



2012 No Limits Kick Butts Day Youth Rally

Youth Participant Permission Form

Youth Participant's Information

First Name: _____ Last Name: _____ Date of Birth: _____

Home Ph: (____) _____ Cell Ph: (____) _____ Expected Grad Year: _____

Mailing Address: _____ City: _____ Zip: _____

Sex: ___ M ___ F T-Shirt Size: _____ Email Address: _____

I'd like to attend as: _____ An individual _____ Part of a group Group Name: _____

Group sponsor attending the Youth Rally (if applicable): _____

Parent/Guardian(s) Information

Parent/Guardian #1 Name: _____ Parent/Guardian #2 Name: _____

Home Ph: (____) _____ Cell Ph: (____) _____ Work Ph: (____) _____

Home Ph: (____) _____ Cell Ph: (____) _____ Work Ph: (____) _____

Emergency Contact Information

Emergency Contact Name: _____ Relationship to Youth: _____

Home Ph: (____) _____ Cell Ph: (____) _____ Work Ph: (____) _____

How did you hear about the No Limits Kick Butts Day Youth Rally?

- | | |
|--|--|
| <input type="checkbox"/> No Limits Website | <input type="checkbox"/> Newspaper Article |
| <input type="checkbox"/> Friend/Family Member | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Email, Phone Call, or Letter from No Limits | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Adult Contact _____ | |

Ethnicity (Optional):

- | | |
|---|---|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian/Native Alaskan |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Other _____ |

We'd love to help get everyone to Lincoln, but there are a limited number of seats on the buses. Acceptance for transportation will be based on the effort you show in your responses to the following questions. Please answer them on a separate piece of paper in 30-100 words.

1. What is No Limits? Why do you want to be a part of it?
2. What is a current tobacco issue you would like to address? Why?
3. What has been your experience with No Limits?
4. What are some examples of activism in which you have participated?

All forms MUST be postmarked by Wednesday, February 29, 2012



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Please review and complete all the spaces on this form.

INCOMPLETE FORMS WILL NOT BE ACCEPTED AND YOUR CHILD WILL NOT BE ABLE TO ATTEND THIS EVENT.

Consent for Youth Participation

Youth Participant Name: _____ City: _____

I hereby request and consent that my child or ward, _____, be permitted to travel
Youth Name
to and from and participate in the **No Limits Kick Butts Day Youth Rally in Lincoln, Nebraska, March 21, 2012.**

I understand and agree to the following:

- The event is designed as a means to educate and update Nebraska youth on the latest techniques in tobacco prevention and leadership.
- My child or ward may be accompanied and transported by officials sponsoring the event or by their designated chaperone(s).
- I agree that no official or employee associated with the event will be held responsible for any injuries or damages occurring while my child is traveling to or from or participating in the event and/or sponsored activities. I do hereby hold harmless the sponsoring agencies, their officials, divisions, and agents against any and all liability, damage, loss, claims, or demands which arise out of or are in any way connected with my child or ward's participation in the meeting as well as any sponsored activities that he/she may participate in during this time.
- I agree to travel to the youth rally location and pick up my youth upon request by No Limits staff due to sickness or disciplinary reasons.
- I hereby authorize any official of the event or designated chaperone to consent to emergency medical treatment as necessary for the health and safety of my child. I further agree that no official or volunteer will be held responsible for injuries or damages arising from the provision of any such emergency medical treatment. I do hereby agree to indemnify and hold harmless the sponsoring agencies, their officers, divisions, and agents from any and all liability, damage, loss, claims, or demands and actions of any nature whatsoever, including attorney's fees, which arise out of or are in any way connected with the provision of such emergency medical services.

I further grant permission for _____ to appear in person or in voice, video, or
Youth Name

photographic presentation for radio, television, or print media reports and/or media campaign(s) resulting from participation in the No Limits Kick Butts Day Youth Rally and also to complete confidential or anonymous surveys and participate in interviews for evaluation purposes.

Youth Participant Signature: _____

Date: _____

City: _____

Parent/Guardian Signature: _____

Parent/Guardian Name (Printed): _____

Date: _____

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Youth Code of Conduct

Youth Participant Name: _____

City: _____

WHEREAS, the possession and/or use of weapons, tobacco products, alcoholic beverages and illegal drugs, or remaining in the presence of individuals who are using or taking these items is prohibited; and

WHEREAS, sexual contact at any event or activity which occurs within the time frame of the Kick Butts Day Youth Rally is prohibited; and

WHEREAS, any behavior that violates any of the laws of the United States or the State of Nebraska or any local ordinance is also prohibited; and

WHEREAS, the attendance and punctuality at all scheduled sessions and activities at the event is considered mandatory by all participants at the Kick Butts Day Youth Rally; and

WHEREAS, there is a commitment to serve as a contact and resource person in my community/county/state tobacco education program; and

WHEREAS, all groups and individuals are expected to remain at No Limits Kick Butts Day Youth Rally for the entire duration of event, which is being held primarily at the First Baptist Church. (However, at times students will be at other various locations for activism purposes and must remain at these locations with their sponsors.)

****** IMPORTANT NOTICE******

THEREFORE, I _____, agree to abide by this Code of Conduct and am aware
Youth Name

that any infraction of the Code will result in my parent/guardian(s) being notified. In the event that it is determined that I have violated the Code, I may be sent home at my parent/guardian's expense. The responsibility for making this determination is vested in the chaperone and event sponsors.

Youth Participant Signature

Date

Participant Name (Printed)

City

Parent/Guardian Signature

Date

Parent/Guardian Name (Printed)

City

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Special Needs

This will not affect the selection process; it's simply to allow accommodation for all special needs.

Youth Participant Name: _____

Allergies or Medical Conditions: Please list any allergies, medical conditions, or special limits which staff should be aware of.

Special Needs: Please indicate any special needs or disabilities that we should know about. Include any relevant information in this form. We will contact you for further information, if needed.

No Special Needs

Special Dietary Needs: Please indicate any special dietary needs such as vegetarian or kosher restrictions or food allergies. *****Pizza will be provided for lunch.*****

No Special Dietary Needs

Please fax or mail all consent forms to Jessi Wolfe by Wednesday, February 29, 2012.

Fax: 402.489.2727

Email: Jessi@NoLimitsNebraska.com

Mail: No Limits

Attn: Jessi

300 S. 68th St. Place

Lincoln, NE 68510

Questions? Call Jessi at 1.866.394.8336.

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