





# 2018 No Limits Summer Activism Summit

Application to be completed by youth

## Youth Participant's Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Ph: (\_\_\_\_\_) \_\_\_\_\_ Cell Ph: (\_\_\_\_\_) \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

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

Sex:  Male  Female Date of Birth: \_\_\_\_\_ Expected Grad Year: \_\_\_\_\_

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

Roommate's Name\* \_\_\_\_\_

\* We can't promise you'll be rooming with this person, but we can sure try. Make sure your name is listed as a roommate on this person's application.

## Parent/Guardian(s) Information

Parent/Guardian #1 Name: \_\_\_\_\_

Home Ph: (\_\_\_\_\_) \_\_\_\_\_ Cell Ph: (\_\_\_\_\_) \_\_\_\_\_ Work Ph: (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian #2 Name : \_\_\_\_\_

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 Activism Summit?

- No Limits Website
- Friend/Family Member
- Email from No Limits
- Adult Contact \_\_\_\_\_
- Facebook
- Twitter
- Instagram
- Other \_\_\_\_\_

Ethnicity (Optional):

- White/Caucasian
- Black/African American
- Hispanic/Latino
- Asian/Pacific Islander
- American Indian/Native Alaskan
- Other \_\_\_\_\_

**All applications MUST be received by Wednesday, May 2, 2018**

## 2018 No Limits Summer Activism Summit Tell Us More about YOU!

Student's Name: \_\_\_\_\_ City/Group Name: \_\_\_\_\_

### **No Limits Experience**

Even though everyone is welcome, we would like to know a little about your past experience with No Limits to customize and maximize your experience at the summit. So please select which of the following best describes you:

- No Limits Newbie— This is my first experience with No Limits.
- I've done some activism at home, but this is my first No Limits summit.
- No Limits Veteran— I've attended a No Limits summit and participated in some activism.

If applicable, please list the No Limits events you have attended \_\_\_\_\_

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### **Short Essays**

No Limits is all about youth leadership, taking action, having fun, and spreading the word about Big Tobacco. Please answer the following questions with a short essay (30–100 words) or with a drawing, poem, song, or other form of creative expression. Please answer all of the questions or submit your creative expression on a separate sheet of paper. Keep in mind that effort will be taken into consideration this year.

- 1) Why do you want to attend the No Limits activism summit?**
- 2) What are you hoping to learn by attending the summit? How are you going to take the information you learn and apply it back home?**
- 3) The Summer Activism Summit will host an activism on World No Tobacco Day (May 31<sup>st</sup>). Imagine a day where no one used tobacco, how would this impact your community and your life? What steps can be taken in your community to create the first tobacco-free generation?**
- 4) Do you use tobacco or e-cigarettes? Do your friends use tobacco or e-cigarettes? If so, which brand?**  
*(Answering yes will **NOT** hurt your chances of being accepted. We are against the tobacco industry, not the user.)*
- 5) Activism plays a huge part in helping No Limits expose Big Tobacco's lies. Please answer one of the following questions:**
  - a) The tobacco industry makes and markets a product that kills millions worldwide each year. What would you like to tell other teens about the tobacco companies and how would you do it?
  - b) Tell us about a project or activity that you enjoyed doing. Feel free to include examples, photos, or a link to view it. Projects could be a website, creative writing, video editing, art, podcasting, event planning, welding, a collage, etc. Don't feel limited to this list; it's about what *you* enjoy doing.
  - c) Are you an experienced activist? Tell us about it. What did you specifically do? What was your message? How many people heard/saw it? What was the best part about it?

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# 2018 No Limits Summer Activism Summit

## Youth Participant Permission Form

### Consent for Youth Participation

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.**

**Youth Participant Name:** \_\_\_\_\_ **City/Group Name:** \_\_\_\_\_

I hereby request and consent that my child or ward, \_\_\_\_\_ be permitted to  
Youth Name  
travel to and from, and participate in the 2018 No Limits Summer Activism Summit in Aurora, Nebraska, on May 20–31, 2018. I understand and agree to the following:

- The summit 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 summit or by their designated chaperone(s).
- I agree that no official or employee associated with the summit, No Limits or any sponsoring agency shall be held responsible for any injuries or damages occurring while my child is traveling to or from or participating in the summit 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 summit as well as any sponsored activities that he/she may participate in during this time.
- I agree to travel to the summit 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 summit 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,  
Youth Name  
video or photographic presentation for radio, television, or print media reports and/or media campaign(s) resulting from participation in the No Limits Activism Summit and also to complete confidential or anonymous surveys and participate in interviews for evaluation purposes.

