

ALASKA TOBACCO CONTROL ALLIANCE (ATCA) YOUTH SUMMIT REGISTRATION FORM

(To be completed by parent or guardian)

NAME OF PARTICIPANT _____ **DATE OF BIRTH:** _____

Sex: Female Male Age: _____ Present grade: _____ Email: _____

Group attending with: _____ Cell or home phone: _____

T-shirt size (adult sizes) _____

NAME OF CHAPERONE _____

Group: _____ Contact Number: _____

Organization: _____

Address: _____ City: _____ Zip: _____

NAME(S) OF PARENTS (OR GUARDIANS)

Father _____ Phone: Home _____

Work _____ Cell _____ Email _____

Mother _____ Phone: Home _____

Work _____ Cell _____ Email _____

Guardian _____ Phone: Home _____

Work _____ Cell _____ Email _____

MAILING ADDRESS - Street _____

City _____ State _____ Zip Code _____

Are parents living together? Yes No

Are there any custody or visitation restrictions? If so, describe

IF NOT AVAILABLE IN AN EMERGENCY, PLEASE NOTIFY: (this section must be filled out)

Name _____ Relationship to youth _____ Phone _____

Name _____ Relationship to youth _____ Phone _____

Who is your youth's primary care MD? Pediatrician Family Practitioner Don't Know Other _____

Name of youth's regular physician _____ Phone _____

Address: _____

What does your youth have for medical insurance?

Private insurance (Blue Cross/Blue Shield; HMO; PPO) Medicaid Other state public program

None Don't know

Name of Health Insurance Plan: _____

Policy or Group Number: _____

PARENT/GUARDIAN CONSENT FOR PARTICIPATION

I hereby give my consent for _____ to participate in Alaska Tobacco Control Alliance (ATCA) activities as a representative of his/her organization. I also give my consent for the above named student to accompany the group to ATCA Summit at the April 2011 Summit Event in Palmer, Alaska.

Parent/Guardian Name (Please print): _____

Parent/Guardian Signature: _____ Date: ____/____/____

INSURANCE COVERAGE & RELEASE OF LIABILITY

I/We understand that Information Insights does not carry medical or liability insurance covering participants in the Alaska Tobacco Control Alliance Tobacco Summit. I/We also understand that medical or liability insurance is my responsibility. I/WE, ON BEHALF OF MYSELF AND THE ABOVE NAMED STUDENT, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS INFORMATION INSIGHTS, ATCA, THEIR OWNERS, AGENTS, INSURERS, EMPLOYEES, VOLUNTEERS, AND OTHER PARTICIPANTS FROM ANY AND ALL LIABILITY, LOSS, DAMAGE, DEATH, OR INJURY TO THE STUDENT PARTICIPANT AS A RESULT, IN WHOLE OR IN PART, OF THE STUDENT'S PARTICIPATION IN THE ATCA SUMMIT. THE SCOPE OF THIS RELEASE IS INTENDED TO BE AS BROAD AND INCLUSIVE AS APPLICABLE LAW PERMITS.

Parent/Guardian Name (Please print): _____

Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian Name (Please print): _____

Parent/Guardian Signature: _____ Date: ____/____/____

PARENT/GUARDIAN CONSENT FOR EMERGENCY MEDICAL TREATMENT

In consideration of the above named student's opportunity to participate in ATCA activities, I give my consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named participant, by a physician, qualified nurse, or hospital in the event of illness or injury during all periods of time in which the participant is attending the ATCA Summit as a member of the Alaska Tobacco Control Alliance.

Coverage is provided as follows: Indian Health Svcs Military Private Insurance State of AK
 None, I will assume financial responsibilities for injuries.

Name of Insurer: _____

Group/Policy Number: _____ Phone of Insurer: _____

Parent/Guardian Name (Please print): _____

Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian Phone Number: _____

PARTICIPANT HEALTH HISTORY AND MEDICATION FORM

(TO BE COMPLETED BY PARENT)

CONFIDENTIAL

Youth's name _____ Height _____ Weight _____ Date of Birth _____

Please circle Yes (Y) or No (N)

1. Is this participant under regular care?..... **Y / N** Date of last appointment ____ / ____ / ____
2. The chaperon or organizers need to be aware if this youth has any of the following:
 - a. Known medical problems? **Y / N**
 - b. Known behavioral or psychological issues? **Y / N**
 - c. Foods that must be completely eliminated from this patient's camp diet?..... **Y / N**
 - d. Other allergy or sensitivity problems (including cosmetic)? **Y / N**
 - e. Specific medication issues?..... **Y / N**

Please explain any "yes" answers (please be specific) _____

MEDICATIONS:

DRUG NAME (include if it is an inhaler, nebulizer or pill)	STRENGTH	DOSAGE	FREQUENCY
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ALLERGY INFORMATION

Is this youth allergic to any:

MEDICATION? Yes No

Medication	Reaction (be specific)	Date of Last Reaction
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ALLERGY INFORMATION CONTINUED

