

Georgia Teen Institute

A Program of GUIDE, Inc.

Registration Information

WHEN: June 15-18, 2010

WHERE: Oxford College, Oxford, GA

TEAM COMPOSITION: A team is generally comprised of at least four youth and must have at least one adult as a team member. *If a team is co-ed, one adult must be male and one female, for supervision purposes.* Youth members must be enrolled in grades 6-12 for the 2010-2011 school year. Neither youth nor adults should be currently experiencing a substance abuse or significant mental health problem. A team must consist of at least 1 youth and 1 adult, but no more than 21 persons, youth and adults. There should be at least one adult per six participants.

FEES:

Early Bird Rate for those registered by May 3 at 5 pm: **\$375 per participant, youth or adult.***

Regular Rate for those registered after May 3 at 5 pm: **\$400 per participant, youth or adult***

Make checks payable to GUIDE, Inc. The registration fee includes four days, three nights lodging, all meals beginning with lunch on Tuesday and ending with lunch on Friday, all GTI materials, training and the use of Oxford College's recreational facilities during free times.

**Adults may request a single room for an additional \$45 per person.*

CANCELLATION POLICY: Any cancellations received after May 21, 2010, will result in forfeiture of \$150.00 of the registration fee per cancelled participant.

There will be NO REFUNDS after June 1, 2010.

Because of this strict cancellation policy, we suggest recruiting alternate team members (youth and adults) who can fill in if someone is not able to fulfill his/her commitment. If possible, please select alternates of the same sex.

REGISTRATION PRIORITY: First priority will be given to teams whose fees are paid in full and whose registration materials have been received by the deadline. All team registrations will be dated upon receipt. You are urged to send your registration forms in as soon as possible. **SPACE IS LIMITED!**

REGISTRATION DEADLINE: May 21, 2010

HOW TO REGISTER: After your team members and alternates have been selected, give them the youth registration packets to be completed and returned to you well before the deadline so that you may submit a complete registration packet to our office. If each participant is responsible for his/her own registration fee, their checks should accompany their completed forms. (If you wish to use a purchase order to cover the registration fees, please call our office in advance.) Complete a team registration form. Send the team registration form, all of the participants' individual registration forms, notarized parent consent forms, and check(s) for the registration fees to:

GUIDE, Inc., P.O. Box 1922, Lawrenceville, GA 30046, Attn. GTI

2010 Georgia Teen Institute * Team Registration Form

Team Name _____
(This is what will appear on the team's nametags at GTI.)

School/Organization Name (if different than above) _____

Contact Person _____

Mailing Address _____
Street Number

City _____ Zip Code _____

Contact Person's Summer Phone _____ Work Phone _____

E-mail _____

Adult Advisors: Please list one per line, indicating male or female and requests for single rooms, which cost an additional \$45 per person.

		Requesting Single
M	F	_____ <input type="checkbox"/>
M	F	_____ <input type="checkbox"/>
M	F	_____ <input type="checkbox"/>
M	F	_____ <input type="checkbox"/>

For Office Use Only:

Date Received: _____ Cost per person: _____ # Team Members: _____

Middle School: _____ # High School: _____ # Adult: _____

Adults in Single Rooms: _____ Total Cost: _____

Check: _____

Other funding: _____

Scholarships _____

Roommates: _____ RA: _____ FG: _____ Confirmation: _____

Notes:

2010 Georgia Teen Institute * Team Registration Form

List each youth team member below. PRINT CLEARLY or type. Indicate roommate preferences on this sheet. ROOMMATE CHANGES WILL NOT BE MADE AT THE INSTITUTE. Adult Advisors will not room with youth unless by special request. Middle School students should room with Middle School students & High School students should room with High School students.

Team Name _____

Sex	Team Member's Name	MS	HS
M F	_____	MS	HS
M F	_____	MS	HS
M F	_____	MS	HS
M F	_____	MS	HS
M F	_____	MS	HS
M F	_____	MS	HS
M F	_____	MS	HS
M F	_____	MS	HS
M F	_____	MS	HS
M F	_____	MS	HS
M F	_____	MS	HS
M F	_____	MS	HS

Please Note: Participants room two to a room. If your team consists of an odd number of males or females, the odd person will share a room with a student from another school, but will remain on the same hall. **If you are including paperwork for ALTERNATES, please fill out a separate sheet labeled "alternates," and include it with the Team Registration Form.**

2010 Georgia Teen Institute

A Program of GUIDE, Inc.

