JUNE 4-6, 2023

TNSTRONG SUMMIT REGISTRATION

CHATTANOOGA CONVENTION CENTER, 1 CARTER ST, CHATTANOOGA, TN 37402

Please use the online form to register if you are able: ***bit.ly/2023-summit-reg***

IF YOU ARE A STAFF, CHAPERONE, PRESENTER, OR TNSTRONG AMBASSADOR, YOU MUST FILL OUT THE ONLINE REGISTRATION FORM.

The theme for the 2023 TNSTRONG Youth Summit is L.I.F.T. Living in Freedom of Tobacco

- When you register, please give us an email that you often check because we will send you information through email.
- Youth must currently be rising 8th graders to first-year students in College (13 - 19 years old).
- ALL participants must fill out the TNSTRONG forms. If you are under 18, your parent or legal guardian must sign your form.

TN Department of Health

TN STRONG

REGISTRATION

Registration Deadline: Sunday, April 30, 2023

First Name _____ **Last Name** _____

Address _____

City _____ **State** _____ **Zip Code** _____

County _____ **Phone Number** (_____)_____

If this is your cell number, can we text you with updates?

By selecting "Yes", I understand that I am giving permission to the Tennessee Department of Health to send me text messages in regard to the TNSTRONG Summit.

☐ Yes ☐ No

Email Address _____ **Birthdate** MM/DD/YYYY **Age** _____

School for 2023-2024 school year _____

Gender ☐ Male ☐ Female **T-shirt size** ☐Small ☐ Medium ☐Large ☐XL ☐2XL ☐3XL

By submitting this registration, I agree that I am aware if I register after April 30, 2023, I am not guaranteed my selected t-shirt size.

Dietary Restrictions and Food Allergies _____

*If you have a dietary restriction, you must email **TNSTRONG.Health@tn.gov** immediately after completing your registration.*

Parent First Name _____ **Parent Last Name** _____

Parent Phone Number (_____)_____ **Parent Email Address** _____

Are you attending with a local coalition, youth group, or other community group? ☐ Yes ☐ No

What is the name of the local coalition, youth group, or other community group you are attending the TNSTRONG Summit with? _____

By submitting this registration, I understand I am responsible for my own behavior while at TNSTRONG Youth Summit and I will fully participate in all activities.

By submitting this registration form, I agree to stay on-site for the duration of the TNSTRONG Youth Summit but will notify staff should I need to leave the premises.

MEDICAL TREATMENT FORM

This form must be completed in order to process registration

Release of All Claims

In consideration of being accepted by the TNSTRONG event I (we) do for myself (ourselves) and on behalf of my child/participant do hereby release, forever discharge, and agree to forever hold harmless TNSTRONG, the employees, and agents thereof, from any and all liability, claims and demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by me or my child/participant resulting from said child's participation in the tobacco prevention sponsored youth events, including travel, recreation and all associated activities. Further, I (we) (and on behalf of our child/participant under 18 years of age) hereby assume all risk of said personal injury, sickness, death, damage and expenses as a result of participation as above set forth. I also understand that staff and volunteers are responsible for the administration of prescribed medication and I (we) have made private arrangements for any medication taken on a daily schedule by my child/participant. I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him/her to participate fully in said youth events, and give my (our) permission to take said to a doctor or hospital, share the above medical information and authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume responsibility of all medical bills incurred by my child. I (we) give permission for my child to receive over-the-counter medication such as Tylenol, ibuprofen, antibacterial ointment, throat lozenges, eye wash solution, and the like.

PLEASE ATTACH A PHOTOCOPY OF YOUR MEDICAL INSURANCE CARD

Insurance Company _____ **Insurance Company Phone Number** (_____)_____

Policy Number _____ **Policy Holder Name** _____

Allergies _____

Restrictions on diet, exercise, or special needs? If so, please list: _____

*If you have a dietary restriction, you must email **TNSTRONG.Health@tn.gov** immediately after completing your registration.*

Is the participant on regular medication? If so, please list the medication, dosages, frequency, and any instructions _____

