



UNLOCK YOUR POTENTIAL

FOR MORE
INFORMATION

(530) 681-5778
ANGELA ANGEL,
FNL COORDINATOR

Conference for Middle School Students

**FEBRUARY 27, 2016
(SATURDAY)**

8:00am – 8:00pm

COST - \$25

Includes: workshops, activities, food, & lots of FUN!

Limited Scholarships Available!

LOCATION:

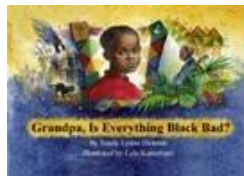
Collings Teen Center

1541 Merkle Avenue, West Sacramento, CA 95691

Featuring **SANDY HOLMAN, Book Author**



Grandpa, Is Everything Black Bad?



We All Have A Heritage

Grandma Says Our Hair Has Flair



You will have a chance to win a book!

**This conference is coordinated by the
Yolo County Friday Night Live Youth Council!**

This is an alcohol, tobacco, drug & violence free event!!

U.Y.P. 2016

Conference starts at 8:00am and Ends at 8:00pm

CONFERENCE AGENDA

Registration
Morning Refreshments
Welcome Kick-Off
Family Groups

BREAK

Workshop #1
Workshop #2

LUNCH

Dance Performance by:
WANTED Dance Crew
High School Panel
Teambuilding Activities

BREAK

Lip Sync Practice

BREAK

Lip Sync
DINNER / Closing Activities

SANDY HOLMAN



Sandy is the founder of the Culture C.O.-O.P., an organization she developed to assist people and organizations working with diversity in education and community. The Culture C.O.-O.P. promotes understanding and respect for diversity/equity, cultural competency, literacy and a quality education for all! She is an inspirational speaker and accomplished author. She has 3 published children's books and 4 others scheduled to be released in the next couple of years. Her books emphasize cultural awareness and diversity. Sandy spends at least 50% of her time working directly with youth of all ages, around a variety of topics and issues.

HIGHLIGHTS FROM U.Y.P. 2015



FAMILY GROUP



YOUTH COUNCIL



TEAMBUILDING



GROUP PIC



LIP SYNC



Unlock Your Potential 2016

CONFERENCE REGISTRATION

PARTICIPANT INFORMATION – PLEASE PRINT CLEARLY

_____	_____	____/____/____
Name	Age	Date of Birth
_____	_____	
Home Address	School	
_____	_____	_____
City & Zip	Grade	County
_____	_____	
Home Phone	Cell Phone	

Advisor/Teacher/ Individual who told you about the conference		

E-Mail		
Are you part of any Friday Night Live Programs? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If No, do you need a scholarship? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Can we text you the night before? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you vegetarian? <input type="checkbox"/> YES <input type="checkbox"/> NO
Please check one: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Gender Neutral <input type="checkbox"/> Other: _____		

<p align="center">PARENT/GURADIAN INFO. (Please Print Clearly)</p> <p>_____</p> <p>Parent/Guardian Name</p> <p>_____</p> <p>Home Address</p> <p>_____</p> <p>Home Phone</p> <p>_____</p> <p>Cell Phone</p> <p>_____</p> <p>E-Mail</p>	<p align="center">EMERGENCY CONTACT INFO. Please name a person to call if parent/guardian cannot be reached in an emergency (Please Print Clearly)</p> <p>_____</p> <p>Emergency Contact Name</p> <p>_____</p> <p>Home Phone</p> <p>_____</p> <p>Cell Phone</p>
<p><u>Please send registration forms & checks to:</u> Friday Night Live 137 N. Cottonwood Street, Suite #2600 Woodland, CA 95695 <u>Or fax to: 530-668-1974</u></p>	<p align="center">REGISTRATION AND RELEASE FORMS DUE: Friday - February 12, 2016 Questions? Please call 530-666-8711.</p>

U.Y.P. 2016 - RELEASE FORM

****Every youth and adult attending the conference must complete and submit this form****

VOLUNTARY RELEASE-ASSUMPTION OF RISK AND INDEMNITY AGREEMENT: In consideration of the minor being permitted to participate in the UNLOCK YOUR POTENTIAL (UYP) conference at the Collings West Sacramento Teen Center, I hereby release, discharge and covenant not to sue, Yolo County Department of Health & Human Services – Community Health and Friday Night Live (FNL), resident county, any other supporting agencies and counties, and its agents, representatives, officers and/or all sponsors, their representatives, successors, and assigns, directors, sponsors, the staff, workers, and hosts of the event (herein collectively referred to as “releasee”) from any and all claims and liability arising out of strict liability or ordinary negligence of releasee harmless and/or indemnity releasee for any and all claim judgment or expenses releases may incur arising out of my son/daughter’s activities and/or participation in this event.

I understand that my son/daughter’s participation in the UYP event contains certain dangers and risk of injury; that this event will be indoors and outdoors, and that there is an inherent danger in playing outdoors which I appreciate and voluntarily assume, because I choose to do so. I further know that other participants may pose a danger to my son/daughter as this may include physical activity. I voluntarily elect to accept all risks connected with my son/daughter’s participation in this event.

It is agreed that my son/daughter will abide by the guidelines of behavior and the rules or regulations that put the safety and welfare of the group and himself/herself in jeopardy. If my child puts himself/herself or others in jeopardy, he/she will be sent home at my expense. If he/she breaks any of the rules or regulations, I give my permission to Yolo County Department of Health & Human Services – Community Health and Friday Night Live, staff for whatever disciplinary actions are judicious to ensure the safety and welfare of the group. I agree that if called, I or the named emergency contact person will come and pick up my son/daughter and bring him/her home. I understand that workshops may include explicit discussion of reproduction, health issues, sexuality and substance abuse.

MEDICAL CONSENT: I hereby give consent to have my son/daughter treated by a physician or surgeon, in case of sudden illness or injury, while participating in UYP. It is understood that Yolo County Department of Health & Human Services – Community Health and Friday Night Live, and its agents, representatives, officers, any and/or all sponsors, their representatives, directors, the staff, and hosts of the conference provide no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made to contact such physician. However, the location of the event or the nature of the illness or injury may require the use of emergency medical personnel.

STUDENT’S NAME (PLEASE PRINT):	
DOCTOR’S NAME (PLEASE PRINT):	
DOCTOR’S TELEPHONE NUMBER:	
MEDICAL INSURANCE COVERAGE:	
MEDICAL GROUP/POLICY NUMBER:	
ALLERGIES/MEDICAL CONDITIONS:	
DOES YOUR CHILD TAKE ANY MEDICATIONS: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE LIST MEDICATIONS:

AUDIO/VISUAL CONSENT: I further grant full permission to Yolo County Department of Health & Human Services – Community Health and Friday Night Live, staff and its directors to use audio/visual recording and/or photographs of this event and activities with my child in them for promotional purposes without receiving any financial return or further authorization.

I have read and understand this document. I understand it is a release of all claims. I understand I assume all risk inherent in my son/daughter’s participation in the UNLOCK YOUR POTENTIAL event. I voluntarily sign my name evidencing my acceptance of the above provisions.

Student Name (Print)

Student Signature

____/____/____
Date

Parent/Guardian Name (Print)

Parent/Guardian Signature

____/____/____
Date

