



Please join us for the **LMTI Reunion Conference!** Get ready for a day of LMTI presenters, fun, games, reuniting with friends, and non-stop fun at Six Flags!

- When:** Saturday, October 13
- Registration:** 10:30am*
- Where:** Six Flags Great Adventure
1 Six Flags Boulevard
Jackson, New Jersey 08527
- Who:** Anyone who attended the 2018 Summer Leadership Conference
- What's Included:** LMTI programming, picnic lunch, meal voucher for dinner, and access to the park
- Cost:** FREE!

**A Note for Parents: LMTI will be providing programming from approximately 10:30am-2:00pm. After this time, students will have access to the theme park. All students are required to attend with an adult chaperone, who will be responsible for communication with students while at the park, and for coordinating departure times and methods of transportation. If a student is using LMTI-provided bus transportation, they will depart the park at 7:30pm. It is strongly recommended that you obtain the name and cell phone number of your child's chaperone, should you need it in the event of an emergency.*

Permission Form

All high school students MUST bring this permission form with them on the day of the event!

Student Name: _____ **School/Action Group:** _____

I, the undersigned, hereby give my child permission to attend the Lindsey Meyer Teen Institute Six Flags Reunion Conference on October 13, 2018 at the Six Flags Great Adventure (1 Six Flags Blvd, Jackson, NJ 08527). I understand that LMTI will provide programming between the hours of approximately 10:30am-2:00pm. I understand that the LMTI staff is not responsible for supervising my child in the park after programming ends at approximately 2:00pm, and that the adult chaperone from my community will be responsible for communication with my child while at the park. The adult chaperone will also coordinate departure times and methods of transportation. Should an emergency arise, I understand that I will be notified as soon as possible, and I give permission for the attending medical professional to administer treatment to my child, and that I am responsible for payment of any medical treatment via insurance or other means. I give permission for my child to be transported to and from Six Flags, by LMTI Staff or means provided by LMTI, for any reason deemed necessary. I will hold harmless the Lindsey Meyer Teen Institute, NCADD Hudson/Partners in Prevention, and Six Flags Great Adventure.

Parent/Guardian Name: _____ **Relation:** _____

Parent/Guardian Signature: _____ **Date:** _____

Student Cell Number: _____ **Parent/Guardian Cell Number:** _____

Emergency Contact Name: _____ **Relation:** _____

Emergency Contact Phone Number: _____