**Youth Participant Signature:** \_\_\_\_\_

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

**Group/City:** \_\_\_\_\_

**Parent(s)/Guardian(s) Signature:** \_\_\_\_\_

**Parent(s)/Guardian(s) Name (Printed):** \_\_\_\_\_

*\*Please see and complete the Medical Release Form.*

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# 2018 No Limits Summer Activism Summit

## Youth Participant Permission Form

### Medical Release Form

As a general rule, anesthesia may not be administered to or operation performed without written permission by the parents or guardians. However, on rare occasions, an emergency requiring hospitalization and/or surgery develops. Therefore, in order to prevent a dangerous delay, if an emergency does occur and we are unable to contact the parents or legal guardian, the parent/guardian is asked to sign the release form below.

In the event of injury or illness to my son/daughter/ward,

**Youth Participant Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I hereby authorize official meeting staff to secure whatever treatment is deemed necessary and, if recommended by an attending physician, the administration of an anesthetic or surgery.

I hereby authorize the event staff member to administer over-the-counter medication if necessary. [e.g., Tylenol (headache, fever), Advil (cramps, aches), Pepto Bismol (upset stomach, nausea), Benadryl (allergies)]

**Is the minor listed above allergic to any medications?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, please list:** \_\_\_\_\_

**Please list any medical condition of which staff should be aware:** \_\_\_\_\_

\_\_\_\_\_

*Note: A staff member will hold medications (except inhalers for asthma). Medications must be in original containers and have the youth's name and dosing instructions clearly identifiable on the label – this includes prescribed as well as over-the-counter medications.*

\_\_\_\_\_  
**Hospitalization Insurance Company**

\_\_\_\_\_  
**Name of Emergency Contact/Relationship to Youth**

\_\_\_\_\_  
**Hospitalization Insurance Policy Number**

\_\_\_\_\_  
**Emergency Contact's Home Phone Number**

\_\_\_\_\_  
**Policy Holder Name**

\_\_\_\_\_  
**Emergency Contact's Cell Phone Number**

\_\_\_\_\_  
**Company/Organization**

\_\_\_\_\_  
**Emergency Contact's Work Phone Number**

\_\_\_\_\_  
**Youth's Primary Physician's Name**

\_\_\_\_\_  
**Youth's Primary Physician's Phone Number**

**Please identify special limits to treatment, if any:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Parent/Guardian Name (Printed)**

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

*(If possible, please attach a copy of the youth participant's insurance card.)*

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# 2018 No Limits Summer Activism Summit

## Youth Participant Permission Form

### Youth Code of Conduct

Youth Name: \_\_\_\_\_ City/Group Name: \_\_\_\_\_

**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 No Limits Activism Summit 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 at the summit is considered mandatory by all participants at the No Limits Activism Summit; 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 participants are expected to show respect for the property of others and the facility in which the meeting is being held; and

**WHEREAS**, all groups and individuals are expected to remain at No Limits Summer Activism Summit for the entire duration of the summit which is being held primarily at the Leadership Center in Aurora. (However, students at times may also 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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Participant Name (Printed)

\_\_\_\_\_  
Parent/Guardian Name (Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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# 2018 No Limits Summer Activism Summit

Youth Participant Permission Form

## Special Needs

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

Youth Participant Name: \_\_\_\_\_ City/Group Name: \_\_\_\_\_

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

No Special Needs

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**Special Dietary Needs:** Please indicate any special dietary restrictions such as vegetarian, kosher, or food allergies.

No Special Dietary Needs

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**Transportation:** Please indicate which location will be most convenient for you. Participants or groups having difficulties getting to/from a scheduled stop should contact No Limits to see if other transportation arrangements can be made.

Please select **one** stop:

- |                                     |                                       |                                       |
|-------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Bellevue   | <input type="checkbox"/> Ewing        | <input type="checkbox"/> Lincoln      |
| <input type="checkbox"/> Broken Bow | <input type="checkbox"/> Fairbury     | <input type="checkbox"/> North Platte |
| <input type="checkbox"/> Burwell    | <input type="checkbox"/> Grand Island | <input type="checkbox"/> Omaha        |
| <input type="checkbox"/> Columbus   | <input type="checkbox"/> Hartington   | <input type="checkbox"/> O'Neill      |
| <input type="checkbox"/> Cozad      | <input type="checkbox"/> Johnson      | <input type="checkbox"/> Schuyler     |
| <input type="checkbox"/> Crofton    | <input type="checkbox"/> Kearney      | <input type="checkbox"/> Wilber       |

**Please submit application forms by Wednesday, May 2, 2018, to Molly Kincaid. Acceptance announcements will be made no later than Friday, May 11, 2018.**

Submit forms via:

SCAN/EMAIL	info@NoLimitsNebraska.com
MAIL	<b>No Limits Activism Summit</b>
	Attn: Molly Kincaid
	1201 Infinity Court
	Lincoln, NE 68512
FAX	402.437.0101

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