2020 LMTI PARTICIPANT APPLICATION

lindsey meyer teen institute

Please select a session:

☐ Session 1: August 24 - August 28

☐ Session 2: August 31 - September 4

Application Instructions:

1. **Include full name of participant at the top of EACH page of the application where indicated.**
2. **Fill out ALL sections and pages of application.**
3. **Any payments can be made out to "LMTI."**
4. **If mailing, please send to: LMTI, 110B Meadowlands Parkway, Suite 302, Secaucus, NJ 07094**
5. **Once the application is received and processed by our office, you will receive a confirmation email with more info!**
6. **If you have any questions regarding this application, or the Summer Leadership Conference, please email info@njlmti.org or call (201) 552-2264.**

1. Personal Information

First Name:		**Last Name:**	
Name I Prefer to Be Called (We'll use this for your nametag):		**Pronouns I use (i.e. they/them, he/his, she/hers):**	
Address:			
City:	**State:**	**Zip Code:**	
Parent Phone:		**Participant Phone:**	
Parent/Guardian Email Address:		**Participant Email Address:**	
Age:	**Date of Birth:**	**Gender:**	**Grade in Fall 2020:**

T-Shirt Size (please select): ☐ Small ☐ Medium ☐ Large ☐ XL ☐ 2XL ☐ 3XL

Advisor's Name:	**School Name or Action Group:**

Housing Preference: **All students who attend the Summer Leadership Conference will be assigned to a dormitory style cabin chaperoned by our trained staff. It is our priority that all students have an experience at LMTI that feels comfortable and safe. Please select the housing option that you feel best suits your needs.**

☐ Female ☐ Male ☐ Gender Inclusive

2. Health Information

- The following information must be filled in by the parent/guardian. The intent of this information is to provide LMTI on site health care personnel and other authorized health care professionals with the background necessary to provide appropriate care. It is suggested you or your advisor keep a copy of this for your records. Any changes to this form should be provided to the Nurse upon arrival at Camp Ralph Mason. Rest assured that this information will only be viewed by health care professionals, as necessary.

Physician/Doctor:	**Phone:**

Allergies *

Please list ALL known including medications, food, insect stings, seasonal, etc)	**REACTION**	**MANAGEMENT** (i.e. Epi-Pen*, Benadryl, etc.)
1.		
2.		
3.		
4.		

Epi-Pen: If the participant uses an Epi-Pen to manage an allergic reaction, it MUST be listed above & MUST be included as a medication on the following page!

Nut Allergies: The Camp Mason kitchen is considered "nut-safe." Most foods do not contain nuts, but there may be traces in certain foods. Announcements will be made at each meal re: what foods to avoid. If you have any concerns, please reach out to info@njlmti.org!

Restrictions, Limitations, and Accommodations

***Dietary*: Check all that apply**

☐ Vegan
☐ Vegetarian
☐ Gluten-Free
☐ Other:

***Activity:* (Please explain what cannot be done, what accommodations we can provide, etc.):**

NAME: ,

LMTI PARTICIPANT APPLICATION – PAGE 2 OF 6

Immunization History- Please check all immunizations that the participant has received and provide the month/year given. You may also contact your doctor's office and attach immunization records.

PLEASE NOTE: IF THIS INFORMATION IS MISSING, YOU WILL NOT BE PERMITTED TO ATTEND.

IMMUNIZATION	DATE RECEIVED	IMMUNIZATION	DATE RECEIVED
☐ Diptheria, tetanus, pertussis (DTap) or (TdaP)		☐ Pneumococcal (PCV)	
☐ Tetanus booster (dT) or (TdaP)		☐ Hepatitis B	
☐ Mumps, measles, rubella (MMR)		☐ Hepatitis A	
☐ Polio (IPV)		☐ Varicella (Chicken Pox)	
☐ Haemophilus influenzae type B (HIB)		☐ Meningococcal meningitis (MCV4) B	
☐ Tuberculosis (TB) test ☐ Negative ☐ Positive	Date:		

Medication Information

Medication- Please list ALL medications (including over the counter or nonprescription drugs) taken routinely. All medication **MUST** be kept in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration. All medications **MUST** be turned into the Nurse upon arrival.

