

**Welcome to the 2009 Youth Summit!**

This event brought to you by Teens CARE Too (TC2).....  
a teen-led, teen-driven organization empowering Hanover youth to make  
healthy, drug-free choices.

**Registration**

**\*\*NOTE: Please bring this registration form to the Summit with your  
parent's signature! This is required for participation!**

**Name of student:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**School:**

- \_\_\_\_\_ **Atlee**
- \_\_\_\_\_ **Hanover**
- \_\_\_\_\_ **Lee-Davis**
- \_\_\_\_\_ **Patrick Henry**
- \_\_\_\_\_ **Georgetown**
- \_\_\_\_\_ **Middle school (name of school: \_\_\_\_\_)**

**Best way to contact teen participant?**

**Email:** \_\_\_\_\_

**Cell or home phone:** \_\_\_\_\_

**Parent Permission and Release of Liability**

I hereby give my son/daughter named above permission to participate in the event listed.  
Although members of the I CARE Coalition serving as chaperones will use the utmost precaution  
in guarding the health of the above participant and preventing accidents, I release them from  
any liability in case of illness or injury as a result of this activity.

**Medical Emergency Authorization and Health Information**

In case of sudden illness or an accident to the above named participant requiring immediate  
medical treatment while he/she is a participant in this activity, I authorize the I CARE Coalition  
chaperones to take such action as seems appropriate to protect the health and physical well-  
being of the above participant. All efforts will be made to contact the parent(s) or guardian(s) in  
case of emergency.

**Signature of Parent/Guardian:** \_\_\_\_\_

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

**During the activity, I (we) can be reached at:**

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

If I (we) cannot be reached in the event of an emergency, the following person is authorized to act in my (our) behalf:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Additional remarks: \_\_\_\_\_

I HAVE READ THE ABOVE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE **2009 Youth Summit.**

Signature of Parent/Guardian	
Parent Name (Printed)	
Parent e-mail address	
Date	

**Teens, please arrive by 8:45 on April 18<sup>th</sup>! The event will be over by 3:30 p.m.**

**Email questions to Tara Garland at [info@hanovericare.org](mailto:info@hanovericare.org)**

**Summit Location: [New Hanover Presbyterian Church](#)**

*www.nhpc.org*

10058 Chamberlayne Rd  
Mechanicsville, VA 23116  
(804) 730-9700



*It all starts at home.*

[www.hanovericare.org](http://www.hanovericare.org)