

18th Annual

Youth to Youth Middle School Conference



Workshops you can experience!

- Teen Panel Presentation
- Myths of Marijuana
- Battle of the sexes
- Improv your life
- Jazz Dancing
- Dodge ball
- Mean Girls
- Many more workshops to choose from!

Saturday, March 3, 2012
8:00 AM – 10:00 PM

San Ramon Valley High School
501 Danville Blvd, Danville

Conference Fee:
\$35.00 (Check) \$36.50 (PayPal)
\$45 After February 18th
Register Online: www.cvcan.net
(Youth to Youth Page)

Fee includes: Meals, Workshops,
Key-Note Speaker, T-Shirt, Dance

What will our day look like? Who will we meet? What will we do?

Registration is from 8:00 – 8:45 ** No one will be admitted after 9:30 AM without prior confirmation**

Morning

- Welcome – Opening Ceremonies
- Family Groups – Small breakouts
- Key Note Speaker – Ty Sells
- Lunch
- Workshops

Afternoon

- Team Building Challenges
- Our Issues (Youth Panel)
- Drug Free Variety Show
- Dinner
- Y2Y Drug-Free Fun Dance

About Youth to Youth

Youth to Youth was founded in 1982 as a small community drug prevention program for middle and high school youth. The focus of its many programs is harnessing the powerful force of peer pressure and turning it around to become a positive force that encourages youth to live tobacco, alcohol, and drug-free lives.

About the key-note speaker:

Ty Sells is an alcohol and other drug-free presenter who entertains and motivates young audiences to live drug-free lives and deal with peer pressure by looking inward to personal strengths. Using everyday experiences in a typical student's life, his humorous approach educates while it entertains and inspires. Ty's primary presentation The Power of Acceptance is a comical discussion that all students should see and hear. It challenges students to examine the way they treat others who are "different" from them. It also explores the consequences of making decisions based on what is "cool" today.

This is a tobacco, alcohol, & drug-free conference!

Conference Registration Form

You can also register online: www.cycan.net (preferred method)

Student Name: _____ M / F

Address: _____ City: _____ Zip: _____

School: _____ Grade: _____

Parents Name: _____

Phone: _____ Email: _____

Are you available to volunteer on the day of the conference? **Morning** **Afternoon** **Evening**
Circle One

Want to know what your child did for 14 hours at Y2Y? Come back from 9-10 PM and we'll tell you...and give you some tips for talking with your child about the conference.

Yes I will come back at 9PM for the presentation

Return your early registration form and payment to:

Payment payable to: SRV -CASA

Mail Payment & Registration to: Traci Cross
19600 Cull Canyon Road, Castro Valley, 94552
510.538.8833 x6108

Early Registration Deadline: February 18th
NO REFUND BEYOND DEADLINE DATE

- Registration will be accepted on a first-come, first-serve basis.
- Space is limited to first 350 completed registrants.
- Participants must arrive during registration and may not leave early without parent/guardian first contacting conference host.
- Participants who leave early may not return to conference.

ALL information MUST be completed for minor participants **SRV-CASA Authorization to Treat a Minor**

I (we), the undersigned parent(s) or legal guardian of _____ a minor, do hereby authorize and consent for an x-ray examination, medical anesthetic, or surgical diagnosis rendered under the general or special supervision of any member of the medical staff or emergency room staff licensed under the provisions of the Medical Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that efforts shall be made to contact the under-signed parent or legal guardian prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of the State of California. The signing of this release only gives SRV-CASA, and agents thereof, the right to consent for treatment of minors. It does not release signee of liability from medical cost arising from said treatment. SRV-CASA does not assume liability of said cost and is not liable for any complications arising from said treatment.

Parent/Guardian Signature

Date

This consent shall remain effective until midnight, March 3, 2012

I understand it is possible that pictures and/or videos of my son/daughter may be taken at the conference, and I hereby agree and consent to the use of these pictures or videos by Western States Youth to Youth Alliance or Conference Host for promotional or other purpose.

Parent/Guardian Signature: _____

In case of an emergency, contact:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Physician: _____ Phone: _____

Insurance Company: _____ Policy No.: _____

Allergies to drugs or foods: _____

Any specific medications or pertinent information: _____

Birth date: _____ Date of Last Tetanus Booster: _____

Please attach separate sheet indicating any special dietary/health needs.