# **S.T.A.R. Retreat Application (6th-8th graders)**

# **STUDENTS TEACHING ABOUT RESISTANCE**

**Saturday, February 17, 2018**

**Registration from 8:30-9 am**

**Event from 9 am-9:30 pm**

**Held at St. John Lutheran Church (Purple Door Church), Celina**

**Sponsored by:** Foundations Behavioral Health Services, Mercer County Civic Foundation, and Community Members

***Youth will be supervised by high school, college, and adult role models!***

*Youth will be attending one personal growth session and two “how to” sessions. Youth will also spend time with their “family group,” participate in team building activities and games, and have a dance/hangout time with other youth. This is a youth-led, adult-guided retreat. High school youth leaders are members of the Mercer County Youth to Youth Group.*

(Please Print)

First & Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender M\_\_\_ F\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T-shirt size:** *Circle one* **Youth or Adult** (indicate size): \_\_\_\_\_\_\_\_

**COST PER PERSON**: **$20**- Includes lunch, dinner, t-shirt, and all activities; First come, first serve. Youth will be notified if their application is denied due to space limitations.

*\*\*\*Please contact Laura (see info below) if your child would like to go, but needs assistance with the cost. Several grants are available for youth to attend! Make Checks Payable to: Foundations Behavioral Health Services. Please put “S.T.A.R.” in memo line and submit checks or cash with the application.*

**GROUP CHOICES**

***Please rank your preferences***

**Below: Rank 1-5 (1 being your favorite) Below: Rank 1-6 (1 being your favorite!)**

**PERSONAL GROWTH sessions “HOW TO” sessions**

\_\_\_ Calm Down and Take a Deep Breath \_\_\_ Talking with your hands

\_\_\_ Girls on the Rise (no boys allowed) \_\_\_ Finding Your Voice

\_\_\_ DUDES (no girls allowed) \_\_\_ Take a Bite

\_\_\_ APPS \_\_\_ I Can Only Imagine

\_\_\_ Say It Like You Mean It \_\_\_ Let’s Get Moving

\_\_\_ Take the Lead \_\_\_ Things that Fly

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

**PLEASE RETURN COMPLETED APPLICATION AND MONEY (Make checks payable to: Foundations Behavioral Health Services) BY Thursday, February 1, 2018 t*o your school guidance counselor/office.*** IF THERE ARE ANY QUESTIONS OR CONCERNS PLEASE CONTACT LAURA or AMY AT FOUNDATIONS BEHAVIORAL HEALTH SERVICES, 4761 St. Route 29, Celina, Ohio 45822, Phone: 419-584-1000, or lauras@foundationsbhs.org or amym@foundationsbhs.org

# **EMERGENCY MEDICAL AUTHORIZATION**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) as a lawful parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student/Participant) hereby authorize the S.T.A.R. staff to dispense non-prescription medications (Tylenol, Ibuprofen, etc.) as deemed necessary. Please note any medications this participant is allergic to:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of an emergency, I may be contacted at:

Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event I cannot be contacted, I authorize emergency medical, hospital care and/or treatment deemed necessary by a licensed physician at an accredited hospital for the health and well-being of the above participant. I also authorize the transportation of said participant to the necessary facility to receive the above care. This authorization shall be in effect during the S.T.A.R. Retreat Saturday February 17th, 2018 from when the youth arrives around 8:30 am until the youth leaves the building (after being signed out by trusted adult) after the retreat is over after 9:30 pm.

FOR REFERENCE Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chronic Illness: Yes\_\_\_\_\_ No\_\_\_\_\_

List/comment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Required Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I waive any responsibility of Foundations Behavioral Health Services, St. John Lutheran Church, and all staff if any harm occurs to my youth as a result of the S.T.A.R. retreat.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**LETTER OF AGREEMENT**

We must be certain that each student who participates understands his/her role and responsibility during S.T.A.R. For this reason, **we request that you read the following before signing below.**

AT THE RETREAT

1. I understand that S.T.A.R. is a prevention program, not a treatment program.

2. I have / have not previously attended S.T.A.R. **(please circle one)**

3. I am free from all non-prescription, mood-altering substances (tobacco, alcohol, and other

 drugs).

4. I understand that the training I will receive before, during, and after the retreat will enhance

 my skills and prepare me for further participation in upcoming prevention activities.

5. I will attend all scheduled sessions throughout the program.

6. I will respect the rules of the program and St. John Lutheran Church especially those

 regarding abstinence from all non-prescription mood-altering drugs, alcohol and tobacco.

7. I will treat both staff and fellow S.T.A.R. participants with courtesy and respect.

I understand the above stated rules, conditions, and statements and agree to abide by them during the program. I also agree that my behavior both during and after the program will reflect my respect for these principles and for my peers who were unable to participate. I also understand that if my behavior at the program is not within the guidelines of S.T.A.R., my parents will be called to pick me up before the regular time of departure.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Student Date**

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## I understand and have reviewed the above stated rules and conditions with my son/daughter. I also understand that my student may be attending sessions pertaining to abstinence from tobacco, pre-marital sex, alcohol and other drugs. (Presenters may be contacted for questions pertaining to their curriculum by contacting Laura or Amy at Foundations Behavioral Health Services: see contact info.)

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

**Photo Permission**

\_\_\_\_I give permission to Foundation’s staff to use pictures/video taken of my son/daughter at the S.T.A.R. 2018 event for promotional purposes (picture presentation/Youtube video used for advertising to schools/community next time S.T.A.R. is offered, S.T.A.R./Youth to Youth Facebook page or media releases).

\_\_\_\_I do not give permission for Foundation’s staff to use my son/daughter’s photos/video for promotional use of the S.T.A.R. retreat

 Notes/Concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**SAVE THE DATE!**

~Keep for your records~

# **S.T.A.R. Retreat (6th-8th grade students)**

# **STUDENTS TEACHING ABOUT RESISTANCE**

# **S.T.A.R. event: Saturday, February 17, 2018**

**Registration from 8:30-9 am**

**Event from 9 am-9:30 pm**

**Families invited for closing ceremonies: 8:45-9:30 pm**

**Held at St. John Lutheran Church (Purple Door Church)**, 1100 N Main St, Celina, OH 45822 (follow sign directions). Church is across from CVS.

# **Theme: “Under the Sea”**

**Note:** The $20 registration fee that is paid covers all costs associated with the retreat (includes Lunch, Dinner, t-shirt, and all activities). There is no need to bring additional money or items.

\*If student completes an application and turns it into the school/Foundations by deadline, assume that they will be attending. We will only contact you if application is denied due to space limitations.

**Sponsored by:** Foundations Behavioral Health Services, Mercer County Civic Foundation, and Community Members

***Students will be supervised by high school, college, and adult role models!***

*Youth will be attending one personal growth sessions and two “how to” activities. Youth will also spend time with their “family group,” participate in team building activities and games, and have a dance/hangout time with other youth. This is a youth-led, adult-guided retreat. High school youth leaders are members of the Mercer County Youth to Youth Group.*

**IF THERE ARE ANY QUESTIONS OR CONCERNS PLEASE CONTACT:**

Laura Sanford or Amy Miller

Foundations Behavioral Health Services

4761 St. Route 29, Celina, Ohio 45822

Phone: 419-584-1000

lauras@foundationsbhs.org or amym@foundationsbhs.org

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Check out “Grand Lake Happenings” group onfor local youth and family events.

Follow prevention on Instagram  mercercounty\_y2y

Please  [“Mercer County Prevention Coalition”](https://www.facebook.com/MercerCountyDrugPrevention/?fref=nf) and share posts