

## 2009 YOUTH SUMMIT APPLICATION

**What is YOUTH SUMMIT?** - Youth Summit is a free three day fun filled event at Valley of the Moon Camp in Sonoma County, California, July 22<sup>nd</sup> to 24<sup>th</sup>. The purpose of Youth Summit is to prepare students to participate in tobacco-free campaigns, in their schools and communities. There will be exciting workshops in the daytime and fun activities at night! Students will have fun, learn skills, and become positive active members in our community. The Youth Summit is sponsored by Breathe California - Sacramento Emigrant Trails, Sacramento Chinese Community Service Center, and funded by the Sacramento County Health & Human Services Department and Sacramento County Tobacco Litigation Settlement Funds.

Youth Summit participants will have the option of joining one of the following projects:

**SECOND HAND SMOKE TASKFORCE:** Youth Summit participants along with staff members will work together to designate an area of Sacramento County where exposure to outdoor second hand smoke must be reduced. Together they will advocate for a more breathable Sacramento.

**HOOKAH TASKFORCE:** Youth Summit participants and staff will work together to educate community of the harms of hookah use. Together they will help prevent hookah use among teens, and young adults.

What you will gain from Youth Summit:

- An amazing volunteer experience
- Community service hours
- Networking and New Friendships
- Increase Self-Esteem and Social Skills
- Leadership Skills

What we look for in participants:

- Interest in tobacco-free advocacy
- Willingness to participate in activities
- Enthusiasm and Dedication
- People who like to have fun
- POSITIVE ATTITUDE



Food, lodging and transportation are all included in this free Youth Summit. Staff, youth group adult advisors, and adult chaperones will be present at all times.

Name: \_\_\_\_\_

Which Project Might You Be Interested In?: \_\_\_\_\_

2009 YOUTH SUMMIT APPLICATION

YOUTH SUMMIT 2009  
July 22<sup>nd</sup> - 24<sup>th</sup>, 2009, Glen Ellen, California  
YOUTH PARTICIPANT APPLICATION

**IMPORTANT:** Return this form and the attached waiver by Wednesday, July 1st, 2009 to:  
Cynthia dela Cruz at 420 I Street, Suite 5, Sacramento, CA 95814 or Faxed to (916) 442-4281.  
Questions? Call (916) 442-4257 or email c.f.delacruz@gmail.com

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

COUNTY: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ ) \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PARENT(S) NAME/GUARDIAN: \_\_\_\_\_

PARENT(S)/GUARDIAN WORK PHONE NUMBER: \_\_\_\_\_

PARENT(S)/GUARDIAN CELL PHONE NUMBER: \_\_\_\_\_

Please indicate special medical information including allergies to medications and/or foods:

\_\_\_\_\_  
\_\_\_\_\_

Food requirements (i.e. Vegetarian): \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

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

Policy Holder's Number: \_\_\_\_\_

Emergency Telephone Number: \_\_\_\_\_

Family Physician/Medical Group & Telephone Number: \_\_\_\_\_

## 2009 YOUTH SUMMIT APPLICATION

**Persons to Contact in Case of an Emergency:**

	Contact #1	Contact #2
Name:		
Relation:		
Telephone:		

Participant's GENDER:     <sub>1</sub> Male     <sub>2</sub> Female    Participant's AGE: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade \_\_\_\_\_  
(School year '08/'09)

**Ethnicity ( one):** *OPTIONAL*

- |   |  |
|---|--|
| <input type="checkbox"/> <sub>1</sub> African/African-American<br><input type="checkbox"/> <sub>2</sub> Asian/Asian American<br><input type="checkbox"/> <sub>3</sub> Caucasian/White<br><input type="checkbox"/> <sub>4</sub> Mexican-American/Latino(a)<br><input type="checkbox"/> <sub>5</sub> Middle Eastern | <input type="checkbox"/> <sub>6</sub> Native American/American Indian<br><input type="checkbox"/> <sub>7</sub> Pacific Islander<br><input type="checkbox"/> <sub>8</sub> Russian/Ukrainian<br><input type="checkbox"/> More than one race<br><input type="checkbox"/> Other: _____ |
|---|--|