Please check one:

☐ This participant takes NO medications on a routine basis

☐ This participant takes medications as follows (continue on separate sheet if necessary):

Name of Medication	Date Started	Reason For Using It	When It Is Given	Amount or Dose Given	How It Is Given (i.e. orally)
			❒ Breakfast ❒ Lunch ❒ Dinner ❒ Bedtime ❒ Other time: _____		
			❒ Breakfast ❒ Lunch ❒ Dinner ❒ Bedtime ❒ Other time: _____		
			❒ Breakfast ❒ Lunch ❒ Dinner ❒ Bedtime ❒ Other time: _____		
			❒ Breakfast ❒ Lunch ❒ Dinner ❒ Bedtime ❒ Other time: _____		

Does the participant use an Epi-Pen? ☐ **Yes*** ☐ **No**

If answer is yes, Epi-Pen MUST be listed above under medications and/or allergies, and MUST be sent to camp!

Does the participant use an Inhaler? ☐ **Yes**** ☐ **No**

****If answer is yes, Inhaler MUST be listed above under medications and/or allergies, and MUST be sent to camp!***

Medicine Administration

The following medications may be stocked in camp Health Center and are used on an as needed basis to manage illness and injury.
Please place a check next to any medications that should NOT be given.

☐ Acetaminophen (Tylenol)
☐ Diphenhydramine antihistamine/allergy medicine (Benadryl)
☐ Pseudoephedrine decongestant (Sudafed)
☐ Bismuth subsalicylate (Pepto-Bismol)
☐ Sore throat spray
☐ Antacid (Tums)
☐ Aloe
☐ Calamine Lotion
☐ Antihistamine/Allergy Medicine
☐ Antibiotic cream
☐ Generic cough drops
☐ Ibuprofen (Advil, Motrin)

lindsey meyer teen institute

NAME: ,

LMTI PARTICIPANT APPLICATION – PAGE 3 OF 6

Additional Medical Questions (Explain all "YES" responses below)

Has/Does the participant:

	Yes	No		Yes	No
1. Ever been hospitalized?	☐	☐	12. Passed out/had chest pain during exercise?	☐	☐
2. Ever had surgery?	☐	☐	13. Had mononucleosis ("mono") in the past 12 months?	☐	☐
3. Have recurrent/chronic illnesses?	☐	☐	14. If female, have problems with periods/menstruation?	☐	☐
4. Had a recent infectious disease?	☐	☐	15.Have problems with falling asleep/sleepwalking?	☐	☐
5. Had a recent injury?	☐	☐	16. Ever had back/joint problems?	☐	☐
6. Had asthma/wheezing/shortness of breath?	☐	☐	17. Have problems with diarrhea/constipation?	☐	☐
7. Have diabetes?	☐	☐	18. Ever had an eating disorder?	☐	☐
8. Had seizures?	☐	☐	19. Have any skin problems?	☐	☐
9. Had headaches?	☐	☐	20. Traveled outside the country in the past 9 months?	☐	☐
10. Wear glasses, contacts, or protective eyewear?	☐	☐	21. Have a peanut allergy?	☐	☐
11. Had fainting or dizziness?	☐	☐	22. Ever been treated for emotional or behavioral difficulties?	☐	☐

Please explain any "Yes" answers, noting dates and the number of the question(s): *Example: #1- hospitalized 4/2016 for appendix removal*

Is there anything we should know about the participant's mental health (include any specific diagnoses, difficulties, recent major life events)?

Is there anything else you'd like to tell us about the participant or anything we've forgotten to ask?

lindsey meyer teen institute

NAME: ,

LMTI PARTICIPANT APPLICATION – PAGE 4 OF 6

3. Parent/Guardian Consent & Release

Participant's Name:

A. Consent for Attendance

I, the undersigned, hereby give permission for the above participant to attend the LMTI Summer Leadership Conference at Camp Ralph Mason in Hardwick, NJ on (check one):

☐ Session 1: Monday, August 24 - Friday, August 28, 2020 ☐ Session 2: Monday, August 31 - Friday, September 4, 2020

B. Insurance Information

I, the undersigned, agree to pay any medical bills (independently or through insurance) that may arise as a result of injuries incurred at the LMTI Summer Leadership Conference.

☐ The participant is not covered by medical insurance.

☐ The participant is covered by the following insurance policies (fill out or attach a copy of your insurance card):

Insurance Company Name: **Phone Number:**

Policy Holder: **Policy Number:** **Group Number:**

C. Medical Consent & Emergency Contacts

I, the undersigned parent/guardian, hereby consent and authorize the LMTI Health Care Staff to administer medication as needed to the participant as indicated by me on Page 4 of this application. I understand that the LMTI Summer Leadership Conference occurs in an outdoor setting and hereby authorize trained LMTI Staff or Health Care Staff to administer first aid to the participant when necessary. In the event of a medical emergency, I understand that I will be contacted as soon as possible and that my child may be transported to Newton Memorial Hospital. I give permission for the administration of all needed medicines, performance of all surgical treatment, and the administration of any anesthetic or injection which, in the opinion of the attending physician, may be necessary and advisable in the event of any medical emergencies regarding my child. It is understood that efforts shall be made to reach me prior to rendering emergency treatment to the patient. In the event that I am unavailable, I designate the following individuals to provide medical consent on my behalf, or to transport my child from Camp Mason or the medical facility.

