

## FACILITATOR TRAINING REGISTRATION

NAME (Print): \_\_\_\_\_ AGE: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_ Graduation Yr.: 20\_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
CITY: \_\_\_\_\_ Zip: \_\_\_\_\_ CELL PH: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
eMail: \_\_\_\_\_

Member of: Group/Club Affiliation: \_\_\_\_\_

Experience In Group Facilitation: ☐ Yes ☐ No

What type of group? \_\_\_\_\_ How often: \_\_\_\_\_

What type of group? \_\_\_\_\_ How often: \_\_\_\_\_

### LETTER OF AGREEMENT

The Lake & Geauga County Youth Led Prevention Planning and Training Committees *Facilitator Training* will be held on Saturday, February 11, 2012 at the Chardon United Methodist Church from 8:30am-6:45pm at a cost of **\$10 (checks made out to the Geauga County Educational Service Center)**. To insure understanding of the conditions of your participation, we need you to read and sign this agreement of the following conditions.

#### **At The Training**

1. I will attend all sessions while at the training.
2. I will remain at the training all day and not leave early without prior approval of parents **AND** training coordinator.
3. I understand that **DINNER is part of the training** and I will remain through the dinner activity.
4. I will respect the rules set forth for this training.
5. I will treat both staff and other participants with courtesy and respect.
6. I will abide by the Cell Phone Policy set forth:
  - Cell phone use, including texting, is limited to official breaks and mealtimes.
  - Breaking this rule will result in: 1st offense - warning; 2nd offense - confiscation of cell phone (phone to be returned at end of training).
7. I understand that **to qualify for the 7th and 8th grade Camp Burton Youth Staff training my attendance in the Facilitator Training is mandatory**. The Youth Staff training will be held Monday, February 20.
8. I understand that the **DANCE**, from 7:00 – 9:00pm, is optional and the cost for the **Dance** will be **\$1** or a **can of food**.

I have read the above information and agree to the Letter of Agreement terms and conditions.

\_\_\_\_\_  
*Student Signature*

#### **IN CASE OF EMERGENCY**

1. Please contact \_\_\_\_\_ at \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_.  

NamePhoneRelation
2. Food allergies: \_\_\_\_\_ and \_\_\_\_\_.
3. Other needs: \_\_\_\_\_

I give my permission for son/daughter (print name), \_\_\_\_\_, to participate in the Lake & Geauga County Youth Led Prevention Planning and Training Committees *Facilitator Training* on February 11, 2012. I have read the above information and agree to have my child participate in the training.

**\*\*\*\*\*Registrations are due by Tuesday, February 7.\*\*\*\*\***

**Send forms to Officer Turoczy at [lisa.turoczy@lakecountyohio.gov](mailto:lisa.turoczy@lakecountyohio.gov) to hold your spot.**

\_\_\_\_\_  
Parent(s) Name – Please Print

\_\_\_\_\_  
Signature

*Sponsored by: Lake & Geauga County Youth Led Prevention Planning and Training Committee*