

***Free Teens 2017 Media Summit Application***  
**April 21-23, 2017 Fairview Lake YMCA Camp, Newton, NJ**

For info, visit [www.FreeTeensYouth.org](http://www.FreeTeensYouth.org) , call 201-488-FREE (3733) or email [freeteensusa@gmail.com](mailto:freeteensusa@gmail.com)

**Registration Deadline March 31, 2017, \$299 fee. Discounted Registration by 2/29/17, \$249 fee.**

PLEASE PRINT!

Name	M/F	Age	Grade	School
Address		Town		State    Zip Code
Phone (day)		Phone (evening)		Email

Does pop culture help teens to make good decisions, especially regarding sexual involvement? Explain.

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(feel free to continue on back)

Why do you want to attend the Teen Media Summit? Explain.

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(feel free to continue on back)

Have you made a personal decision to avoid risky behaviors such as alcohol/drug use and teen sex? \_\_\_\_\_

**I. Check your choices for three of the Saturday morning workshops:**

\_\_\_ Theater Performance                      \_\_\_ Video Production Basics

\_\_\_ Professional Songwriting, Recording & Producing

\_\_\_ African Dance/Hip Hop    \_\_\_ Photojournalism

**II. Choose media area you'd like to specialize in from Saturday afternoon until Sunday afternoon.  
Circle first choice and underline second choice.**

**1) Theater/drama/spoken word      2) African Dance & Hip Hop**

**3) Video Production** including filming/interviewing and editing.

    a) Music Video,              b) Documentary Video,              c) Message/Story Video

**4) Song Writing, Performance and Recording;    5) Photojournalism.**

**Summit Rules:** Participants must follow summit schedule including curfew, to not leave Camp premises, to avoid destruction of Camp or Free Teens property, avoid any use of alcohol, illegal drugs, profanity, weapons of any kind & to refrain from romantic behaviors. Modest clothing required. No use of electronic devices such as cellphones, iPods, PSPs during Summit sessions (school rules apply).

I agree to participate fully in Summit activities, follow all rules, & understand that I could be asked to leave if I violate any of them (parents responsible to pick up child). I also understand that the Teen Summit activities will be photographed and videotaped and give Free Teens USA permission to use and reproduce recordings of my image for educational and promotional purposes.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Any restrictions in activities? \_\_\_\_\_

\_\_\_\_\_  
continue on back if needed

### Parent Program Waiver

I know of no legal, physical or health reasons why \_\_\_\_\_ cannot fully participate in the 2017 *Free Teens* Media Summit, except for restrictions I have listed above, and give permission for him/her to attend. I understand that if my child violates any Summit rules, I could be asked to pick him/her up early and that if my child is involved in damaging Fairview Lake Camp or *Free Teens* property, I could be held financially responsible. I also understand that the Teen Summit activities will be photographed and videotaped and give Free Teens USA permission to use and reproduce recordings of my child's image for educational and promotional purposes.

Registration fee \$299. Early registration fee (by 2/27) \$249.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Registration fee enclosed \_\_\_\_\_ Check  
(make check out to *Institute for Relationship Intelligence*)

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Name on credit card

\_\_\_\_\_  
Parent/Guardian Phone

\_\_\_\_\_  
Phone 2

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Emergency contact person

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone 2

Make checks out to *Institute for Relationship Intelligence* or make Paypal payment to freeteensusa@gmail.com.

**Mail to Free Teens 2017 Media Summit, P.O. Box 97, Westwood, NJ 07675 or fax to: 201-701-0297.**

The *Free Teens Media Summit* is supported in part by grant DFHS16AEP005 from the New Jersey Department of Health, Child & Adolescent Health Program, utilizing federal funds.

**Institute for Relationship Intelligence**

P.O. Box 97, Westwood, NJ 07675  
Tel.: 201-488-3733, Fax.: 201-701-0297

**Medical Authorization Form**

Medical Authorization For \_\_\_\_\_  
Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I, the undersigned parent or guardian, having legal custody of the above-named minor, hereby authorize the staff of Free Teens USA, into whose care said minor has been entrusted, to consent to any emergency medical treatment or hospital care to be rendered to said minor upon the advice of a physician or surgeon licensed under the provision of the Medical Practice Act or by a dentist licensed under the provisions of the Dental Practice Act. I further authorize the staff of Free Teens USA to have said minor released into the custody of Free Teens USA staff, should hospital care no longer be required.

MEDICAL INFORMATION (Please mention any information that may be helpful to hospital staff if an emergency should arise)

Allergies to medication or food \_\_\_\_\_

Medication in ongoing use by child \_\_\_\_\_

Health problems (asthma, heart condition, seizures, diabetes, sickle cell, etc.) \_\_\_\_\_

Other comments \_\_\_\_\_

Child's regular clinic or doctor – Name: \_\_\_\_\_

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

\_\_\_\_\_  
Telephone Insurance Plan Membership

*By my signature below, I attest the fact that all the information above is true and that I have given approval for Free Teens USA staff to provide emergency medical treatment or hospital care for my child ONLY if I cannot be reached or am unable to be contacted.*

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Parent of Legal Guardian Signature)

PRINT NAME: \_\_\_\_\_ Work Tele: \_\_\_\_\_

Address: \_\_\_\_\_ Home Tele: \_\_\_\_\_

WITNESS: \_\_\_\_\_

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