

COMMON THREADS

YOUTH EMPOWERMENT RETREAT



PARTICIPANT AGREEMENT:

*The following agreement **MUST** be signed to complete your application.*

As a Common Threads participant, I hereby acknowledge that CANDLE, the sponsor of Common Threads Youth Empowerment Retreat, holds respect as a primary value in our interactions with one another, including youth, adults, allies, supporters, and the community at large. CANDLE defines respect in its broadest terms, which includes respect for differences of ideas and opinions, respect for our own and each other's privacy, personal space, and the right to be safe at all CANDLE functions.

I accept CANDLE's commitment to respect and agree to embrace the values outlined above.

I further agree to the rules and regulations of the Stony Point Center and CANDLE including, but not limited to the following:

- ❖ I understand that CANDLE cannot assume responsibility for theft, loss or damage of personal property, or injury occurring in any of its programs and activities.
- ❖ I release all CANDLE staff, officers and agents from any liabilities, demands and/or claims for any damages. In the event of an accident in which I am injured I give CANDLE permission to transport me to a hospital or triage unit for treatment.
- ❖ I am aware that all CANDLE activities are drug-and alcohol-free and I agree to abide by these and all CANDLE policies. I understand that if I violate these policies I may be asked to leave the conference facilities at my own expense and will forfeit any fees paid to CANDLE. ***Remember, a drug-free event includes being tobacco-free (including electronic cigarettes).***

I have read and understand the Participant Agreement and agree to abide by the rules and regulations set forth by CANDLE and the Stony Point Center and will conduct myself accordingly while at the Common Threads Youth Empowerment Retreat.

_____ Name of Participant (Please Print)	_____ Signature of Participant	___/___/___ DATE OF BIRTH
_____ Name of Parent/Guardian (Required if participant is under 18 years)	_____ Signature of Parent/Guardian (Required if participant is under 18 years)	___/___/___ Date



ADVISOR AGREEMENT:

Advisor Name: _____

Title: _____

School/Organization: _____

Phone: _____

Email: _____

***I believe _____ STUDENT NAME would benefit from
Common Threads and is capable of participating in the retreat in a
productive & respectful way.***

Signature: _____

Please check one:

I will be attending as chaperone for the retreat.

_____ will be attending as chaperone instead.
PLEASE PRINT NAME OF CHAPERONE

Chaperone's Phone Number: _____

Chaperone's E-mail: _____



MEDICATION FORM:

Name of Student: _____

Name of Parent/Guardian: _____

Parent/Guardian Phone #: _____

If you need to take medication while you are with us this weekend, please list below. Medication must be given to CANDLE staff in the original prescription bottle showing your name when you arrive. It will be kept in a secure locked cabinet that can only be accessed by CANDLE staff. Only specified medication can be used while you are attending CT. If you are seen taking any medication not indicated on one of these forms, you will be asked to leave. If you have any questions call the CANDLE office at 845-634-6677.

My child will not be bringing/taking medication during Common Threads Retreat

#1

Name of Medication: _____

Dosage of Medication: _____

How Often Do You Take _____

This Medication: _____

How do you take this medication? _____

Instructions for use: _____

#2

Name of Medication: _____

Dosage of Medication: _____

How Often Do You Take _____

This Medication: _____

How do you take this medication? _____

Instructions for use: _____

#3

Name of Medication: _____

Dosage of Medication: _____

How Often Do You Take _____

This Medication: _____

How do you take this medication? _____

Instructions for use: _____