



# 2018 LMTI FALL LEADERSHIP CONFERENCE PARTICIPANT APPLICATION – PAGE 1 OF 6

*Checks can be made out to "LMTI" or "Lindsey Meyer Teen Institute"*

## 1. Personal Information

*Completed application can be sent to: LMTI, 60 South Fullerton Avenue, Suite 210 B, Montclair, NJ 07042*

<b>First Name:</b>		<b>Last Name:</b>			
<b>Name I Prefer to Be Called</b> (We'll use this for your nametag):		<b>Pronouns I use</b> (i.e. they/them, he/his, she/hers):			
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip Code:</b>	
<b>Home Phone:</b>			<b>Cell Phone (Participant):</b>		
<b>Parent/Guardian Email Address (will be used for Registration confirmation &amp; correspondence):</b>					
<b>Age:</b>	<b>Date of Birth:</b>	<b>Gender:</b>	<b>Grade in Fall '18:</b>		
<b>T-Shirt Size (please select):</b>	Small	Medium	Large	XL	2XL 3XL
<b>Advisor's Name:</b>			<b>School Name or Action Group:</b>		

**2. Health Information-** The following information must be filled in by the parent/guardian. The intent of this information is to provide LMTI on site health care personnel and other authorized health care professionals with the background necessary to provide appropriate care. It is suggested you or your advisor keep a copy of this for your records. Any changes to this form should be provided to the Nurse upon arrival at Camp Ralph Mason. Rest assured that this information will only be viewed by health care professionals, as necessary.

<b>Physician/Doctor:</b>	<b>Phone:</b>
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### Allergies

Please list ALL known including medications, food, insect stings, seasonal, etc)	<u>REACTION</u>	<u>MANAGEMENT</u>
1.		
2.		
3.		
4.		
5.		
6.		

**Note Regarding Nut Allergies: The Camp Mason kitchen is considered "nut-safe." Most foods do not contain nuts, but there may be traces in certain foods. Announcements will be made at each meal re: what foods to avoid.**

### Restrictions, Limitations, and Accommodations

<p><b>Dietary: Check all that apply</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Does not eat red meat</td> <td><input type="checkbox"/> Vegan</td> </tr> <tr> <td><input type="checkbox"/> Does not eat poultry</td> <td><input type="checkbox"/> Vegetarian</td> </tr> <tr> <td><input type="checkbox"/> Does not eat pork</td> <td><input type="checkbox"/> Gluten-Free</td> </tr> <tr> <td><input type="checkbox"/> Does not eat seafood</td> <td><input type="checkbox"/> Pescatarian</td> </tr> <tr> <td><input type="checkbox"/> Does not eat eggs</td> <td><input type="checkbox"/> Other:</td> </tr> <tr> <td><input type="checkbox"/> Does not eat dairy products</td> <td></td> </tr> </table>	<input type="checkbox"/> Does not eat red meat	<input type="checkbox"/> Vegan	<input type="checkbox"/> Does not eat poultry	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Does not eat pork	<input type="checkbox"/> Gluten-Free	<input type="checkbox"/> Does not eat seafood	<input type="checkbox"/> Pescatarian	<input type="checkbox"/> Does not eat eggs	<input type="checkbox"/> Other:	<input type="checkbox"/> Does not eat dairy products		<p><b>Activity: (Please explain what cannot be done, what accommodations are necessary, etc):</b></p>
<input type="checkbox"/> Does not eat red meat	<input type="checkbox"/> Vegan												
<input type="checkbox"/> Does not eat poultry	<input type="checkbox"/> Vegetarian												
<input type="checkbox"/> Does not eat pork	<input type="checkbox"/> Gluten-Free												
<input type="checkbox"/> Does not eat seafood	<input type="checkbox"/> Pescatarian												
<input type="checkbox"/> Does not eat eggs	<input type="checkbox"/> Other:												
<input type="checkbox"/> Does not eat dairy products													

**Immunization History-** Please check all immunizations that the participant has received and provide the month/year given. You may also contact your doctor's office and attach immunization records.

