"Be the influence to rise above the influence.
It's a state of mind. It's about taking control and choosing not to give into the pressures to drink, use drugs or bring yourself down to try to fit in."

Dear Retreat Youth Participant (and Participant Guardians):

Congratulations! By choosing to attend the Chittenden County Above the Influence Retreat you have made a decision to focus on your values and be a part of the bigger picture! You'll learn leadership skills, meet new people, and experience inspiration that will be felt long after the retreat ends!

Two retreats are offered this year on **Friday, March 23** and on **Friday, April 20th**. The retreats are presented as a collaborative effort between the coalition members of the Chittenden Prevention Network to support youth in Chittenden County. We are excited to offer these opportunities to middle school students who have a desire to positively impact their community and peers. All expenses - conference registration, transportation from a central location, and food - will be covered by funding from the organizations involved.

Inside this packet you'll see permission slips for both days. Students can attend one or both retreats. These days will be packed with fun and interesting workshops from professionals and high school students, will include team building challenges, and tons of other activities. You'll also get a chance to hang out, share your talents, and meet other tweens and teens interested in making healthy choices. This retreat is lead primarily by high school students.

To participate, please read this packet carefully and **return all relevant forms filled out by or before Friday, March 16, 2018.**

Please return paper forms to:
Jessica or Tara at BE Above or ATI meetings

We look forward to seeing you at the retreat!

"Like" us at Above the Influence:Chittenden County
facebook.com/ATIchittendencounty

 #ATNVT

Parent/Guardian Permission and Release from Liability Form
2018 Above the Influence Conference

RETREAT 1

On **Friday, March 23** our students have the opportunity to participate in a leadership conference with students from other Chittenden County coalitions at the O'Brien Community Center in Winooski. If your child has permission to attend this event, **please complete the information below and have your child return the form to: Jessica or Tara at BE Above or ATI meetings**

We MUST have the forms in this packet signed and returned by Friday, March 16, in order for your child to participate!

Student:

Name: _____

Gender: _____

Address:_____

_

Phone#: _____Email:_____

Grade: _____

School: _____

Friday, March 23:

___ Dover Youth to Youth

Spend the day with the highly engaged youth leaders from Dover, NH learning about advertising, public speaking, and how to talk to the media. You will also learn about how youth are targeted and marketed to by advertisers looking to make a profit by selling youth tobacco and e-cigarette products.

We'll have lots of cool stuff for students to learn and create at this event! The retreat on March 23 and on April 20 are designed to work together and we hope students can attend both!

Please note March 23 is an Inservice Day for several Chittenden County schools so some students do not have school that day. Transportation will be provided by schools and coalitions.

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RETREAT 2

On **Friday, April 20** our students have the opportunity to participate in a leadership conference with students from other Chittenden County coalitions at Essex CHIPs. If your child has permission to attend this event, **please complete the information below and have your child return the form to: Jessica or Tara at BE Above or ATI meetings**

We MUST have the forms in this packet signed and returned by Friday, March 16 in order for your child to participate!

Student:

Name: _____

Gender: _____

Address:_____

_

Phone#: _____Email:_____

Grade: _____

School: _____

Friday, April 20:

___ Create Social Change from Your Device

You'll work with local high school students and media experts to learn how to create a message for a specific audience to teach them something or help them pay attention to an issue with particular focus on alcohol, tobacco, e-cigarette and vape marketing. You'll help create a "storyboard" or plan for a video youth will produce that afternoon.

We'll have lots of cool stuff for students to learn and create at this event! The retreats on March 23 and on April 20 are designed to work together and we hope students can attend both!

Parent/Guardian Permission and Release from Liability Form
2018 Chittenden Prevention Network
Above the Influence Conference

Parent/Guardian #1:

Name: _____

Address (if different from above) :

_____

Phone#: _____Email: _____

Parent/Guardian #2:

Name: _____

Address (if different from above) :

_____

Phone#: _____Email: _____

In Case of Emergency:

Primary Emergency Contact

Name:_____

Phone:_____ Relationship to child: _____

Secondary Emergency Contact Name: _____

Phone: _____ Relationship to child: _____

Physician's Name and Phone #: _____

Medical Insurance Co. & Number: _____

Student Allergies: _____

Student Medical Conditions: _____

Student's medications (students are expected to be in charge of managing their own medications): _____

Special dietary requirements (vegetarian or vegan meals, gluten free, lactose free, etc.):

_____

Parent/Guardian Permission & Release from Liability Form
2018 Chittenden Prevention Network
Above the Influence Conference

Please check the boxes to give permission for your child.

By signing this form, I assume full responsibility for my child's involvement. I also agree to assume any risk of injury to my child or ward or to their property, while participating in the sponsored activities. I agree that if any loss or injury occurs to my child or their property that I will release from liability and make no claims against Burlington Partnership for a Healthy Community or Burlington School District, its agents, representatives, employees, and offices. If there is a claim against the Supervisory Union, I agree to indemnify and hold harmless the school, its agents, representatives, employees, and offices from any and all liability, claim, suits, expenses, and attorney's fees.

☐ I give my consent for medical treatment in case of an emergency, if I cannot be reached.

TRANSPORTATION: PLEASE CHOOSE ONE OPTION

☐ My child will be arriving and departing by their own means.

☐ My child will require transportation to/from the event. (Exact information on pickup and return time will be sent out one week prior to the event by your child's school.)

Please note that by signing this permission form you give permission to use your child's name and/or photograph when releasing information about the event to the local media. And for pictures of and/or works of art created by your child to be used by Chittenden Prevention Network affiliates in their publications (examples: newsletters, website, Facebook) in accordance with their standards and practices.

_____ _____

Signature of Parent or Guardian Date

_____

Printed Name of Parent or Guardian

_____ _____

Signature of Student if 18 or older Date

_____

Printed Name of Student if 18 or older