Adult Advisor Information

Georgia Teen Institute

June 15-18, 2010

Oxford College, Oxford, GA

COST: \$375 early bird; \$400 regular rate

The Georgia Teen Institute (GTII) involves youth and adults in planning and implementing prevention programs to reduce alcohol, tobacco and other drug use and other high risk behaviors. Teams of students and adults work together to identify local concerns and develop a plan of action. They attend educational and skill-building workshops, discussion groups and social and recreational activities. They learn, explore feelings and experiences, and have fun, too. GTI focuses on Environmental Strategies for the prevention of ATOD use while training each Youth Action Team in the steps of the Strategic Prevention Framework.

PROFESSIONAL LEARNING UNITS (PLU's): Since 1989, the Georgia Teen Institutes have been approved for PLU's for school personnel. For the 2010 GTI, we have applied to the State Department of Education for this summer's programs, and are awaiting approval. Information will be posted on the website as it is available.

ADULT ADVISORS' ROLES AND RESPONSIBILITIES:

- Arrive by 11 a.m. on Tuesday, June 15.
- Supervise team members.
- Assist in chaperoning all teen participants at the Institute.
- Participate in the team's action planning process.
- Participate in ALL scheduled activities.
- Role model enthusiasm, cooperation, encouragement, and respect for the opinions and capabilities of all participants.
- Continue to be involved after the Institute.
- Refrain from using tobacco, alcohol, or drugs during the Institute.
- Stay on campus at all times.
- NOTE: The first meal is lunch on Tuesday, June 15. The last meal is lunch on Friday, June 18.

We hope you decide to become part of the Georgia Teen Institute experience—you won't regret it!!

2010 Georgia Teen Institute * Adult Advisor Registration Form

Team Name _____

Name _____ Title _____

Address where you would like to receive GTI mailings _____

Work Phone _____ Summer Phone _____

Fax # _____ Social Security Number (for PLU purposes) _____

E-mail address _____

(This will be used for GTI purposes only. Confirmation that your registration has been received and communication during 2010-2011 will be sent via this e-mail address. If an e-mail address is not listed, all correspondence will be mailed to the above address.)

T-shirt size S M L XL XXL XXXL XXXXL

Optional Demographics for Grant Reporting Purposes

Race/Ethnicity: _____ African-American _____ Caucasian _____ Hispanic/Latino _____ Asian
_____ Native American _____ Multi-Racial _____ Other: _____

Birth date ____/____/____ (MM/DD/YY)

List special dietary or physical needs _____

List allergies and/or any medical information needed in case of an emergency _____

Emergency Contact _____

Relationship _____ Phone number _____

Statement of commitment: I have read the Adult Advisor's Roles and Responsibilities and understand generally what is expected of these volunteers. I also understand that the Georgia Teen Institute is a tobacco, alcohol, and drug-free experience for all participants. I am interested in participating in the 2010 Georgia Teen Institute with the youth from our school (or organization), and agree to follow these guidelines to the best of my ability.

Signature of Adult Advisor

Date

2010 Georgia Teen Institute

A Program of GUIDE, Inc.

Youth Participant Information

Georgia Teen Institute

June 15-18, 2010

Oxford College, Oxford, GA

COST: \$375 early bird; \$400 regular rate

Registration is from 9:30 – 11:30 a.m. on June 15; check out on June 18 is at 1:00 p.m.

Breakfast on the 15th and dinner on the 18th are on your own.

PARTICIPANTS AGREE TO:

- Stay during the entire Institute.
- Work with their teams to develop action plans.
- Remain tobacco, alcohol, and other drug-free during the Institute.
- Continue to be involved in prevention and service activities after Institute.
- Attend and participate in all scheduled activities.
- Follow all rules and regulations established by the Institute.

WHAT TO BRING:

- Bedding and towels- Bed linens or sleeping bag for twin bed, blanket, pillow, towels, wash cloths.
- Casual Clothes- Shorts, t-shirts, tennis shoes, jeans, light-weight jacket or sweater, swimwear. No bikini-type swimwear is allowed, and cover-ups and shoes must be worn to the pool. See GTI Dress Code for more information. (Recreational options include swimming, tennis, basketball, and volleyball, and participants are encouraged to bring appropriate clothes and shoes for these activities.)
- Miscellaneous- Soap, toothbrush, toothpaste, shampoo, other personal toiletries, rain gear, alarm clock, flashlight, paper, pen, pencil.
- Optional- Flip flops for shower, bucket to carry shower items, recreational equipment (basketball, tennis racquet, balls, cards, etc.), t-shirts from your club or school team.
- Extra Money- The registration fee covers all lodging and meal expenses. While we suggest that you not bring much cash with you, vending machines are available for soft drinks and snacks, and the TI store will have some souvenirs. TI Store items range from 25 cents to \$30. The campus bookstore will also be open. Free time arts and crafts are either free or range from \$1 to \$3. There are no change machines; bring change.