**PLEASE NOTE: IF THIS INFORMATION IS MISSING, YOU WILL NOT BE PERMITTED TO ATTEND.**

IMMUNIZATION	DATE RECEIVED	IMMUNIZATION	DATE RECEIVED
<input type="checkbox"/> Diphtheria, tetanus, pertussis (DTap) or (TdaP)		<input type="checkbox"/> Pneumococcal (PCV)	
<input type="checkbox"/> Tetanus booster (dT) or (TdaP)		<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Mumps, measles, rubella (MMR)		<input type="checkbox"/> Hepatitis A	
<input type="checkbox"/> Polio (IPV)		<input type="checkbox"/> Varicella (chicken pox)	
<input type="checkbox"/> Haemophilus influenzae type B (HIB)		<input type="checkbox"/> Meningococcal meningitis (MCV4)	
<input type="checkbox"/> Tuberculosis (TB) test	Date:	<input type="checkbox"/> Negative	
		<input type="checkbox"/> Positive	

### Medication Information

**Medication-** Please list ALL medications (including over the counter or nonprescription drugs) taken routinely. All medication **MUST** be kept in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration. All medications **MUST** be turned into the Nurse upon arrival.

Please check one:

- This participant takes NO medications on a routine basis
- This participant takes medications as follows (continue on separate sheet if necessary):

Name of Medication	Date Started	Reason For Using It	When It Is Given	Amount or Dose Given	How It Is Given (i.e. orally)
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		
			<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Bedtime <input type="checkbox"/> Other time: _____		

**Identify any medications taken during the year that they might not be taking during the conference:**

The following medications may be stocked in camp Health Center and are used on an as needed basis to manage illness and injury. **Please place a check next to any medications that should NOT be given.**

- |   |                   |                                |
|---|-------------------|--------------------------------|
| Acetaminophen (Tylenol)                                   | Sore throat spray | Antihistamine/Allergy Medicine |
| Diphenhydramine antihistamine/allergy medicine (Benadryl) | Antacid (Tums)    | Antibiotic cream               |
| Pseudoephedrine decongestant (Sudafed)                    | Aloe              | Generic cough drops            |
| Bismuth subsalicylate (Pepto-Bismol)                      | Calamine Lotion   | Ibuprofen (Advil, Motrin)      |

**Additional Medical Questions** (Explain all “YES” responses below)

Has/Does the participant:

Yes No

Yes No

1. Ever been hospitalized?		12. Passed out/had chest pain during exercise?	
2. Ever had surgery?		13. Had mononucleosis (“mono”) in the past 12 months?	
3. Have recurrent/chronic illnesses?		14. If female, have problems with periods/menstruation?	
4. Had a recent infectious disease?		15. Have problems with falling asleep/sleepwalking?	
5. Had a recent injury?		16. Ever had back/joint problems?	
6. Had asthma/wheezing/shortness of breath?		17. Have problems with diarrhea/constipation?	
7. Have diabetes?		18. Ever had an eating disorder?	
8. Had seizures?		19. Have any skin problems?	
9. Had headaches?		20. Traveled outside the country in the past 9 months?	
10. Wear glasses, contacts, or protective eyewear?		21. Have a peanut allergy?	
11. Had fainting or dizziness?		22. Ever been treated for emotional or behavioral difficulties?	

**Please explain any “Yes” answers, noting dates and the number of the question(s):** *Example: #1- hospitalized 4/2016 for appendix removal*

**Is there anything we should know about the participant’s mental health (include any specific diagnoses, difficulties, recent major life events)?**

**Is there anything else you'd like to tell us about the participant or anything we've forgotten to ask?**



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## 3. Parent/Guardian Consent & Release

**Participant's Name:**

**A. Consent for Attendance**

I, the undersigned, hereby give permission for the above participant to attend the LMTI Fall Leadership Conference at Camp Ralph Mason in Hardwick, NJ on Friday, November 9 - Sunday, November 11, 2018.

**B. Insurance Information**

I, the undersigned, agree to pay any medical bills (independently or through insurance) that may arise as a result of injuries incurred at the LMTI Fall Leadership Conference.

- The participant is not covered by medical insurance.
- The participant is covered by the following insurance policies (fill out or attach a copy of your insurance card):

<b>Insurance Company Name:</b>	<b>Phone Number:</b>
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<b>Policy Holder:</b>	<b>Policy Number:</b>	<b>Group Number:</b>
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**C. Medical Consent**

This is to certify that I, the undersigned parent/guardian, hereby consent and authorize the LMTI Health Care Staff to administer medication as needed to the participant as indicated by me on Page 4 of this application. I understand that the LMTI Fall Leadership Conference occurs in an outdoor setting and hereby authorize trained LMTI Staff or Health Care Staff to administer first aid to the participant when necessary.

