



Young Women and Men of Promise

Find Your Passion Day

Student Leadership Conference for 6th-8th Grade Students

Friday, May 17, 2019, 8:45 a.m. – 1:45 p.m.

The Gathering Place, Marietta College campus, N. 7th Street,
(on the corner of Butler and 7th Streets)

Registration begins at 8:15 am

Young Women and Men of Purpose is a **free** leadership training for **6th – 8th grade students** in youth-led Prevention groups (SADD, Teen Institute, etc.), student councils, and members of other student leadership groups **or students that may not be involved in groups but have leadership potential.** This one-day conference will feature dynamic youth leadership presenters, including Paradigm Shift and Harvey “Be the Best” Alston. Please send up to 20 students from your school; we are limiting this training to 150 youths, so send in the registrations as soon as possible, **but by May 1st.** If there are slots open after this deadline, you will be notified by email. **Your students must be accompanied by at least one adult chaperone.** Please register all adults who will be attending, as well as all students.

Buses may park at the Gathering Place parking lot by the Marietta College Police Department off of 7th Street. **Lunch will be provided.**

Sponsored by:



For more information, contact Miriam Keith at (740) 374-6990 or miriamkeith@wcbhb.org

Young Women and Men of Promise

S T U D E N T R E G I S T R A T I O N

Please include registration information for each student who will attend.

Send by **May 1st** to:

Washington County Behavioral Health Board

ATTN: Miriam Keith

344 Muskingum Drive

Marietta, OH 45750

or fax to: (740) 374-6927, ATTN: Miriam Keith

Name _____ Age _____ Grade _____

School _____

Emergency Contact Information

Person to contact in case of emergency _____ Day Phone# _____

Preferred Doctor _____ Phone # _____

Preferred Emergency Room _____ Phone# _____

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for 1) the administration of any treatment deemed necessary by the above-named doctor; or in the event that the designated preferred doctor is not available, by another licensed physician; and 2) the transfer of the child to any hospital reasonably accessible.

(Signature of parent or guardian) Date _____

Facts concerning the child's medical history, including allergies, medications being taken, or any physical impairments to which a physician should be alerted: _____

Parental Permission to attend Young Women and Men of Promise Conference

I give permission for my child, _____, to attend the Young Women and Men of Promise Conference on May 17, 8:45 a.m. – 1:45 p.m., at _____

(Signature of parent or guardian) Date _____

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A D U L T R E G I S T R A T I O N S

Please include registration information for each adult who will attend.

Send by **May 1st** to:

Washington County Behavioral Health Board

ATTN: Miriam Keith

344 Muskingum Drive

Marietta, OH 45750

or fax to: (740) 374-6927, ATTN: Miriam Keith

Name _____ School _____

Day Phone# _____ Email Address _____

Name _____ School _____

Day Phone# _____ Email Address _____

Name _____ School _____

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Name _____ School _____

Day Phone# _____ Email Address _____