

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.

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 forms:

- Participant registration forms (2)
- Waiver of Liability, Assumption of Risk and Indemnification form
- Consent for Medical Treatment & Health Profile (2)
- Report of Medical History (3)
- Media release form
- Housing and Residential Life Liability Waiver
- Financial Assistance Scholarship form (optional)
- 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 Participant Registration Form (1)

Participant 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?							
School:					Age (must be between 13-17):		
What grade will you be starting in the Fall of 2017?	6 th Grade	7 th Grade	8 th Grade	9 th Grade	10 th Grade	11 th Grade	12 th Grade

Please complete the following:

Gender:		_____ Female	_____ Male
Race/Ethnicity:			
_____ African American	_____ Latino /Hispanic	_____ Caucasian	_____ Multi/Biracial
_____ Asian/Pacific Islander	_____ Other	_____ Native American/ Alaskan	_____ 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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2017 Young Advocates Institute

Participant Registration Form (2)

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.**

Parent/Guardian Information:

Parent/Guardian Name:		Parent/Guardian Email Address:	
Home Phone:	Work Phone:	Alternative Phone:	
Emergency Contact (if different from Parent/Guardian):		Relationship to participant:	
Home Phone:	Work Phone:	Alternative/Cell Phone:	

Parental Consent Form

I give my permission for my child to attend the 2017 Young Advocates Institute hosted by the North Carolina Coalition Against Sexual Assault at North Carolina A&T University. **I understand that my daughter/son will not be allowed to attend the Young Advocates Institute without a signed Youth Parental Consent Form.**

I understand that my child will be required to follow the rules of the day and that any breach of these rules may result in my child being prohibited from participation for the remainder of the Young Advocates Institute. I also understand that I will have to provide transportation for the participant's departure from the program.

Signature of Parent or Legal Guardian:	Date:
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2017 Young Advocates Institute

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 Student	Signature of Parent/Guardian	Date
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2017 Young Advocates Institute

Medical & Health Profile Form (1)

In order for your child 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.

Student Name:	Date of Birth:
Parent/ Guardian Name:	
Address:	
Insurance Company and Policy Number:	
Physician:	

Please list any medical or mental health diagnoses of the youth participant:

Please list any prescription medication the youth participant is 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 youth participant 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 youth participant has any of the following dietary needs:

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

MEDICAL TREATMENT CONSENT: I, _____ (parent/ guardian), do hereby consent and grant permission for my child _____, 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 parent/guardian: _____



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)

** 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.

REPORT OF MEDICAL HISTORY
(Summer Outreach)

LAST NAME (PRINT) FIRST NAME MIDDLE **BANNER ID#

HOME ADDRESS (NUMBER & STREET) CITY STATE ZIP TELEPHONE #

DATE OF BIRTH: SEX M F MARITAL STATUS S M OTHER

Fr. Soph. Jr. Sr. Grad. Yes No SUMMER I II DUAL 20__

CLASS YOU ARE ENTERING (Circle) PREVIOUSLY ENROLLED HERE? REGISTRATION DATE:

HOSPITAL HEALTH INSURANCE/ NAME OF COMPANY ADDRESS POLICY #

NAME & RELATIONSHIP OF NEXT OF KIN ADDRESS TELEPHONE #

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.

**** Lab Report must be submitted.



NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY

STUDENT HEALTH SERVICES
SEBASTIAN HEALTH CENTER
1601 EAST MARKET STREET
GREENSBORO, NC 27411

PHONE (336) 334-7880
FAX (336) 256-2613

Consent for Treatment of Student Under 18-Years-Old

I have reviewed the submitted health and immunization history and attest that the information is true to my knowledge. I understand that the information is strictly confidential and will not be released without my consent, unless otherwise permitted by law.

If my son/daughter is unable to sign the appropriate form(s), I hereby give my permission to the institution to release information from my (son/daughter) medical record to a physician, hospital, or other medical professional involved in providing emergency treatment and/or medical care.

I am aware that the Student Health Service charges for some services and I may be billed through the University Cashier if the account is not paid at the time of visit. I accept personal responsibility for payment of incurred charges.

I hereby authorize any medical treatment for my (son/daughter) that may be advised or recommended by the NC A&T SU Sebastian Health Center clinical staff.

Student Name (please print)

NCA&T SU Banner ID# (please print)

Signature of Parent/Guardian

Print Name of Parent/Guardian

Relationship to Student

Date

NCA&T SU Staff Only

_____ Print Name ____ / ____ / ____ Date Signed

_____ Staff Signature

EXPLORE
DISCOVER
BECOME



2017 Young Advocates Institute

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.

Name of Student Participant:	Date:
Signature of Parent/Guardian if under 18 years old:	



2017 Young Advocates Institute

North Carolina A&T University • Housing & Residence Life • Liability Waiver

ATTENTION SUMMER CONFERENCE PARTICIPANTS

(All parents/guardians must sign for students 17 years of age and under)

Your stay at NC A&T should be a positive experience. We would like to remind you of some of the Campus & Residence Life rules and regulations. For your safety and security, the following rules and regulations will be enforced throughout the program.

1. All participants are expected to remain on campus during their stay with the program.
2. Possession of or drinking of alcoholic beverages is not permitted.
3. Possession and/or use of marijuana and other controlled substances are illegal and will not be tolerated on campus.
4. Residence Hall quiet hours begin at 12:00 midnight. No noise will be tolerated after that time. If your program's quiet hours are before 12:00 midnight, you must comply with program quiet hours.
5. Lock your room! Hold on to your key! You are responsible for your belongings. Please turn in your key at checkout.
6. No personal guests are allowed in the residence halls except for parents and/or family members registered for the program.
7. For your personal safety, walk with a friend at night.
8. I agree to compensate and/or hold harmless North Carolina A&T State University for damages, arising out of any and all legal actions resulting from my stay in the residence hall.

I, _____, have read and understand the above rules and regulations and acknowledge that any behavior, which is potentially harmful or disruptive to others, may result in removal from the residence hall.

Student Name (Print)	Student Signature	Date
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Emergency Contact Person:

Parent/Guardian (Print)	Parent/Guardian Signature	Date
Home Phone Number:	Work Phone Number:	Cell Phone Number:



2017 Young Advocates Institute

Financial Assistance Scholarship

Please know that **only ten (10) scholarships** will be offered to youth in need of financial assistance. Those requesting a scholarship are encouraged to submit their completed participant registration and financial scholarship forms as soon as possible, as we anticipate many requests that will exceed the offered (10) scholarships.

Recipients of the financial assistance scholarship will be notified on or before JUNE 9, 2017.

In a minimum of 200 words and no more than 500 words, describe how the youth participant would benefit from participation in the 2017 Young Advocates Institute.



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 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 Themed WokeShops
6:45pm-7:30pm	Dinner
8:00pm-10:00pm	PoetrySlam and 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