T-Shirt Size ( one)     <sub>1</sub> S     <sub>2</sub> M     <sub>3</sub> L     <sub>4</sub> XL     <sub>5</sub> XXL

**I have attended the:** ( all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> <sub>1</sub> Youth Summit '02 Conference<br><input type="checkbox"/> <sub>2</sub> Youth Summit '03 Conference<br><input type="checkbox"/> <sub>3</sub> Youth Summit '04 Conference<br><input type="checkbox"/> <sub>4</sub> Youth Summit '05 Conference | <input type="checkbox"/> <sub>5</sub> Youth Summit '06 Conference<br><input type="checkbox"/> <sub>6</sub> Youth Summit '07 Conference<br><input type="checkbox"/> <sub>7</sub> Youth Summit '08 Conference<br><input type="checkbox"/> <sub>8</sub> None, this is my first Youth Summit! |
|--|---|

**Any Other Special Instructions:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## 2009 YOUTH SUMMIT APPLICATION

### Tobacco Education Department

The 2009 Youth Summit is sponsored by the Sacramento Chinese Community Service Center and funded by the Sacramento County Department of Health & Human Services

420 I Street, Suite 5, Sacramento, CA 95814  
PHONE - (916) 442-4257 FAX - (916) 442-4281

## WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT

MINOR

Activity Description: The 2009 Youth Summit will be held on July 22<sup>nd</sup> – 24<sup>th</sup> (three days and two nights) at Valley of the Moon Camp in Glen Ellen, California. Youth will be participating in several training workshops on tobacco, advocacy, and leadership skills. The youth will also be participating in various physical activities including icebreakers and team building. The youth will travel in a chartered bus to and from the Youth Summit.

In consideration of the minor child being permitted by the Sacramento Chinese Community Service Center to participate in the above-described activity, each of us hereby waives, releases, and discharges any and all claims and damages for personal injury, death, or property damage which said minor child may sustain or which may occur as a result of the minor child's participation in said activity.

Each of us understands that:

1. this release is intended to discharge in advance Sacramento Chinese Community Service Center, its officers, employees and agents from and against any and all liability, even arising out of its/their own negligence or carelessness, connected in any way with the participation of the minor child in said activity;
2. the described activity may be of a hazardous, strenuous, and/or physical nature;
3. participation in the described activity may occasionally result in injury, death or property damage;
4. knowing the risks involved, nevertheless each of us has requested permission for the minor child to participate in the above described activity;
5. we assume all risks of injury, and to release and hold harmless Sacramento Chinese Community Service Center, its officers, employees and agents (even for their own negligence and carelessness);
6. this waiver, release, and assumption of risk is to be binding on the heirs and assigns of each of the undersigned;
7. we will indemnify and to hold Breathe Sacramento Chinese Community Service Center harmless of any loss, liability, damage, cost or expense, including litigation, which they may incur as a result of any injury and/or property damage which said minor may sustain while participating in said activity;
8. we will make good any loss or damage or cost Sacramento Chinese Community Service Center may have to pay if any litigation arises on account of any claim made by said minor or by anyone on said minor's behalf;
9. in the event that said minor requires medical or surgical treatment while under the supervision of Sacramento Chinese Community Service Center personnel in connection with the described activity; such supervisor may authorize treatment;
10. we will pay all medical, hospital, or other expenses which said minor may incur as a result of such treatment;
11. we expressly permit said minor child to travel by private automobile or County vehicle to activities and events related to the above described activity;

**2009 YOUTH SUMMIT APPLICATION**

12. give permission to Sacramento Chinese Community Service Center to use any and all photographs taken of my child during the 2009 Youth Summit to use in printed materials or for posting on their website, I hereby waive any rights or interests that I might have in any or all images.

I certify that I have custody or am the legal guardian of said minor by court order, and that said minor is physically able to participate in the activity set forth above.

I have carefully read this Waiver of Liability, Medical Release, and Indemnification Agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and Sacramento Chinese Community Service Center, and that I sign it of my own free will.

Name of participant: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/legal guardian : \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/legal guardian : \_\_\_\_\_ Date: \_\_\_\_\_

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Instructions on where to meet up in Sacramento and tips on what to pack for this camping trip will be given to you when your application is accepted.