



2018 No Limits Kick Butts Day Youth Rally

Youth Participant Permission Form

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.

Event Information: March 20—21, 2018 in Lincoln, NE

Youth Participant's Information

(Please write as clearly as possible, as well as dark enough that it can easily be read if your application is turned in via scan and email or fax.)

First Name: _____ Last Name: _____

Sex: Male _____ Female _____ Date of Birth: _____ Expected Grad Year: _____

Cell Ph: (_____) _____ Home Ph: (_____) _____

Mailing Address: _____

City: _____ Zip: _____ T-Shirt Size: _____

Email Address: _____

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: _____

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

Parent/Guardian #2 Name: _____

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

Emergency Contact Information

Emergency Contact Name: _____ Relationship to Youth: _____

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

All forms MUST be received by Wednesday, February 14, 2018



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

- Adult Contact: _____
- Email from No Limits
- Facebook
- Friend/Family Member
- Instagram
- Local Newspaper
- No Limits Beat (E-newsletter)
- No Limits Website
- Other: _____
- Postcard from No Limits
- Posters at school
- School Newspaper
- Snapchat
- Twitter

Ethnicity (Optional):

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

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:

- Bellevue
- Broken Bow
- Burwell
- Columbus
- Cozad
- Crofton
- Ewing
- Fairbury
- Grand Island
- Hartington
- Johnson
- Kearney
- Lynch
- North Platte
- O’Neill
- Omaha
- Schuyler
- Wilber

We’d love to help get everyone to Lincoln, but there are a limited number of beds and seats on buses. Acceptance to attend Kick Butts Day 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 per question.

1. What is No Limits? Why do you want to be a part of it and come to the Kick Butts Day Youth Rally?
2. What has been your experience with No Limits or other tobacco prevention programs? What events have you attended or activism activities have you done?
3. Activism plays a huge part in helping No Limits expose Big Tobacco’s lies. Tell us about a project or activism you’ve done in the past. What did you do specifically? What was your message and how did you share it? If you haven’t done an activism, what activity would you do if funding was not an issue?
4. Kick Butts Day is a national day of youth activism and No Limits has one of the largest events in the nation. How will you make sure you do your part to fight Big Tobacco? How do you plan to stay active and engaged following our event?
5. Kick Butts Day is all about making your voice heard. If you could speak with a Big Tobacco executive on behalf of our cause, what would you want to say?

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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:** _____

I hereby request and consent that my child or ward, _____, be permitted to travel to
Youth Name
 and from and participate in the **No Limits Kick Butts Day Youth Rally in Lincoln, Nebraska, March 20–21, 2018.**

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 event as well as any sponsored activities that he/she may participate in during this time.
- I understand that all water activities are prohibited during the No Limits Kick Butts Day Youth Rally. This includes, but is not limited to, the use of swimming and hot tub facilities.
- 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: _____

**Please see and complete Medical Release Form*

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Medical Release Form

As a general rule, anesthesia may not be administered to or operation performed without written permission from 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 a youth's 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 allergies or medical condition(s) 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 Cell Telephone Number

Policyholder Name

Emergency Contact's Home Telephone 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: _____

Youth Participant's Group or City: _____

Please attach a copy of the youth participant's medical insurance card, if possible.

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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, all water activities including, but not limited to, the use of a hot tub, Jacuzzi, or swimming pool facilities, swimming, boating, tubing, etc. at any event or activity within the time frame of the No Limits Kick Butts Day Youth Rally are 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 First Christian 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 that
Youth Name

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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Special Needs

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

Youth Participant Name: _____

Special Needs: Please indicate any special needs (allergies, medical conditions, medications, etc.) 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.

No Special Dietary Needs

**Please submit all consent forms to Molly Kincaid by Wednesday, February 14, 2018.
Acceptance announcements will be made no later than Wednesday, February 21, 2018.**

Submit applications via:

Scan and email: molly@nolimitsnebraska.com
Mail: No Limits
Attn: Molly Kincaid
1201 Infinity Court
Lincoln, NE 68512
Fax: 402.437.0101

Questions? Call Molly at 1.866.394.8336.

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