**Mountains of Possibilities:**

**“Embracing Your Future”**

**2022 Youth Summit**

***Youth Registration Form***

***Due Tuesday May 31, 2022***

**Instructions:**

1. **Use one form per registrant, print clearly, and fill out completely.**
2. **Make a copy of this form for your records.**
3. **Give this completed form to your adult advisor.**
   1. Adult advisors are responsible for mailing all registration forms to Samantha Szoyka at 1925 N. Carson St. Carson City, NV 89701 or can be sent by email to [Samantha@pcccarson.org](mailto:Samantha@pcccarson.org).

**Camp Location:** University of Nevada, Las Vegas (UNLV)

4505 S. Maryland Pkwy, Las Vegas NV, 89154

**Camp Dates:** June 16-19, 2022

Participants will be given a packet with summit agenda and descriptions, packing lists, and general information prior to the event

**If you should have questions please contact:**

**E:** [**Info@carecoalitionnv.org**](mailto:Info@carecoalitionnv.org)

**P: 702-463-1415**

**You can also contact Samantha: 775-841-4730 ext. 201** [**Samantha@pcccarson.org**](mailto:Samantha@pcccarson.org)

**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age**:\_\_\_\_\_ **Gender:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Last (For lodging purposes only)

**Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**County**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Zip**:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Phone**: (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T-shirt Size**: S M L XL Other: \_\_\_\_\_\_\_\_\_\_

**Student Agreement:**

As a participant of the 2022 Embracing Your Future Youth Summit, I agree to have fun, give my best, do what I can do to enhance the summit for myself and for all the other participants, and abide by the following Code of Conduct:

1. I agree to abide by the rules and regulations for the Youth Summi.t
2. I agree to respect the property and others.
3. I agree that I will participate and attend all activities on time.
4. I understand that there will be no tobacco use, in any form during the summit.
5. I understand that cell phones and other electronics are not allowed during learning workshops, unless stated by facilitator or an emergency arises, and any violation will result in the item being held by staff.
6. I understand that illegal substances of any kind (including alcohol, nicotine/vapes, and marijuana) are not tolerated at the summit because they are destructive to the group and individual. Any participant under the influence or in possession of alcohol and/or other drugs will be immediately removed from the summit.

**If your agreement to the Code of Conduct is faulted, you will be dealt with in accordance with the following consequences:**

1. While hearsay alone cannot lead to immediate suspension, it will lead to an investigation.
2. Upon the determination that a violation has been committed, the participant will be sent home immediately at his/her expense.
3. In the event that a participant is knowingly found to be or admits to having been in the presence of a participant in violation of the above stated policy, disciplinary action will be taken at the discretion of the summit staff.

**Participant Consent:**

* I have read and understand the Summit Code of Conduct and consequences of the 2022 Embracing Your Future Youth Summit. I will adhere to them and realize that a violation of these rules may result in my being sent home early (at my own expense). I also agree to commit to the activities expected of me, as stated above.

**Signature of Participant**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental Consent & Contact Information:**

The following page **MUST** be filled out and signed by a parent or guardian if participant is under the age of 18. *If 18, please sign as self.*

* I give my permission for my child/myself, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the 2022 Embracing Your Future Youth Summit in person at UNLV.
* I hereby release all employees and associates of the 2022 Embracing Your Future Youth Summit from any liability resulting from events beyond its control. All employees and associates of the Embracing Your Future Youth Summit will make every effort to contact parents/guardians immediately if necessary.
* I have read and agree to support the regulations outlined in the “Student Agreement” section.

**PLEASE CHECK ONE:**

* I **DO** release the Embracing Your Future Youth Summit and affiliate partners to use all photographs and/or video/audio of me/my child taken during summit activities.
* I **DO NOT** release the Embracing Your Future Youth Summit and affiliate to use all photographs and/or video/audio of me/my child taken during summit activities.

**Guardian Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Guardian Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Guardian Day Phone #:** (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Guardian Cell Phone #:** (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Guardian Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical and Health Information:**

**Emergency Contact**: (Other than parent/guardian listed above)

**Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to registrant**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Health Insurance Carrier**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Policy Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your child have any Allergies and/or Dietary Restrictions?** Yes No

**If yes, please explain**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your child have any medical conditions we should know about?** Yes No

**If yes, please explain**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is your child currently taking any medications?** Yes No

**If yes, please explain and list medications**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your child have any physical limitations that we should know about?**

Yes No

**If yes, please explain**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your child have any mental health conditions we should know about?**

Yes No

**If yes, please explain:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered medically necessary in the best judgment of the attending physician, surgeon, nurse or dentist be performed under the supervision of a member of the medical staff of the hospital or facility providing medical or dental services. I hereby agree to waive all claims against Partnership Carson City, it’s officers, agents and/or employees and its affiliates including but not limited to Care Coalition, Churchill Community Coalition, Healthy Community Coalition, NYE Communities Coalition, PACT Coalition and Partnership Douglas County, or any agency and individual in which we partner with for a specific event or project. The named above will be held harmless and are not any and all liability of claims that may arise out of/or in connection with my child’s participation in this and any activities. Partnership Carson City, and its partners, provide no medical insurance for such treatment and the cost thereof will be my sole responsibility.

I fully understand that the participants are to abide by all the rules and regulations for any and all events and travel.

**Signature of Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**