Emergency Contact Information

First Name _____ **Last Name** _____

Email _____ **Phone Number** (_____)_____

Parent Signature _____

Waiver of Liability, Assumption of Risks, and Indemnification Agreement

In consideration of COUNTY NAME County Health Department and Tennessee Department of Health allowing me to participate in the TNSTRONG Event to be held on June 3-6, 2023, I PARTICIPANT NAME (guest or participant) hereby agree to waive and release any and all claims which I or my family may now or hereafter have against Tennessee Department of Health, its representatives, agents, employees or assigns for any injury, illness, or damage which I suffer, unless proven such claim occurred based solely upon the gross negligence of COUNTY NAME County Health Department & Tennessee Department of Health, while participating in this TNSTRONG Event. This includes all activities related to the event, including any transportation related to the activity. I and my family agree to fully and completely indemnify and hold harmless Davidson County Health Department & Tennessee Department of Health, its representatives, agents or assigns from any claim, action, cause of action, or suit including litigation expenses and attorney fees due to any injury or damage which may have occurred on of or arising out of or in connection with my participation in this event. I, for myself and/or my minor child (if applicable and signatures appear below), acknowledge and understand this means I knowingly and voluntarily assume any and all risks, both known and unknown, appurtenant to the participation in this event, at any and all times.

If this waiver/agreement is signed by a parent or guardian below, it is hereby acknowledged that this waiver and indemnity shall be binding upon any parents or legal guardians of said minor child and the minor child to the fullest extent permitted under the law.

I (we) also release the participant's name as part of an information database for TNSTRONG and related entities, and grant TNSTRONG unrestricted rights to use, alter, and reproduce any images (still and video) from the event, in any medium without compensation.

Observing the TNSTRONG Community Guidelines will help our time together to be more effective and safe, allowing each of us to receive maximum benefit from this event. By signing below, I signify that I have read and understand the TNSTRONG Community Guidelines and agree to observe them while attending TNSTRONG events.

By signing below, I signify that PARTICIPANT NAME would be an appropriate participant for this event and the unit which he/she has chosen.

Please review the TNSTRONG Community Guidelines document on the next page before signing your Waiver of Liability, Assumption of Risks, and Indemnification Agreement.

TN Department of Health

TNSTRONG COMMUNITY GUIDELINES for Youth and Staff
Tennessee Department of Health

(Please keep this copy)

As a member of the TNSTRONG Community, you agree to...

Assume Full Responsibility for Your Own Behavior by:

1. Being present for the entire event and participating in ALL activities with your Unit as well as TNSTRONG Community activities
2. Remaining within the physical boundaries of the TNSTRONG community
3. Wearing an I.D. at all times
4. Not bringing alcoholic beverages, drugs, cigarettes, firearms, fireworks, knives, or other inappropriate items (i.e. bikes, hair clippers, etc.) There is a 100% no---smoking policy for this event!

Being Respectful to and of Others by:

1. Taking care of property and equipment not belonging to you and reporting any damaged items to the TNSTRONG staff immediately (you will be charged for damages you cause)
2. This is a closed event ---do not invite outside guests or leave the event location

Being Supportive of All TNSTRONG Staff and Participants by:

1. Arriving on time
2. Not switching rooms --- as a matter of safety
3. Adhering to the conference pool policy --- the hotel pool will be off limits due to concerns about safety given the number of participants that will be attending the conference
4. Reporting all sickness or injury to your TNSTRONG staff. I understand that all prescription and over the counter medicines will be given only by my chaperone(s) unless I possess authorization from my physician that I may self-administer my medications.

To provide clear boundaries to promote a Successful event, one or more of the following responses will be enacted for violations of the established rules:

1. Warning to participant – clarification and review of the guidelines
2. Fair and appropriate steps will be taken to rectify the problem within the small group or Unit Directors if possible.
3. Participant sent home – to be picked up by parent or sent home at parent's expense as determined by the TNSTRONG Director and Unit Directors

SIGNATURE PAGE

Participant Signature _____ **Date** MM/DD/YYYY

Parent Signature _____ **Date** MM/DD/YYYY

Printed name of Guardian or Parent _____

By submitting this form I am consenting to all communications in regard to TNSTRONG.

- Please email your completed registration to **tnstrong.health@tn.gov**.
- You will receive a confirmation email with additional event information soon.
- Check out our website for updates and more information: **bit.ly/2023summit-info**.

Thanks for registering for the 2023 TNSTRONG Youth Summit. See you in June!