In the event of a medical emergency, I understand that I will be contacted as soon as possible and that my child may be transported to Newton Memorial Hospital. I give permission for the administration of all needed medicines, performance of all surgical treatment, and the administration of any anesthetic or injection which, in the opinion of the attending physician, may be necessary and advisable in the event of any medical emergencies regarding my child. It is understood that efforts shall be made prior to rendering emergency treatment to the patient. In the event that I am not available, I designate the following individuals to give further consent should it be necessary:

<b>Name:</b>	<b>Daytime Phone:</b>	<b>Evening Phone:</b>
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<b>Name:</b>	<b>Daytime Phone:</b>	<b>Evening Phone:</b>
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**D. Consent for Transportation**

I give permission for LMTI staff or volunteers to transport my child away from the LMTI Fall Leadership Conference for any reason that is deemed necessary. I understand that in the event that my child must return home (including psychological or physical medical needs, rule infringement, or any other occurrence deemed necessary), I am responsible for providing transportation.

**E. Consent for Photographs/Video**

I give permission for photographs/video footage to be taken of the participant, and for photographs/video footage in which the participant is included to be used for purposes of publicity by LMTI, a non-profit program. This includes publication of pictures/video on the LMTI website and LMTI social networking websites.

**F. Consent for Text Message Alerts & App Communication**

I give permission for LMTI to send event and info alerts via text message or identified cell phone app to the participant via the cell phone number provided (if you do not want the participant to receive updates, please do not provide cell phone number in section 1). Standard text message rates may apply.

**G. Release, Waiver, and Indemnification**

I, the undersigned parent/guardian, do hereby execute this release, waiver, and indemnification and agree to represent as follows:

The release of YMCA Camp Ralph S. Mason, NCADD-Hudson/Partners in Prevention, the Lindsey Meyer Teen Institute and their 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 YMCA Camp Mason, NCADD-Hudson/Partners in Prevention, and the Lindsey Meyer Teen Institute

I further agree to indemnify and hold harmless the said above from any and all liability, loss, damage costs, or causes of action, including attorney's fees and witness costs, arising out of the undersigned participation in the Lindsey Meyer Teen Institute (LMTI) Fall Leadership Conference and other events scheduled for the 2018-2019 school year.

## 4. Parent/Guardian Signature

<b>Parent/Guardian Signature:</b>		<b>Date:</b>	
<b>Parent/Guardian Name (please print):</b>		<b>Relationship</b>	
<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>	

**RESEARCH PARTICIPANT CONSENT FORM**  
Lindsey Meyer Teen Institute Evaluation Project

**Purpose of Research**

The purpose of this research is to determine the effectiveness of the Lindsey Meyer Teen Institute in reducing risk behaviors and increasing protective factors in LMTI participants.

**Specific Procedures to be Used**

Each year, LMTI conducts a multi-question survey which is given prior to the start of the conference and immediately following it. The surveys will be anonymous. A code will be used to match each survey pre- and post for purposes of statistical analyses. No names or identifying information will be used.

**Duration of Participation**

A typical survey is approximately 50 questions in length and takes about 15 minutes to complete. Each participant will be asked to complete 2 surveys while at the Lindsey Meyer Teen Institute program. The participant also may be asked to complete the same survey 3-6 months after completion of the program.

**Benefits to the Individual**

The results of this survey will help shape the content of future Lindsey Meyer Teen Institute events and programs. Participation in this survey will help enhance Lindsey Meyer Teen Institute and help other youth in the future.

**Risks to the Individual**

There are no known risks and no more than the participant would encounter in everyday life. If they do not like a question, they can skip it.

**Confidentiality**

Participants will not be identified by name in any of the surveys. A tracking code will be used to match pre- and post-tests to each other. This code will not be used to identify participants in any way. All data will be housed at the Lindsey Meyer Teen Institute/Partners in Prevention office and will only be available to the evaluators and LMTI staff.

Since this study involves persons under 18 years old and/or will ask questions to any participants about family life and/or children, you should know that New Jersey requires that any person having reasonable cause to believe that a child has been subjected to child abuse or acts of child abuse shall report the same immediately to the Division of Children Protection & Permanency (DCP&P).

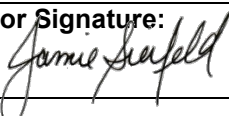
**Voluntary Nature of Participation**

I/my child do not have to participate in this research project. If I/my child agree(s) to participate, I can withdraw their participation at any time without penalty.

**Human Subject Statement:**

If I have any questions about this research project, I can contact Jamie Sierfeld, LMTI Director at 201-696-0368. If I have concerns about the treatment of research participants, I can contact the Lindsey Meyer Teen Institute at 37 Harmon Cove Towers, Secaucus, NJ 07094 or via email at [jamie@lmteeninstitute.org](mailto:jamie@lmteeninstitute.org).

