	HAVE YOU HAD	Yes	No	HAVE YOU HAD	Yes	No
Eye Trouble			Frequent or Severe Respiratory Infections			Kidney or Bladder Dise.		
Ear, Nose Throat Trouble			Rheumatic Fever or Heart Murmur			Diabetes		
Frequent or Severe Headaches			Stomach or Intestinal Tro.			Anemia		
Epilepsy			Infect. Mononucleosis			FEMALE ONLY		
Asthma, Hay Fever, Hives			Hepatitis or Jaundice			Irregular Periods		
Tuberculosis						Severe Cramps		
						Excessive Flow		

(GIVE DETAILS IF NEEDED)	YES	NO	Remarks Additional Information
A. Do you have any disease, or is any drug other treatment being followed, which should be continued or periodically evaluated (Details)			
B. Have you any drug allergy or other know sensitivity or intolerance? (Details)			
C. Have you had any illness, injury, or operation or been hospitalized other than as already noted? (Explained)			
D. Has your physical activity been restricted during the past five years? (Explain)			
E. Have you ever been hospitalized for mental or emotional illness? (Explain)			
F. Have you ever interrupted school or work because of mental or emotional illness or after psychiatric consultation?			

STATEMENT BY STUDENT 18 YEARS OF AGE & OLDER: I have personally supplied the above information and attest that it is true and complete to the best of my knowledge. I hereby give my permission to any doctor, hospital or other medical agency to release confidentially to the Student Health Service Physician(s) of A&T State University any information they may have concerning my medical condition and their professional contact with me. A photocopy of this permission is to be considered as valid as original.

Have Any of your Relatives Had Any of the Following?			
	Yes	No	Relationship
Tuberculosis			
Diabetes			
Heart Disease			
Kidney Disease			
Arthritis			
Stomach Disease			
Asthma, Hay Fever			
Epilepsy, Convulsions			

Signature of Student _____

Date _____

IMMUNIZATION RECORD

Last Name			First Name	Middle Name	Date of Birth(mo./day/year)	Gender
Parents Name:				Home Address		
(Please print in black ink) Student to confirm identifying information above is complete before submission. All other information to be completed and signed by physician or clinic. A complete immunization record from a physician or clinic may be attached to this form.)						

SECTION A REQUIRED IMMUNIZATIONS

	mo./day/year	mo./day/year	mo./day/year	mo./day/year
• DTP, DTaP, TD, or Tdap	(#1)	(#2)	(#3)	(#4)
• Tdap Booster (If due update after 7/2008)				
• Td Booster				
• Polio				
• MMR (2 doses after 1st birthday)				
• Measles / Rubella (MR) (after first birthday)				
• Measles (2 doses after 1st birthday)			**Disease Date	****Titer Date& Result
• Mumps			**(Disease Date NOT Accepted)	****Titer Date& Result
• Rubella			**(Disease Date NOT Accepted)	****Titer Date& Result
• Hepatitis B (required if born 7/1/94 or after)	(#1)	(#2)	(#3)	

International Student Requirements:

• Tuberculin (PPD) Test (within 12 months)	Date Given			
	Date Read			
	mm in duration			
Chest X-ray, if positive PPD (Report result in mm induration)	Date			
	Result			
Treatment if applicable	Date			

SECTION B RECOMMENDED IMMUNIZATIONS

The following immunizations are recommended for all students and may be required by certain colleges or departments (for example, health sciences). Please consult your college or department materials for specific requirements.

Meningococcal Vaccine: No () Yes () Which vaccine? Menactra () Menomune () Date Given:				
	mo./day/year	mo./day/year	mo./day/year	
• Hepatitis B series only				****Titer Date& Result
• Hepatitis A/B combination series				
• Varicella (chicken pox) series of two doses or immunity by positive blood titer			Disease Date	****Titer Date& Result

SECTION C OPTIONAL IMMUNIZATIONS

	mo./day/year	mo./day/year	mo./day/year	SECTION D SICKLE CELL
• Haemophilus influenza type b				Date Of Test: / /
• Pneumococcal				Results:
• Hepatitis A series only				Positive ___ / Negative ___
• Typhoid				Trait _____
• Influenza				
• HPV (Gardasil)				*** Laboratory proof of Sickle Cell testing must be attached to records***
• Other				

Signature or Clinic Stamp REQUIRED:

Signature of Physician/Physician Assistant/Nurse Practitioner

Date

Print Name of Physician/Physician Assistant/Nurse Practitioner

Area Code/Phone Number

Office Address

City

State

Zip Code

** Must repeat Rubella (measles) vaccine if received even more than 4 days prior to 12 months of age. History of physician-diagnosed measles disease is acceptable, but must have signed statement from physician.

