



# 2017 No Limits Northeast Regional Training

Big Tobacco has a long history of deceiving the public, hiding the truth and targeting youth with its marketing. It's time to do something about that. Through peer-to-peer education and youth empowerment, No Limits is giving youth like you the know-how, skills and resources to take a stand against Big Tobacco. We envision a smoke-free world in which youth have the power to be the first tobacco-free generation. Unite with other youth from your area and learn how to fight back against Big Tobacco in your community using new resources such as Taking Down Tobacco. Let's take a stand so everyone can "Breathe Easy".

### Here's a quick summary:

**When:** Saturday, February 17  
**Where:** Divots Conference Center (4200 West Norfolk Avenue, Norfolk, NE)  
**Cost:** FREE (We will even pick you up)

### We're looking for Nebraska youth who:

- Are 12–17 years old in grades 7–12.
- Want to find out the truth behind Big Tobacco's lies.
- Are willing to take action against tobacco in their community and state.

### Do you need a group or sponsor?

Both individuals and groups are welcome. A group sponsor is encouraged but not required.

### Transportation

No Limits tries to provide transportation to and from the regional training at no cost to participants. Our buses will be making several stops across the state.\*\* Potential stops include:

- |                                     |                                   |                                 |  |
|-------------------------------------|-----------------------------------|---------------------------------|--|
| <input type="checkbox"/> Broken Bow | <input type="checkbox"/> Columbus | <input type="checkbox"/> Ewing  | <input type="checkbox"/> Schulyer        |
| <input type="checkbox"/> Burwell    | <input type="checkbox"/> Crofton  | <input type="checkbox"/> Pierce | <input type="checkbox"/> Wheeler Central |

\*\*Routes are subject to change. Contact No Limits if you're having difficulties with transportation. Youth attending from Norfolk please meet at 4200 West Norfolk Avenue by 9:00 a.m.

### Application Checklist:

- Fill out the application completely. **Be sure to answer the essay questions on the last page!**
- Submit your application by **Wednesday, February 7, 2018**.

Find out more information at [www.NoLimitsNebraska.com](http://www.NoLimitsNebraska.com).

All applications must be received by **Wednesday, February 7, 2018**.

Acceptance announcements and transportation schedules will be EMAILED by **Monday, February 12, 2018**.

You can reach us at:

<b>PHONE</b>	1.866.394.8336
<b>EMAIL</b>	info@NoLimitsNebraska.com
<b>MAIL</b>	<b>No Limits Regional Training</b> Attn: Molly Kincaid 1201 Infinity Court Lincoln, NE 68512
<b>FAX</b>	402.437.0101

*\*Please see last page for essay questions*

**All forms must be RECEIVED by Wednesday, February 7**



# 2017 No Limits Northeast Regional Training

## Youth Participant Permission Form Youth Participant Information

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's Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Ph: (\_\_\_\_) \_\_\_\_\_ Cell Ph: (\_\_\_\_) \_\_\_\_\_ Expected Grad Year: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: M\_\_\_\_ F\_\_\_\_ Email Address: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

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

Group sponsor attending the Regional Training (if applicable): \_\_\_\_\_

### 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 Regional Training?

- |   |  |
|---|--|
| <input type="checkbox"/> No Limits Website    | <input type="checkbox"/> Newspaper         |
| <input type="checkbox"/> Friend/Family Member | <input type="checkbox"/> Instagram/Twitter |
| <input type="checkbox"/> Email from No Limits | <input type="checkbox"/> Facebook          |
| <input type="checkbox"/> Adult Contact _____  | <input type="checkbox"/> Other _____       |

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        | Other _____   |

**All forms must be RECEIVED by Wednesday, February 7**



# 2017 No Limits Northeast Regional Training

## Youth Participant Permission Form Consent for Youth Participation

Youth Participant Name: \_\_\_\_\_ City: \_\_\_\_\_

I hereby request and consent that my child or ward, \_\_\_\_\_, be permitted to travel  
to and from and participate in the **No Limits Regional Training in Norfolk, on Saturday, February 17, 2018.**  
Youth Name

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 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 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 training as well as any sponsored activities that he/she may participate in during this time.
- I agree to travel to the training 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 Regional Training 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***

**All forms must be RECEIVED by Wednesday, February 7**



# 2017 No Limits Northeast Regional Training

## Youth Participant Permission Form

### 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's 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.

**\*\*\*Please verify information below\*\*\***

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

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

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

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

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

\_\_\_\_\_  
**Emergency Contact's Cell 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:** \_\_\_\_\_

\_\_\_\_\_ *Initial here if all is correct.*  
*Write in any corrections that should be made.*

\_\_\_\_\_  
**Parent(s) or Guardian(s) Signature(s)**

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

\_\_\_\_\_  
**Parent(s) or Guardian(s) Name(s) (Printed)**

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

**All forms must be RECEIVED by Wednesday, February 7**



# 2017 No Limits Northeast Regional Training

## Youth Participant Permission Form

### 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 Northeast Regional Training 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 at activities for the training is considered mandatory by all participants; 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 the Northeast Regional Training for the entire duration of event, which is being primarily held at Divots Conference Center in Norfolk (however, students will be in another location for a community activism activity and must remain in that location with their sponsor or No Limits Staff).

**\*\*\*\* 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)**

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

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

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

**\*Please see essay questions on the next page**

**All forms must be RECEIVED by Wednesday, February 7**



# 2017 No Limits Northeast Regional Training

## 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: \_\_\_\_\_

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

No Special Dietary Needs

---



---

**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. Youth attending from Lincoln please meet at 1201 Infinity Court by 9:00 a.m. Please select **one** stop:

- |                                     |                                   |                                 |  |
|-------------------------------------|-----------------------------------|---------------------------------|--|
| <input type="checkbox"/> Broken Bow | <input type="checkbox"/> Columbus | <input type="checkbox"/> Ewing  | <input type="checkbox"/> Schulyer        |
| <input type="checkbox"/> Burwell    | <input type="checkbox"/> Crofton  | <input type="checkbox"/> Pierce | <input type="checkbox"/> Wheeler Central |

**Acceptance to attend the Regional Training 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 Regional Training?
2. What is Activism? Tell us what activism means to you and give an example of an activism activity you know of or one that you have done in the past.
3. There are so many tobacco issues that are facing teens including tobacco prices, new and emerging products, lack of restrictions, policies, etc. What is a current tobacco issue in your community that you would like to address? Why?

**Please send all consent forms to Molly Kincaid by Wednesday, February 7, 2018.**

**EMAIL**     [info@NoLimitsNebraska.com](mailto:info@NoLimitsNebraska.com)  
**MAIL**        **No Limits Regional Training**  
                   Attn: Molly Kincaid  
                   1201 Infinity Court  
                   Lincoln, NE 68512  
**FAX**         402.437.0101

**Questions? Call Molly at 1.866.394.8336.**

**All forms must be RECEIVED by Wednesday, February 7**