Name: **Phone Number:** **Relationship**:

Name: **Phone Number:** **Relationship**:

D. Consent for Transportation

give permission for LMTI staff or volunteers to transport my child away from the LMTI Summer Leadership Conference for any reason that is deemed necessary. I understand that in the event that my child must return home (including psychological or physical medical needs, rule infringement, or any other occurrence deemed necessary), I am responsible for providing transportation.

E. Consent for Photographs/Video

I give permission for photographs/video footage to be taken of the participant, and for photographs/video footage in which the participant is included to be used for purposes of publicity by LMTI and NCADD-Hudson/Partners in Prevention. This includes publication of pictures/ video on LMTI websites and social media.

F. Consent for Text Message Alerts & App Communication

I give permission for LMTI to send event and info alerts via text message or identified app to the participant via the cell phone number provided (if you do not want the participant to receive updates, please do not provide cell phone number in section 1). Standard text message rates may apply.

G. Release, Waiver, and Indemnification

I, the undersigned parent/guardian, do hereby execute this release, waiver, and indemnification and agree to represent as follows: The release of YMCA Camp Ralph S. Mason, NCADD-Hudson/Partners in Prevention, the Lindsey Meyer Teen Institute and their employees, and agents from any and all liability, loss, damage, costs, claims or causes of action including, but not limited to, all bodily injuries and property damages arising out of the sole negligence of YMCA Camp Mason, NCADD-Hudson/Partners in Prevention, and the Lindsey Meyer Teen Institute. I further agree to indemnify and hold harmless the said above from any and all liability, loss, damage costs, or causes of action, including attorney's fees and witness costs, arising out of the undersigned participation in the Lindsey Meyer Teen Institute (LMTI) Summer Leadership Conference and other events scheduled for the 2020-2021 school year.

Parent/Guardian Signature:		**Date:**	
Parent/Guardian Name:		**Relationship:**	
Address:	**City:**	**State:**	**Zip:**
Cell Phone:	**Home Phone:**	**Work Phone:**	

NAME: ,

LMTI PARTICIPANT APPLICATION – PAGE 5 OF 6

RESEARCH PARTICIPANT CONSENT FORM

Lindsey Meyer Teen Institute Evaluation Project

Purpose of Research
The purpose of this research is to determine the effectiveness of the Lindsey Meyer Teen Institute in reducing risk behaviors and increasing protective factors in LMTI participants.

Specific Procedures to be Used
Each year, LMTI conducts a multi-question survey which is given prior to the start of the conference and immediately following it. The surveys will be anonymous. A code will be use to match each survey pre- and post for purposes of statistical analyses. No names or identifying information will be used.

Duration of Participation
A typical survey is approximately 50 questions in length and takes about 15 minutes to complete. Each participant will be asked to complete 2 surveys while at the Lindsey Meyer Teen Institute program. The participant also may be asked to complete the same survey 3-6 months after completion of the program.

Benefits to the Individual
The results of this survey will help shape the content of future Lindsey Meyer Teen Institute events and programs. Participation in this survey will help enhance Lindsey Meyer Teen Institute and help other youth in the future.

Risks to the Individual
There are no known risks and no more than the participant would encounter in everyday life. If they do not like a question, they can skip it.

Confidentiality
Participants will not be identified by name in any of the surveys. A tracking code will be used to match pre- and post-tests to each other. This code will not be used to identify participants in any way. All data will be housed at the Lindsey Meyer Teen Institute/Partners in Prevention office and will only be available to the evaluators and LMTI staff.

Since this study involves persons under 18 years old and/or will ask questions to any participants about family life and/or children, you should know that New Jersey requires that any person having reasonable cause to believe that a child has been subjected to child abuse or acts of child abuse shall report the same immediately to the Division of Children Protection & Permanency (DCP&P).

Voluntary Nature of Participation
I/my child do not have to participate in this research project. If I/my child agree(s) to participate, I can withdraw their participation at any time without penalty.

Human Subject Statement:
If I have any questions about this research project, I can contact Jamie Sierfeld, LMTI Director at 201-552-2264. If I have concerns about the treatment of research participants, I can contact the Lindsey Meyer Teen Institute at 110B Meadowlands Parkway, Suite 302, Secaucus, NJ 07094 or via email at jsierfeld@pipnj.org.

