



North Carolina Department of Administration

Beverly Eaves Perdue, Governor
Moses Carey, Secretary

Youth Advocacy and Involvement Office
Stephanie Nantz, Executive Director

August 22, 2011

Dear SADD Members:

The 29th SADD Conference will be November 18-20, 2011, at the Hilton North Raleigh/Midtown/Hotel, 3415 Wake Forest Road., Raleigh, N.C. Register early as space is limited. Registrations will be accepted on a first come, first served basis. We were able to keep the registration fees the same as last year. We are pleased to again offer scholarships to subsidize the registrations of the *first 200 registrants*, after which registrations will be accepted at the regular rate as stated on the registration form.

Conference registration is 3:00 - 6:00 p.m. on Friday. The conference concludes at or before noon on Sunday. The registration deadline is October 28, 2011. Any registrations accepted after this date must include a late fee. Your registration fee provides you with:

Two (2) nights hotel accommodations
Friday night pizza
Full buffet breakfast Saturday and Sunday
Saturday lunch
Saturday night banquet

Program training
All conference workshops and materials
Conference T-shirt
Conference bag

Registrations cannot be processed unless accompanied by the appropriate fees *and* completed forms. Student registrations *must* include all forms *completed front and back, signed and notarized as required*. Enclosed is a registration packet containing the following forms that may be duplicated as needed:

- (1) Registration Form (*one completed form for each chapter*)
- (2) Rules of Conduct (*signed by student and parent*)
- (3) Consent to Health Care (*signed by parent and notarized*)
- (4) Liability Release Form (*signed by all participants whether student or adult*)
- (5) Photographic, Video and Audio Consent and Release Form (*signed by all participants whether student or adult*)

Forms may also be downloaded from the internet at: www.ncsadd.org

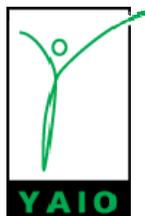
All students must be chaperoned. Chapters are encouraged to bring their scrapbooks and other project information or displays to exhibit at the conference. **Please copy this letter for students to share with their parents.**

Thank you for your continued support and commitment to combating destructive decisions among youth. We look forward to seeing you November 18-20, 2011 for an educational and fun filled experience.

Sincerely,

Harriett M. Southerland
SADD State Coordinator

Creating a better tomorrow by making Children and Youth our priority today



Mailing Address:
1319 Mail Service Center
Raleigh, NC 27699-1319

Location:
116 W Jones St.
Suite. 2055
Raleigh, NC 27603

Phone: 919.807-4400
Fax: 919.807-4415
State Courier: #51-01-08
www.ncyao.com

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Affirmative Action
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29th NC SADD Leadership Conference

November 18-20, 2011

Hilton North Raleigh/Midtown Hotel • 3415 Wake Forest Road Raleigh, NC 27609 • (919) 872-2323

AUTHORIZATION and CONSENT to HEALTH CARE

Complete and return with the registration form. This form must be notarized and signed by parent.

I, _____, of _____ County, am the custodial parent having legal custody of _____, a minor child, age _____, born _____, 19____. I authorize the Youth Advocacy and Involvement Office staff, in whose care the minor child has been entrusted, located at 116 W Jones Street, Suite. 2055, Raleigh, N.C., to do any acts which may be necessary or proper to provide for the health care of the minor child or me, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person whose services may be needed for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures.

This consent shall be effective from the date of execution to and including November 18-20, 2011.

By signing here, I indicate that I have the understanding and capacity to communicate health care decisions and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the agent named herein.

Please indicate below any need that requires special arrangements/accommodations (e.g., allergies or other conditions).

<u>Health Insurance Company or Government Insurance Program</u>	<u>Policy# or Membership#</u>
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Custodial Parent Date (SEAL)

Uninsured: I accept personal responsibility for all medical expenses incurred by my child at the SADD Conference.

Custodial Parent Date (SEAL)

STATE OF NORTH CAROLINA
COUNTY of _____

On this ___ day of _____, 2011, personally appeared before me the person named, _____, and known to me to be the person described in and who executed the same and, being duly sworn by me, made oath that the statements in the foregoing instrument are true.

Notary Public My Commission Expires _____

29th NC SADD Leadership Conference

November 18-21, 2011

Hilton North Raleigh/Midtown Hotel • 3415 Wake Forest Road Raleigh, NC 27609 • (919) 872-2323

LIABILITY RELEASE FORM

(Must be completed by ALL participants)

We (I), the undersigned, hereby release and agree to hold harmless the State of North Carolina and its employees, agents and officers from any and all claims, including those of our (my) heirs or assigns which may arise from any action or failure to act by any employee, officer, or agent of the State of North Carolina in connection with the participation of our (my) child (Name) _____ at the NC SADD Conference.

We (I), the undersigned, have read the foregoing and sign it of our (my) own free will.

