

# The Willow Tree Teen Institute

## 2005 Registration Form

**Instructions for**

**Participants & Parents:** Please complete all information asked for on this form. PRINT clearly.

1. Please give your parents the "Letter to Parents or Guardians" from The Willow Tree, Inc.
2. Be sure to have your parents or guardians complete your **Health History** on page 2.
3. Please have your parents or guardians read & sign the **Consent and Release Section** on page 3.
4. Also, please be sure to read and sign the **Code of Conduct** that pertains to you on page 4.
5. When your registration form is complete and signed by both you and your parents, please be prompt in returning this form to your advisor so s/he may mail it to Willow Tree on time.

*(If your school/group opts for early submission to receive a \$10 per person discount, your material must be returned to your advisor no later than June 20<sup>th</sup>. If your group has chosen the later submission date, your Form must be returned to your advisor no later than September 25<sup>th</sup>)*

**Print Participant's Name:**

	First	Last
<b>Mailing Address</b>		
	Street	Apt #
City/Town	State	Zip Code
Home Phone (     )	E-mail Address:	
Cell Phone (     )	Fax: (     )	
School or Group you're attending with:		
Circle One:	(1) I am an Advisor	(2) I am a Student
		(3) I am a WTTL
Grade during 2005 - 2006 school year ... <b>please circle</b>	6	7    8    9    10    11    12
Sex	Age	Birth Date
<b>Ethnic Background*</b> please circle	<u>Caucasion/Wht</u>	<u>African American/Blk</u>
	<u>Middle Eastern</u>	<u>Native American</u>
	<u>Indian</u>	<u>Mixed</u>
	<u>Hispanic</u>	<u>Asian</u>
	<u>Other</u>	
* [For statistical purposes and so that we may create groups that reflect the rich and diverse nature of New Jersey]		
T- Shirt Size (adult sizes):	S	M    L    XL    2XL    3XL    4XL

<b>Mothers Name:</b>	<b>Fathers Name:</b>
Home Phone:	Home Phone: <i>(if Different)</i>
Day Phone:	Day Phone:
Evening Phone:	Evening Phone:
Cell Phone:	Cell Phone:
email:	email:

***Important:***

*Please have your parents fill out the following Parent/Guardian Consent and Release Form and Health History.*

# WTTI 2005

## Parent/Guardian Consent & Release Form

To be filled out by parent or guardian

**Print Name of Participant:** \_\_\_\_\_

**Consent for Attendance:**

**Initial for Approval:** \_\_\_\_\_

I hereby give permission for the Participant named above to attend (1) the Willow Tree Teen Institute & (2) the WTTI Reunion, both to be held at Camp Ralph S. Mason in Hardwick, New Jersey. Program Dates are: (1) WTTI: Nov. 10-13, 2005 and (2) Reunion: Monday, May 15, 2006. I have also read Willow Tree's "Letter to Parents" and have reviewed & understand the qualifications for students attending WTTI.

**Medical Consent:**

**Initial for Approval:** \_\_\_\_\_

I understand that WTTI programs are conducted in a camp setting. I hereby authorize appropriately trained WTTI or camp personnel, or other medical personnel designated by WTTI, to administer first-aid treatment to the participant if necessary. In the event that the participant suffers a serious injury or illness, I understand that WTTI will notify me as soon as possible to obtain my approval for treatment. In the event that efforts to contact me are unsuccessful or are not possible during emergency circumstances, I hereby authorize the attending physician to administer any treatment including surgery which he or she deems necessary. I understand that I will, in any event, be contacted as soon as possible. I further give permission for the participant to receive aspirin, Tylenol, Pepto Bismol for upset stomach, Robatussin for cough, Benadryl for allergic reactions, or other over-the-counter medicine as needed, under the supervision of WTTI medical personnel.

**Payment for Medical Treatment:**

**Initial for Approval:** \_\_\_\_\_

I agree to be responsible for paying any medical bills, either directly or through insurance payments, that may result from any treatment deemed necessary by medical personnel.

**Consent for Photographs:**

**Initial for Approval:** \_\_\_\_\_

I hereby give permission for photographs, video and film to be taken of Participant at all WTTI events, and for photographs or video in which Participant is included to be used for purposes of The Willow Tree publicity in print, video, film, clothing line, promotional product and/or internet formats for our website: [www.willowtree.org](http://www.willowtree.org)

**Consent for Questionnaires & Survey:**

**Initial for Approval:** \_\_\_\_\_

I hereby give permission for the participant named above to respond to:

- (1) Questionnaires assessing risk & protective factors and personal assets;
- (2) A Survey asking six open-ended questions; and
- (3) Pre/Post Questionnaires testing for conference lessons learned & for program evaluation.

Re: Privacy Rights: Questionnaires: No names will be given. Survey: Only first names & grades will be requested, thereby assuring privacy with all items.

The purpose of the Questionnaires is to identify an issue of concern for which youngsters can develop an action plan to resolve. The Survey asks youth: "If you could teach (parents, teachers, other adults, peers & the government) one thing, it would be ..." It also asks what they would like to remember about being a child. After surveying 2500 youngsters, a report called "Lessons from the Children" will be produced & shared with adults to increase their effectiveness with children.