Is this youth allergic to any:

FOOD? Yes No

Food	Reaction (be specific)	Date of Last Reaction
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_____	_____	_____
_____	_____	_____
_____	_____	_____

ANIMALS or INSECTS? Yes No

Animal or Insect	Reaction (be specific)	Date of Last Reaction
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_____	_____	_____
_____	_____	_____

LATEX? Yes No

Reaction (be specific)	Date of Last Reaction
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_____	_____
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OTHER ? Yes No

Allergy	Reaction (be specific)	Date of Last Reaction
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_____	_____	_____
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Any questions, please contact Information Insights at (907) 450-2450 or
alaskatca@gmail.com

This form may be faxed to (907) 450-2470, mailed to 212 Front Street, Ste 100, Fairbanks,
AK 99701, or emailed to alaskatca@gmail.com.

ADVISOR CODE OF CONDUCT

Before the Summit I will:

1. Meet with my group to discuss the Participant Code of Conduct and make sure all forms are properly filled out and signed.
2. Escort the students from my community to the ATCA Summit Event, stay with them at the conference, and participate in Summit activities.

During the Summit I will:

1. Act in an advisory capacity by maintaining awareness of the whereabouts of the members of my group, and by responding to any needs or emergencies that may arise.
2. Be responsible for the whereabouts of the members of my groups whenever the Summit is not in session.
3. Assist in enforcing behavior guidelines as detailed in the Participant Code of Conduct.
4. Abstain from using tobacco products, alcohol and other drugs, except those prescribed for me by a physician.

After the Summit I will:

1. Escort my group back to our community. If weather or other circumstances delay our trip, I will provide supervision for my group until we return home.
2. Meet with my group on a regular basis to help them carry out their action plans.
3. Encourage and assist my group in sharing Summit information with members of our community.

I have read the Advisor Code of Conduct. By signing this agreement, I commit myself to the above conditions before, during, and after the Alaska Tobacco Control Alliance Summit.

Advisor's Name (printed)

Advisor's Signature

____/____/____
Date

**INFORMATION INSIGHTS RELEASE OF LIABILITY
& HOLD HARMLESS AGREEMENT**

The Information Insights, Inc., an Alaskan corporation (the "Company") requires all participants in the ATCA Tobacco Summit in 2011 to sign this Release of Liability & Hold Harmless Agreement ("Release") before any youth can participate in the event. Parents or legal guardians must sign this Release for all participants under the age of 18.

I, the parent/legal guardian of _____, understand that my youth may need transportation to and from the Summit event. I understand that travel may involve risk of injury. I understand that these risks of travel include, but are not limited to, death and severe bodily injury. I also understand that these risks could lead to serious impairment of my youth's future ability to earn a living, engage in business, and generally enjoy life. Because of the dangers involved with travel, I understand the importance of any and all instructions regarding the use of safety belts, not distracting the driver, no standing up or excessive behavior and any other driver-imposed rules, and agree to instruct my child to obey all instructions given. In addition, I understand that the Company and its employees and volunteers attempt to provide adequate supervision, but that due to the nature of the Summit, there may be times when my youth has minimal supervision.

In consideration for being allowed to attend the event, and for the employees and volunteers of the Company transporting my youth to and from activities related to the Summit, I agree to **RELEASE, HOLD HARMLESS** and **INDEMNIFY** the Company and its affiliates, owners, volunteers, employees, and agents from any and all liability, causes of action, losses, costs, damages, expenses, claims, including attorneys' fees arising out of or resulting from any such claims or suits by or on the behalf of any persons, or demands of any nature, arising out of or in any way connected with the participation of the minor I am signing on behalf of in the Summit, to the full extent permitted by law. I personally assume all risks in connection with these activities. I further agree to **HOLD HARMLESS** and **INDEMNIFY** the Company and its affiliates, owners, volunteers, employees, and agents from all liability, claims and causes of action which the minor may have arising from the minor's participation in these activities, to the fullest extent permitted by law. The terms of this Release shall also extend to my heirs and personal representatives. This Release shall be governed by the laws of the State of Alaska, and the venue of any dispute that arises out of this Release shall be in Fairbanks, Alaska.

In signing this form, I certify my understanding of this form and agree to instruct my youth to abide by all of the instructions given to my youth by the event volunteers, employees, or agents during my youth's stay and participation in the event.

I, as the parent(s)/legal guardian(s), have read this Information Insights Release of Liability and Hold Harmless Agreement and understand its terms. I understand that the Summit event may involve some risks, including, but not limited to those outlined above. I understand that this is a release of liability. The terms hereof serve as a release, indemnification, and assumption of risk for me, my youth, and heirs, estate, and for all members of our family.

Parent/Legal Guardian Signature Date

Parent/Legal Guardian Printed Contact Number

Parent/Legal Guardian Signature Date

Parent/Legal Guardian Printed Contact Number