

SECOND ANNUAL

YOUTH
ON THE
BORDER
CONFERENCE

November 21, 2015

Registration: 8:30 am

Conference: 9:00 am—3:00pm

At the

Santa Cruz County Provisional Community College District
NOGALES, ARIZONA



Come learn more about:

- ◇ Self Harm
- ◇ Underage Drinking
- ◇ Cyberbullying
- ◇ Teen Dating Violence

Hosted by

Santa Cruz County
School Superinten-
dent
Alfredo I. Velasquez
And
County Attorney
George Silva




MARIPOSA
COMMUNITY
HEALTH CENTER
A A D Y C T




D.F.C.C



CIRCLES OF PEACE
CÍRCULOS DE PAZ



CENPATICO
INTEGRATED CARE



SANTA CRUZ COUNTY
ADOLESCENT
WELLNESS
NETWORK

For More Information or Questions Contact:

Sonia Sanchez

(520)-313-2803

soniasanchez977@hotmail.com

FREE

FREE



ANTI ALCHOL DRUG YOUTH COALITION TEAM
SANTA CRUZ COUNTY DRUG FREE COMMUNITY COALITION
MAKING A DIFFERENCE IN SANTA CRUZ COUNTY

Youth on the Border Conference

Join us on November 21, 2015 to participate in our Youth on the Border Conference which include workshops on: Underage Drinking, Self-Harm, Cyber Bullying and Teen Dating Violence for students in middle and high school.

Although we would like to provide this activity for every student in Santa Cruz County, space is limited to 80 students. This event will teach students to become leaders and motivate their peers to take action and prevent risky behaviors

Q. Is there a cost to attend this event?

A. This event will not include a cost for the participant. We will provide snacks and food for the participants. Parents will be responsible to drop-off and pick-up their son/daughter at the conference

Q. Who may participate in Youth Congress?

A. Any student in middle and high school in both Nogales Arizona and Nogales Sonora

Q. What is the process?

A. Along with the Parent Consent Form and a form waiving the responsibility to the Santa Cruz County Drug Free Community Coalition and its partners of any incident that may occur to the participant. Both these forms must be turned in by any participant who wishes to participate in the Youth on the Border Conference

Q. How will the students be selected?

A. There will not be a selection process. We will simply select the first 80 students that turn in both forms mentioned above. Students will not be able to participate if they don't turn in both forms. NO EXCEPTIONS!

Q. What happens if I am selected and for some reason I am unable to participate at the last minute?

A. If we have more than 80 applicants, we will place some students on a waiting list. If for some reason you are unable to be present, please notify us immediately so someone else may have a chance to participate.

Q. Who should I contact for more information?

A. For more information, please call Sonia Sanchez at (520)313-8111, Monday - Friday from 8 - 5



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Youth on the Border Conference

Parent Permission Form

Youth Participant: _____
Last Name First Name

Name of parent/guardian whom the child lives with: _____

Address: _____

Home telephone number: (____) _____

Other telephone number : (____) _____

Name of other parent/guardian or emergency contact: _____

Address: _____

Home telephone number: (____) _____

Other telephone number: (____) _____

If the people indicated are not available in case of an emergency, please indicate the name and address of another person that we may contact:

Name: _____

Address: _____

Home telephone number: (____) _____

Other telephone number: (____) _____

Medical information (Parents/guardians are responsible for any medical expense that may be present)

Child's physician: _____

Physician's telephone number: _____

Name of Insurance: _____

We will not have any physicians present during the conference; however, we do need to know if your daughter/son has a medical condition or food allergies that we should be aware of. If so, please provide details:

during the conference, your son's/daughter's health and safety will be our priority. However, in case of an emergency, the person you indicated as an emergency contact will be reached if parents/guardians are not available.

I give _____
Son's/Daughter's Name

Permission to participate in the Youth on the Border Conference. I understand that if an emergency should occur, my son/daughter will be transported by ambulance to the nearest hospital, and the person assigned as an emergency contact will be notified to assume responsibilities of the medical decisions that need to be taken. In case the emergency contact or I are not available, I give the hospital medical staff permission to provide the appropriate medical treatment for my son/daughter.

Parent/Guardian Name (print)

Parent/Guardian Signature
(if under age 18)

Date



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Participant Signature/Firma del Participante

Date/Fecha

**Parent/Legal Guardian Signature
Firma del los Padres o Tutor**

Date/Fecha

Witness/Testigo