

Geauga and Lake County

# Youth Led Prevention

*...preparing youth to be leaders among their peers in the process of prevention.*

## Instructions

1. Print all 7 forms from website: [www.lakecountyohio.gov/LCNA](http://www.lakecountyohio.gov/LCNA).
  - a. Lock-in Cover Letter
  - b. Registration Information
  - c. Emergency Medical Form
  - d. Objectives and Payment form
  - e. Photo/DVD Release form
  - f. Ground Rules
  - g. Lock-In Flyer
  - h. Map to Camp Burton
2. Fill out all areas on applicable forms.
3. Have **Parents sign** forms.
4. Email Officer Turoczy ([lisa.turoczy@lakecountyohio.gov](mailto:lisa.turoczy@lakecountyohio.gov)) and let her know you are coming to the Lock-In **no later than Monday, November 14** to reserve your spot.
  - a. Include in your email a **phone number** where Officer Turoczy can contact you if needed.
5. You can bring your money to the training Friday afternoon, however, your registration needs to be in by Monday, November 14. If you register and don't show up you are still liable for the \$20.00 payment.
  - a. All checks made out to **Geauga County Educational Service Center**.
6. Dress for lots of fun and activities. We will not be outside; however there will be walking to and from the gym in whatever weather we might have. Skirts are not the best idea.

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October 25, 2011

Dear Participant,

I would like to invite you to the Geauga & Lake Youth Led Prevention Lock-In. The purpose of this letter, and the enclosed material, is to give you more information about the lock-in and the registration materials needed to be a participant. The cost of this program is \$20.

The YLP lock-in will be held at Camp Burton, Friday night through Saturday morning, November 18 & 19, 2011. Camp Burton's buildings are heated so even if it gets cold outside, we will be able to stay warm. If you have any questions about the operations of Camp Burton the phone number is (440) 834-8984.

Registration will begin at 4:00pm on Friday, November 18<sup>th</sup>. You will be served dinner on Friday and breakfast on Saturday. We will also have snacks provided.

Please read and sign the enclosed ground rules to make sure that you understand them, and can live with all of the rules.

You will need to bring the following items to the training with you.

- Sleeping bag or blankets is a must!!!
- Pillow
- Towel
- Soap
- Shampoo
- Casual Clothes
- Notebook & Pencil
- Sleeping Attire
- Jacket or coat
- Flashlight
- Toiletry articles

The schedule is very full and we will be staying up late Friday night so try to get a good night's sleep on Thursday night so you will be ready to go all day on Friday.

If you have any further questions, please call Kerri Quay at the Geauga County Educational Service Center at (440) 823-7902, or in Lake County call Pat Willis at Lake County Narcotics Agency (440) 350-3302, or ask your school advisor.

Yours truly,

Advisory Board

**Jamie Anderson**  
Bridges

**Shari Bearce**  
Lake County Narcotics Agency/P.L.U.S.

**Mary Alice Bell**  
Ravenwood Mental Health Center

**Rae Grady**  
Crossroads

**Karen Lackey**  
Teen Pregnancy Prevention

**Carol Leikala**  
Ledgemont Local Schools

**Julie Novotny**  
YLP Alumni

**Matt Peterson**  
YLP Alumni

**Kerri Quay**  
Teen Pregnancy Prevention

**Jennifer Roberts**  
Signature Health

**Jennifer Sevits-Vittek**  
Lake County Narcotics Agency/P.L.U.S.

**Lisa Turoczy**  
Lake County Narcotics Agency/P.L.U.S.

**Paulie Velotta**  
Crossroads

**George "Pat" Willis**  
Lake County Narcotics Agency/P.L.U.S.

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**REGISTRATION INFORMATION**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CITY: \_\_\_\_\_ Zip: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**LETTER OF AGREEMENT**

The Geauga & Lake Youth Led Prevention Training on Alcohol and Other Drug Abuse will be held on November 18 & 19, 2011. To insure your understanding of the conditions of your participation we need you to read and sign your agreement of the following conditions.

**AT THE LOCK-IN**

1. I understand the training I will receive is only the first phase; it prepares me for the work my club will be doing during this school year.
2. I will attend all sessions and activities while at the training.
3. I will get enough sleep to be alert at all sessions.
4. I will respect the rules of this YLP training and especially those regarding abstinence from all mood-altering drugs.
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 mealtimes at the designated site; on the cement pad in front of Len Hall.
  - A phone call home to parents may be made from cabin after evening activities.
  - No cell phone use including no "texting" after official lights out.