WHAT NOT TO BRING:

Cell phones, pagers, laptop/notebook computers, two-way radios, skateboards, knives, firearms or weapons of any kind (including water battle arms), tobacco or alcohol products, unprescribed or illegal drugs, fireworks, TVs, microwaves, coolers, phones or valuables. If you bring valuables, you will be responsible for their safekeeping. GTI, GUIDE, Inc., Georgia Teen Institute and Oxford College will not assume responsibility for any items that are lost, stolen, or damaged.

FOR MORE INFORMATION:

Call Jessica Andrews at 678-377-4135, e-mail info@georgiati.org, visit www.georgiati.org.

2010 Georgia Teen Institute * Youth Registration Form

PLEASE PRINT CLEARLY.

Registrant

Alternate

Team Name _____

Name _____

Male

Female

Mailing Address _____

Street/Apartment Number

City

ZIP Code

E-mail address _____

(To be used for GTI purposes only. Confirmation that you are registered and communication during 2010-2011 will be sent via e-mail. If an e-mail is not listed, all correspondence will be sent to the mailing address.)

Home Phone _____ Cell Phone _____

Optional Demographics for Grant Reporting Purposes

Race/Ethnicity: _____ African-American _____ Caucasian _____ Hispanic _____ Asian
_____ Native American _____ Multi-Racial _____ Other: _____

Birth date ____/____/____ (MM/DD/YY) **Do you receive Free/Reduced Lunch at school?** ____ Yes ____ No ____ Unsure

What grade will you be in this Fall? 6 7 8 9 10 11 12

T-shirt size S M L XL XXL XXXL

List allergies (especially medications): _____

List special dietary needs (including food allergies) or other accommodations necessary: _____

List any medications being taken, illness(es) being treated, or other information needed in case of an emergency: _____

Health and Accident Insurance Provider: _____

Group Number: _____ Policy Number: _____

Statement of Commitment: I have read the Youth Participant Information sheet and understand that participants agree to attend the entire GTI Institute program, participate in all scheduled activities, follow all rules and regulations, work with their teams to develop an action plan and continue to be involved in prevention activities after the GTI Institute. I also agree to remain tobacco, alcohol, and other drug-free during the GTI Institute. I am interested in participating in the 2010 GTI Institute with the other team members designated by my school (or organization) and agree to follow these expectations to the best of my ability. If circumstances arise which later prohibit my attendance, I will notify the team coordinator as soon as soon as possible and assist in finding a replacement.

Signature of Youth Participant/Alternate

Date

2010 Georgia Teen Institute * Parent Consent/Release Form

RELEASE, WAIVER, AND INDEMNIFICATION

The undersigned and his/her parent or legal guardian, if the participant is under the age of 18 years, do hereby execute this release, waiver, and indemnification for himself/herself and his/her heirs, successors, representatives, and assigns, and hereby agree to represent as follows:

The undersigned release Oxford College, GUIDE, Inc., Georgia Teen Institute, and Gwinnett County and their officers, employees, and agents from any and all liability, loss, damage, costs, claims, or causes of action including, but not limited to, all bodily injuries and property damages arising out of the sole negligence of Oxford College, GUIDE, Inc., GTI, or Gwinnett County.

The undersigned further agrees to indemnify and hold harmless the said above from any and all liability, loss, damage costs, claim, or causes of action, including attorney's fees and witness costs, arising out of the undersigned's participation in the Georgia Teen Institute.

The undersigned further gives permission for the participant to take part in a survey used to evaluate the program and to be photographed, videotaped, or quoted during the Georgia Teen Institute to be used for promotional purposes.

Signature of Participant

Date

Signature of Parent/Guardian

Date

AGREEMENT AND CONSENT FOR TREATMENT

This is to certify that I, the undersigned parent or guardian, hereby consent to and authorize the administration and performance of all needed medicines, surgical treatment, and the administration of any anesthetic which, in the opinion of the attending physician, may be necessary and advisable in the event of any medical emergencies regarding my son/daughter. It is understood that efforts shall be made to contact the undersigned prior to rendering emergency treatment to the patient.

Parent/Guardian Signature_____

Date_____

Parent/Guardian Name (Printed)_____

Home Phone_____ Other Phone_____

Notary_____

Date_____

(This must be signed and stamped by a notary before it is returned.)