I HAVE HAD THE OPPORTUNITY TO READ THIS CONSENT FORM, ASK QUESTIONS ABOUT THE RESEARCH PROJECT AND AM PREPARED TO PARTICIPATE IN THIS PROJECT.

Participant's Signature:	**Participant's Name:**	**Date:**
Parent/Guardian Signature:	**Parent/Guardian Name:**	**Date:**
LMTI Director Signature: Jamie Sierfeld	**LMTI Director Name:** Jamie Sierfeld	**Date:** 1/31/20

NAME: ,

LMTI PARTICIPANT APPLICATION – PAGE 6 OF 6

YMCA Camp Ralph S. Mason - Program Waiver

Group Name: LINDSEY MEYER TEEN INSTITUTE

Participant Name:_____ LMTI Session: ☐ Week 1: 8/24/20 - 8/28/20

Parent Name:_____ ☐ Week 2: 8/31/20 - 9/4/20

Address:_____

City:_____ State:_____ Zip:_____

Parent Phone:_____ Parent Email:_____

YMCA Camp Mason conducts its programs with the best interests of its participants in mind and has taken reasonable steps to provide appropriate equipment and well trained staff for these programs. However, these programs do have inherent risks and although safety procedures have been established to minimize these risks not all risks and hazards can be eliminated due to the nature of the activities offered.

Living in the natural environment can be unpredictable. Some of the possible risks include contact with wildlife, falling, cuts, burns, bruises, sprains, fractures, falling trees, falls during climbing, falling rocks during climbing, tipping over a canoe, falling into the water, drowning, near drowning, hypothermia, unpredictable weather conditions. All of these risks may result in injuries to the participant. I understand that Camp Mason's intent is not to frighten me but wants me to be fully informed of all the risks. I understand that the risks listed above are not complete and that there are other risks that exist.

The potential of contracting Lyme Disease increases in rural settings such as Camp Mason. We encourage all participants to check themselves regularly for ticks and to be educated on the signs and symptoms of Lyme Disease, which may occur days or months after an encounter with a tick.

My signature below indicates that I fully understand the nature of the program at YMCA Camp Mason and I freely wish to allow my child to participate. I know of no legal, physical or health reason why my child cannot fully participate in the program that I am registering for. I agree to assume responsibility for the inherent risks identified herein and to those risks that are not specifically identified. I understand that it is my child's responsibility to participate in a safe manner, doing my best to follow the safety instructions provided to them by the Camp Mason staff. I agree not to do anything that jeopardizes me or other members of my group. I assume and accept full responsibility for my child and for injury, death and loss of personal property and expenses suffered by my child as a result of those inherent risks and dangers identified herein, and those not specifically identified, as a result of my negligence or the negligence of others participating in the activity.

My signature authorizes the management and staff of YMCA Camp Mason to act for me and my child according to their best judgment in the event of a medical emergency and/or routine medical care. By my signature I hereby waive, release and hold harmless the YMCA, its management, volunteers, agents, and staff from any and all liability for any injuries, death or illness sustained and/or incurred while at Camp and /or while using any facilities of, or participating in any of the activities of YMCA Camp Mason. I grant permission for emergency medical treatment and/or routine medical care by the YMCA camp staff, a rescue squad, private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me as soon as possible. My signature waives and/or releases YMCA Camp Mason from any and all liability and/or financial responsibility for any medical expenses incurred.

In consideration of having my minor child or ward participate in the Outdoor Center program to be offered by YMCA Camp Mason, I agree to waive and release all future claims, demands or causes of action which the undersigned and/or such participant might have by reason of any loss, damage, expenses, injury or death arising out of or in any way connected with such person's participation in such program. I further agree to indemnify and hold harmless YMCA Camp Mason, their agents, officers, directors, employees and volunteers from and against any such claim, demands or causes of action.

By signing below, I acknowledge that it is understood that YMCA Camp Mason is a non-profit corporation, organized exclusively for charitable and educational purposes, and as such, is immune from liability for the negligence of its agents, servants or employees under N.J.S.A. 2A:53A-7.

I give YMCA Camp Mason permission to use any photographs taken of my child while participating in programs at Camp Mason.

Parent/Guardian Signature: _____ Date:_____

For additional information or questions,
please contact:

the lindsey meyer teen institute

A program of Partners in Prevention

(201) 552-2264 p
(201) 298-1618 f
info@njlmti.org
www.njlmti.org

All completed registration materials and payments (made out to "LMTI") can be sent to:

The Lindsey Meyer Teen Institute
110B Meadowlands Parkway, Suite 302
Secaucus, NJ 07094