**AFTER THE 2011 Youth Led Prevention Training**

1. I will plan to be an active member of my Youth Led Prevention group (SADD, TI, TPP, GOTTHA, etc.) and help with several presentations during the 2011-12 school year.
2. I will help our group plan programs for any of the following target groups: elementary students, middle school students, high school students or adult groups.
3. I will attend regularly scheduled meetings held at my school and other county trainings offered this school year.
4. I will work cooperatively with the members of my youth led prevention group.

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

I give my permission for son/daughter \_\_\_\_\_ to participate in the Lake & Geauga Youth Led Prevention Lock-In on November 18 & 19, 2011. I have read the attached information and agree to the letter of agreement.

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

\_\_\_\_\_  
Parent Signature

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**EMERGENCY MEDICAL AUTHORIZATION**

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Please Print

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**RESIDENTIAL PARENT OR GUARDIAN** - Please Print

1. Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Ph: \_\_\_\_\_

2. Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Ph: \_\_\_\_\_

**RESPONSIBLE ADULT TO CALL IF PARENT CANNOT BE REACHED** - Please Print

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Ph: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Ph: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Ph: \_\_\_\_\_

**I HEREBY GIVE CONSENT FOR THE FOLLOWING MEDICAL CARE PROVIDERS AND LOCAL HOSPITAL TO BE CALLED:** -Please Print

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Hospital: \_\_\_\_\_ Nearest ( ) Phone: \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. ***Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:***

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

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print

Address: \_\_\_\_\_

**REFUSAL TO CONSENT**

**I do not give my consent for emergency medical treatment of my child/guardian. In the event of illness or injury requiring emergency treatment, I wish the assigned authorities to take the following action:**

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

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print

Address: \_\_\_\_\_

In consideration of my child being allowed to participate in this event, on behalf of my child, my spouse, and myself, I hereby assume all risks in connection with the event and further release the employees, their employers, and all volunteers from all claims, judgments, and liability for any injury or damage due to the child's participation in the event, including all risks connected, therewith, whether foreseen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my child.

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

***This form must be returned BEFORE the student will be permitted to participate.***

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## **LEADERSHIP TRAINING EMPHASIZING PREVENTION FOR OUR YOUTH**

The Geauga County Educational Service Center along with other youth-serving agencies Crossroads, Lake County Narcotics Agency, and Ravenwood Mental Health Center, are sponsoring a Youth Led Prevention lock-in. The training will be held on November 18 & 19, 2011 at Camp Burton. Camp Burton is located just north of Burton Square on Butternut Road. Registration for the training will begin at 4:00 p.m. on Friday and we will conclude at about 10:30 a.m. on Saturday. Participants will stay overnight and all meals will be included in this program.

The objectives of the workshop are to:

1. Inform students with useful facilitation information and application that will benefit them as leaders among their peers.
2. Help develop trained student teams in local communities to assist with youth led prevention programs.
3. Develop projects for student and community awareness concerning youth led prevention.
4. Have students examine the issues they see impacting their peers at school, online, and among friends.

**COST:** The registration fee is **\$20.00** per student. This money will be used to help pay for some of the costs involved with this training.

Make checks payable to: **Geauga County ESC**

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**GEAUGA COUNTY EDUCATIONAL SERVICE CENTER PHOTO/DVD RELEASE FORM**

I, \_\_\_\_\_, parent/guardian of below named child,  
(Please PRINT first & last name)

give permission to the Geauga County Educational Service Center to photograph/video-tape my child during the 2011 Youth Led Prevention Lock-In. I understand that the photograph/video-tape may be used for promotional purposes, including newspaper articles, publications and other publicity materials.

**Child's Name:** \_\_\_\_\_  
(Please PRINT first and last name of child)

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**GROUND RULES**

LAKE & GEAUGA  
YOUTH LED PREVENTION PROGRAM

1. Nobody is allowed to leave the grounds of Camp Burton without permission of the camp director.
2. Participants must attend all sessions and groups at the scheduled times.
3. No use of drugs or mood altering chemicals.
4. Respect other people and property.
5. No iPods, MP3, or other electronic equipment is allowed at the Camp.
6. Participants must be in their sleeping area after lights out.
7. Participants are urged to help keep the building clean and neat during our stay.
8. Bus your own table at all meals.
9. Be supportive of other participants. Do not make “killer” statements or statements that put down another person.
10. Cell Phone Policy:
  - Cell phone use, including texting, is limited to mealtimes at the designated site; on the cement pad in front of Len Hall.
  - A phone call home to parents may be made from cabin after evening activities.
  - No cell phone use including no “texting” after official lights out.

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Student Name – *Please Print*

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Student Signature

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Parent(s) Name – *Please Print*

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Parent Signature