*** Only laboratory proof of immunity to rubella or mumps is acceptable if the vaccine is not taken. History of rubella or mumps disease, even from a physician, is not acceptable.



2017 Young Advocates Institute
Chaperone Media Release

I grant permission to the 2017 Young Advocates Institute, on behalf of North Carolina A&T State University and the North Carolina Coalition Against Sexual Assault and its agents or employees, to use photographs/videos taken of the participant for use in publications such as recruiting brochures, newsletters and magazines, and to use the photographs in electronic versions of the publications or on a website or other electronic forms of media, without notifying me.

I hereby certify that I grant North Carolina A&T University and the North Carolina Coalition Against Sexual Assault the right to use my or my child's voice, and quotations of their words for the Young Advocates Institute marketing material including, but not limited to, brochures, newsletters, videos etc.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive the right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend and hold harmless, the North Carolina A&T University and North Carolina Coalition Against Sexual Assault Boards of Directors, it agents or employees, including any publishing firm and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur to be produced in taking, processing, reduction, or production of the finished product, its publication or distribution.

I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Form with fields for Name of Chaperone, Date, and Signature of Chaperone.



2017 Young Advocates Institute

Chaperone For Background Check Form

Consent to Background Check

Due to the direct contact you will have with youth, the North Carolina Against Sexual Assault requires that we conduct a criminal background check for all adult volunteers/camp counselors. This background check is performed to identify any persons who may have a history of criminal activity that would prevent them from being a safe, appropriate chaperone/volunteer for our youth. By completing the information and signing below, you are indicating that you understand that the background check is part of adult volunteer screening process. Please be assured that only North Carolina Coalition Against Sexual Assault personnel will have access to your personal information and that it will be used solely for the purpose of the background check.

Camp Counselor Information:

Name:		Social Security Number:		
Address:		City:	State:	Zip Code:
Date of Birth:	Driver's License Number:		State Driver's License Issued:	
Please list all addresses (address, city, state and zip code) you have had in the past 5 years:				
1. 2. 3. 4. 5.				

I affirm that the above information is correct and consent to the use of this information for purposes of a criminal background check. I also understand that my role as a Chaperone does not extend to external activities outside of the scope of the North Carolina Coalition Against Sexual Assault or the Young Advocates Institute.

Chaperone Signature:	Date:
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Please fax completed forms to the North Carolina Coalition Against Sexual at: (919) 871-5895 by **June 5, 2017.**

2017 Young Advocates Institute Agenda @ A Glance

“For The Culture..Of Ending Gender Based Violence”

Friday, July 7, 2017

12:00pm-3:00pm	Registration/Check In Aggie One Cards Lunch Activities
3:30pm-3:45pm	Welcome/ Agenda Setting
3:45pm-4:00pm	North Carolina A & T University Rules and Logistics
4:00pm-5:00pm	Opening Plenary
5:30pm-6:15pm	Facilitated Small Group Conversations
6:30pm-7:30pm	Dinner
7:45pm-8:45pm	Competition Hour
9:00pm-10:30pm	Block Party
11:30pm	Lights out

Saturday, July 8, 2017

7:45am-9:00am	Breakfast
9:00am-10:00am	Positive Affirmation Exercise
10:15am-11:15 am	Six (6) Concurrent Social Justice Themed Wokeshops
11:30am-12:30pm	Six (6) Concurrent Leadership Development Themed Wokeshops
12:30pm-2:00pm	Lunch
2:15pm-3:00pm	My Sister's Keeper/My Brother's Keeper
3:15pm-4:15pm	Six (6) Concurrent Social Justice Themed Wokeshops
4:30pm-5:30pm	Six (6) Concurrent Leadership Development Themed Wokeshops
6:45pm-7:30pm	Dinner
8:00pm-10:00pm	PoetrySlam/Talent Show
11:30pm	Lights out

Sunday, July 9, 2017

8:00am-9:00am	Breakfast
9:00am-10:30am	Presentation Prep
10:30am-12:00pm	Young Advocates Institute Participants Celebration Reception, Be Great Panel and Presentations (Parents and Guardians Invited)
12:30pm	Check out