



Application and Participant Form

Instructions: Complete the registration form in its entirety and return to the DCHSAP Youth Council Coordinator prior to participant's involvement in the related activity(s). Parent or legal guardian signature is required on application.

Student's Name: _____ Student Cell: _____

Address: _____
Street City State Zip

Birth Date: ___/___/___ Age: ___ Sex: M/F E-mail: _____
Mo. Day Year

School: _____ Grade: _____ T-shirt Size: _____

Please list any activities that you will be involved with this year (i.e. sports, band, job, ect.).

Parent/Legal Guardian: _____ Relationship: _____

Phone Number: Day _____ Night _____ Cell _____

Medical Information:

In the event of an accident or special health needs, it will be necessary for us to have the requested information. Please make sure that you provide thorough and accurate information.

<p>List any current prescription or over the counter medications your child is currently taking, and/or special conditions that may require program accommodations (asthma, allergies, injury, ect.)</p> <hr/> <hr/> <hr/> <hr/>	<p>Health Information: Do you have, or have you had:</p> <p>Recent Serious Injury? Yes / No</p> <p>Recent Surgery? Yes / No</p> <p>Chronic Medical Condition? Yes / No</p> <p>Other Health Concerns? Yes / No</p> <p>If Yes to any of the above items, please describe:</p> <hr/> <hr/>
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Emergency Information:

In case of an emergency, contact: _____

Relationship: _____

Phone number: Day _____ Night _____ Cell _____

I, _____, being the legal guardian of _____ give my permission to the Dothan-Houston County Substance Abuse Partnership's staff to provide emergency medical treatment that may be deemed necessary to insure the well being of the named student. I, the undersigned, do hereby verify that the above information is correct and do hereby release and forever discharge all from any and all claims, demands, actions, or cause of action arising out of damage or injury while participating in Dothan-Houston County Substance Abuse Partnership Youth Council activities.

X _____ Date _____
Required Parent/ Legal Guardian Signature

Dothan-Houston County Substance Abuse Partnership Youth Council Pledge



I, _____, do hereby verify that the above information is correct and complete to the best of my knowledge. I do agree to be an example to my peers, my family, my community, and to myself by leading a drug and alcohol free lifestyle. I, as an active member of the Dothan-Houston County Substance Abuse Partnership Youth Council swear to abide by and maintain the values of the Youth Council Program. I believe in the program and its values. I am aware that by signing this pledge, I am making a formal commitment to maintaining an alcohol, tobacco, and drug-free lifestyle. I will remain actively involved with the program. By joining the Youth Council, I recognize that I will be looked upon as a role model by younger youth, my peers and my community. I recognize that the commitment to stay alcohol, tobacco, and drug-free is sometimes difficult, but I will do my best to make healthy choices and I will support my peers in the Youth Council as they also make healthy choices. I am committed to staying drug-free!

X _____ Date _____
Required Student Signature

Agreement To Attend, Participate, Assumption Of Risk And Release Of Liability

I agree to allow my adolescent to participate in the Dothan-Houston County Substance Abuse Partnership Youth Council Program. Should injury result during a Youth Council activity or transportation to or from an activity, I agree to waive any liability or right of civil action against the Dothan-Houston County Substance Abuse Partnership staff, volunteers or sponsors associated with the Youth Council. In the event of an emergency where I, or the emergency contact, cannot be reached, I give my permission for the adult staff of the Dothan-Houston County Substance Abuse Partnership Youth Council to act on my behalf requesting emergency care for my adolescent. The decision to attend a Youth Council program and the decision to participate in any activity of the Youth Council is at all times completely up to the adolescent's choice. If there is attendance by the member, there is a risk, which must be assumed by each member. Although it is the goal of Dothan-Houston County Substance Abuse Partnership Youth Council to maintain physical and social safety for each member of the Youth Council, each member must assume the risks.

In recognizing that the activities of the Dothan Houston County Substance Abuse Partnership youth Council often results in Media Coverage, I agree to allow my adolescent to be photographed and/or make statements that can be used in any media report or press release. This includes media coverage on TV, radio or in print. My child may volunteer to participate in the production of radio or television public service announcements or the Dothan Houston County Substance Abuse Partnership and Scenic Production's "Teen Talk" show.

I have read this complete document and I understand the information contained herein. I have freely and voluntarily signed this document.

X _____ Date _____
Required Signature of Student

X _____ Date _____
Required Signature of Parent/Legal Guardian

Guidelines for Youth Council Members

- Members must abide by pledge. If any use of ATOD (Alcohol, Tobacco and other drugs) is reported by the school, parent or other youth council member, the member will be suspended. If ATOD use is suspected, the issue will be addressed by a meeting between the member and Youth Council Coordinator.
- Members must volunteer 10 community hours a quarter (every four months). If you cannot meet this requirement due to conflicts with band, work, sports, etc., you must meet with the youth council coordinator to address this issue.
- Members must attend all meetings. If you cannot make a meeting, you must call or email the youth council coordinator ahead of time. Three missed meetings without prior knowledge will result in being put on probation.
- Members must maintain a “C” average in all their classes. Members will be expected to bring a copy of progress reports in as they are administered. We will sometimes need students to do activities during school hours and they must be passing their classes in order to participate. Also, if a member were to go on a trip for multiple days, they must have a “B” average to participate.
- If you volunteer for an activity, including but not limited to Teen Talk, skits, fundraising events, media events or community service events, and do not show or call in, you will be immediately placed on probation. People are counting on us to perform and we must keep our word.
- Youth council members are expected to behave appropriately at all times. This means setting a positive example for peers, school, the community and other youth council members.

Your commitment to the youth council program is very important! By signing the youth council pledge and guidelines, you are committing to be an active member. You are an example to the community and your peers by taking a stand against alcohol, tobacco and other drugs.

Youth Council Pledge

I, _____, as an active member of the Dothan-Houston County Substance Abuse Partnership Youth Council swear to abide by and maintain the values of the youth council program. I believe in the program and its values.

I am aware that by signing the pledge, I am making a formal commitment to maintaining an alcohol, tobacco and drug-free lifestyle. I will remain actively involved with the program and promise to abide by the youth council guidelines to the best of my ability. By joining the youth council, I recognize that I will be looked upon as a role model by younger youth, my peers and the community.

I recognize that the commitment to stay alcohol, tobacco and drug free is sometimes difficult but I will do my best to make healthy choices and I will support my peers in the youth council as they also make healthy choices.

Signature of member

Date

Youth Council Coordinator

Date

Youth Council Application

The Dothan-Houston County Substance Abuse Partnership youth council program is for students in the 8th-12th grades. Anyone interested in becoming a member of the youth council program (including present members) is required to:

- Complete the attached application
- Sign the youth council pledge and guidelines
- Obtain a recommendation letter from a school teacher, counselor or principal of you choosing.

Any questions or concerns should be addressed to Terry Grimes, youth council coordinator, at 334-699-2813 or tgrimes@wiregrasspartnership.com.

Thank you!!

Return application to:
Dothan-Houston County Substance Abuse Partnership
Terry Grimes
3124 W Main Street ste. 10
Dothan, Al 36303