This the _____ day of _____, 2011

Parent or Legal Guardian's Signature

Address

Phone #

Adult Participant's Signature

PHOTOGRAPHIC, VIDEO AND AUDIO CONSENT AND RELEASE FORM

(Must be completed by all participants)

I understand that photographs may be taken of me during the conference. I give North Carolina Students Against Destructive Decisions and the Youth Advocacy and Involvement Office permission to take photographs of me and to use these images or likenesses for educational and promotional purposes. I further consent that my name and identity, school and city or county of residence may be revealed by descriptive text or commentary. Neither individual addresses nor telephone numbers will be published within these materials.

I do hereby give North Carolina Students Against Destructive Decisions and the Youth Advocacy and Involvement Office the right to exhibit any such works publicly or privately, including posting on the agency website. I waive any right, claims or interest I may have to control the use of my identity or likeness in the photographs, video or audio and agree that any uses described herein may be made without compensation or additional consideration to me.

I represent that I have read and understand the foregoing statement and I am competent to execute this agreement.

Name (**print**) _____

Adult Participant's Signature _____ Date _____

If participant is under the age of 18, consent of the parent or legal guardian must be given.

Parent/Guardian name (**print**) _____

Signature _____ Date _____

29th NC SADD Leadership Conference

November 18-20, 2011

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RULES OF CONDUCT

Participant and parent must sign this form.

WHEREAS, the Code of Ethics prohibits possession and/or use of alcoholic beverages and illegal drugs, or remaining in the presence of individuals who are using or taking illegal drugs; and

WHEREAS, sexual contact at any event or activity occurring within the time frame for the conference is prohibited; and

WHEREAS, any behavior that violates any of the laws of the United States or the State of North Carolina or any local ordinance is also prohibited; and

WHEREAS, the attendance and punctuality of scheduled workshops of the NC SADD Conference is considered mandatory by all participants; and

WHEREAS, the Code of Ethics demands that all participants conduct themselves in a manner representative of the Students Against Destructive Decisions program, including showing respect for the property of others and the facility in which the NC SADD Conference is held;

THEREFORE, I (*Print participant's name.*) _____, agree to abide by all of the rules of the Code of Ethics and am aware that any infraction of the Code or a preponderance of the evidence that the Code has been violated by me will result in my parent(s) or guardian(s) being notified, in which event I will be disciplined, which may include expulsion from this and future conferences of the Youth Advocacy and Involvement Office. If I am expelled from the conference, I understand that it will be the responsibility of my parent/guardian to provide me immediate transportation home. The responsibility for making this determination is vested in the Director of the Youth Advocacy and Involvement Office or his/her designee.

This the _____ day of _____, 2011

Participant's Signature

Parent's Signature



29th NC SADD Leadership Conference

Hilton North Raleigh/Midtown Hotel ♦ November 18-20, 2011 ♦ 3415 Wake Forest Road. ♦ Raleigh, N. C.

Return registration forms and fees by October 28, 2011 to:

SADD Conference
 Youth Advocacy & Involvement Office
 1319 Mail Service Center
 Raleigh, NC 27699-1319

- ♦ Students will be placed in quad occupancy unless otherwise requested.
- ♦ Adults will be placed in double occupancy unless otherwise requested.
- ♦ Only adults may choose single occupancy. Adults and students may not room together.
- ♦ If you have questions or need assistance completing this registration form, call Nancy Richardson or Harriett Southerland at 919-807-4400.

School _____ County _____

SADD Advisor _____

School Address _____

City _____ State _____ Zip _____

School Phone _____ Fax _____

Advisor Home or Cell Phone _____

Advisor Email Address _____

Student Emergency Contact Phone _____

Name	A (Adv) C (Chap) S (Stdnt)	*Sex M/F	*Race (Initial)	Student's Age	Grade Level	County (If different from that of school)	√ If Veggie Meal Needed	Preferred Roommate	Q (Quad) D (Dbl) S (Sngl)	T-Shirt Size
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

*This information is necessary for statistical purposes.

Registrations submitted after 10/28/11 will be considered late. ♦ Registration fees cannot be refunded after 10/28/11

NOTE: If you are completing this form electronically, list the **number** of scholarships and the **number** of late fees, not the amount.

# of Persons	Rooming Choice	Registration Fee	** Deduct Scholarship (If Available) (\$60.00 /person)	Late Fee \$25 /person	Total Amount Each Rooming Choice
	Quad Occupancy <i>4 persons per room, 2 per bed</i>	\$175.00 per person			
	Double Occupancy (Adult or Student) <i>2 persons per room, 1 per bed</i>	\$220.00 per person			
	Single Occupancy (Adults Only) <i>1 person per room</i>	\$290.00 per person			

Please use this form. You may copy form if you have more than 10 attendees.

You may also download forms at www.ncygio.com.

**Scholarships are limited. Verify that scholarships are available if registering after October 20.

Grand Total/Amount Submitted