**I HAVE HAD THE OPPORTUNITY TO READ THIS CONSENT FORM, ASK QUESTIONS ABOUT THE RESEARCH PROJECT AND AM PREPARED TO PARTICIPATE IN THIS PROJECT.**

<b>Participant's Signature:</b>	<b>Participant's Name:</b>	<b>Date:</b>
<b>Parent/Guardian Signature:</b>	<b>Parent/Guardian Name:</b>	<b>Date:</b>
<b>LMTI Director Signature:</b> 	<b>LMTI Director Name:</b> Jamie Sierfeld	<b>Date:</b> 1/31/18



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## YMCA Camp Ralph S Mason - Program Waiver

Group Name: LINDSEY MEYER TEEN INSTITUTE

Participant Name: \_\_\_\_\_ Date of Program 11/9/18-11/11/18

Parents' Names (if participant is under 18): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email (parent email if participant is under 18): \_\_\_\_\_

YMCA Camp Mason conducts its programs with the best interests of its participants in mind and has taken reasonable steps to provide appropriate equipment and well trained staff for these programs. However, these programs do have inherent risks and although safety procedures have been established to minimize these risks not all risks and hazards can be eliminated due to the nature of the activities offered.

Living in the natural environment can be unpredictable. Some of the possible risks include contact with wildlife, falling, cuts, burns, bruises, sprains, fractures, falling trees, falls during climbing, falling rocks during climbing, tipping over a canoe, falling into the water, drowning, near drowning, hypothermia, unpredictable weather conditions. All of these risks may result in injuries to the participant. I understand that Camp Mason's intent is not to frighten me but wants me to be fully informed of all the risks. I understand that the risks listed above are not complete and that there are other risks that exist.

The potential of contracting Lyme Disease increases in rural settings such as Camp Mason. We encourage all participants to check themselves regularly for ticks and to be educated on the signs and symptoms of Lyme Disease, which may occur days or months after an encounter with a tick.

My signature below indicates that I fully understand the nature of the program at YMCA Camp Mason and I freely wish to participate. I know of no legal, physical or health reason why myself and/or my child cannot fully participate in the program that I am registering for. I agree to assume responsibility for the inherent risks identified herein and to those risks that are not specifically identified. I understand that it is my responsibility to participate in a safe manner, doing my best to follow the safety instructions provided to me by the Camp Mason staff. I agree not to do anything that jeopardizes me or other members of my group. I (and my parents/guardians if I am a minor) assume and accept full responsibility for me and for injury, death and loss of personal property and expenses suffered by me as a result of those inherent risks and dangers identified herein, and those not specifically identified, as a result of my negligence or the negligence of others participating in the activity.

My signature authorizes the management and staff of YMCA Camp Mason to act for me according to their best judgment in the event of a medical emergency and/or routine medical care. By my signature I hereby waive, release and hold harmless the YMCA, its management, volunteers, agents, and staff from any and all liability for any injuries, death or illness sustained and/or incurred while at Camp and /or while using any facilities of, or participating in any of the activities of YMCA Camp Mason. I grant permission for emergency medical treatment and/or routine medical care by the YMCA camp staff, a rescue squad, private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me as soon as possible. My signature waives and/or releases YMCA Camp Mason from any and all liability and/or financial responsibility for any medical expenses incurred.

In consideration of having myself or my minor child or ward participate in the Outdoor Center program to be offered by YMCA Camp Mason, I agree to waive and release all future claims, demands or causes of action which the undersigned and/or such participant might have by reason of any loss, damage, expenses, injury or death arising out of or in any way connected with such person's participation in such program. I further agree to indemnify and hold harmless YMCA Camp Mason, their agents, officers, directors, employees and volunteers from and against any such claim, demands or causes of action.

By signing below, I acknowledge that it is understood that YMCA Camp Mason is a non-profit corporation, organized exclusively for charitable and educational purposes, and as such, is immune from liability for the negligence of its agents, servants or employees under N.J.S.A. 2A:53A-7.

I give YMCA Camp Mason permission to use any photographs taken of myself and/or my child while participating in programs at Camp Mason.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian/Participant

*If the participant is under 18 I am signing as the parent/guardian to reflect my understanding and acceptance of the risks involved in attending programs at YMCA Camp Mason.*

For additional information or questions,  
please contact:



# **the lindsey meyer teen institute**

A program of Partners in Prevention



(201) 696-0368 p

(201) 298-1618 f

[info@lmteeninstitute.org](mailto:info@lmteeninstitute.org)

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

**All completed registration materials and  
payments can be sent to:**

The Lindsey Meyer Teen Institute

60 South Fullerton Avenue

Suite 210B

Montclair, NJ 07042

**\*\*Please do not send any registration materials to Camp Mason!\*\***