**Release of Liability:**

**Initial for Approval:** \_\_\_\_\_

For and in consideration of the participation of the participant in WTTI program(s), I hereby release and hold harmless the Willow Tree, Inc., A Not-For-Profit Corporation and Camp Ralph S. Mason, their officers, employees, volunteers or agents, and any medical personnel they select, from any and all liability or damages including accidental injury or illness which may occur during the participant's attendance at WTTI.

*Thank you!*

Please turn to "Health History" next page.

# WTTI 2005 Health History

To be filled out by self (*if an adult*), parent or guardian

## Print Name of Participant:

Physician or Family Clinic \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Do you have insurance coverage for the participant named above? \_\_\_\_\_ Yes                      No

If Yes, List Insurance Carrier here: (Name & Phone Number) \_\_\_\_\_

Insurance Identification or Group Numbers: \_\_\_\_\_

When was (your) your child's last tetanus shot or booster? \_\_\_\_\_

Does your child (Do you) have any allergies or health restrictions? If YES, what are they and how do they affect him/her (you)? \_\_\_\_\_

Is your child (Are you) currently under a doctor's care and/or have any special health needs? If yes, please explain: \_\_\_\_\_

Is s/he (Are you) taking any medications at the present time? If yes, please tell us what, what it is used for and the dosage. \_\_\_\_\_

Does your child (Do you) have any dietary requirements or restrictions? If YES, please explain: \_\_\_\_\_

Has your child ever been involved in any serious situation that required: \_\_\_\_\_

1. Disciplinary action? Circle YES or NO If yes, please explain: \_\_\_\_\_

2. Psychiatric Intervention? Circle YES or NO If yes, please explain: \_\_\_\_\_

Is there anything further we should know regarding your child's health history? \_\_\_\_\_

Person to call in emergency: \_\_\_\_\_ NOTE: **MUST BE AVAILABLE** November 10-13, 2005

Relationship to participant: \_\_\_\_\_ Cell Phone: (     ) \_\_\_\_\_

Daytime Phone: (     ) \_\_\_\_\_ Evening Phone: (     ) \_\_\_\_\_

## Signature of Parent or Guardian

(Please print): Name of Parent or Guardian: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address (*if different from child's*): \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

# WTTI 2005 Code of Conduct

To be filled out by Participants, Advisors, WTTLS (*youth staff*) & Staff

## **PARTICIPANTS:**

I, (fill in name) \_\_\_\_\_, agree that:

- I am a willing participant.
- I will show respect for the camp property.
- I will demonstrate respect for all the people at the Willow Tree Teen Institute (WTTI).
- I will be considerate of others at all times and I will listen while others speak.
- I will show up on time and stay where I am assigned.
- I will not engage in any type of put-downs (verbal bullying or hurtful statements).
- I recognize that I am attending WTTI to learn how to be of service to others and to become an alcohol, tobacco, drug and bullying Prevention Advocate to make a positive difference in my school & community.

Student's Signature: \_\_\_\_\_

## **ADULT ADVISORS/TEACHERS:**

I, (fill in name) \_\_\_\_\_, agree that:

- I am committed to the philosophy of WTTI and want to be at the conference with my students.
- I understand that Willow Tree is a year round commitment that includes:
  1. Meeting regularly with my students, post conference, to work on our Action Plan.
  2. Attending Advisor Meetings for collegial support.
  3. Participating in three post camp events: (1) The Willow Palooza: A natural high concert for teens, a workshop for parents and a pot-luck dinner for all in January, (2) a Skill Building Workshop called Saturday with Sandy in March, and (3) the WTTI Reunion in May.
- I will serve as the liaison between the Willow Tree Teen Institute (WTTI), the school district, my students and their parents.
- I am accountable for the composition of the team of students from my school and agree that it is representative of our entire student body.

Advisor's Signature: \_\_\_\_\_

## **WTTLS (Willow Tree Teen Leaders or Youth Staff):**

I, (fill in name) \_\_\_\_\_, agree that:

- I am at WTTI to be of service and will act like a responsible staff member.
- As a WTTL, I have a responsibility to act as a role model, in and out of camp.
- I will seek appropriate help if I am unsure how to proceed.
- I understand that I share responsibility for the safety of the entire WTTI community.
- I have read and agree to adhere to the Willow Tree's protocols and procedures.

WTTLS Signature: \_\_\_\_\_

## **Willow Tree VOLUNTEER STAFF:**

I, (fill in name) \_\_\_\_\_, agree that:

- I will conduct myself in an appropriate and professional manner at all times.
- I am committed to mentor and care for those persons who fall under my supervision.
- I will respect WTTLS as staff.
- I will seek appropriate help if unsure about how to proceed in a situation.
- I understand that I share responsibility for the safety of the entire WTTI community.
- I have read and agree to adhere to the Willow Tree's protocols and procedures.
- I understand that Willow Tree is a year-round program that includes attending the conference & if possible, participating in three post camp events: The Willow Palooza: A natural high concert in January, a Workshop called Saturday with Sandy in March, and attending the WTTI Reunion in May.

Staff Signature: \_\_\_\_\_