

# REACH 20 For the Future 13



**A - TEAM**

**YOUTH LED**



## Junior High Conference

Thursday February 28th - Saturday March 2nd

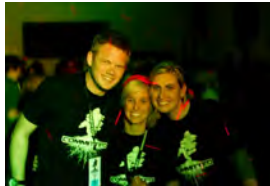
## High School Conference

Thursday March 7th - Saturday March 9th



**DANCE**

**ODYSSEY**



THE REACH CONFERENCE IS BASED ON A YOUTH DEVELOPMENT FRAMEWORK, PROVIDING LEADERSHIP SKILLS, SUPPORT, AND OPPORTUNITIES FOR YOUNG PEOPLE.

REACH FOR THE FUTURE FILLS UP VERY QUICKLY. REGISTRATION IS ON A FIRST COME FIRST SERVE BASIS. YOU WILL BE REGISTERED AFTER ALL FORMS ARE COMPLETED AND PAYMENT IS RECEIVED! IF REGISTRATION IS NOT RECEIVED BY 12/7/12 YOUR T-SHIRT SIZE WILL NOT BE GUARANTEED. IF YOU DO NOT MARK A T-SHIRT SIZE YOU WILL RECEIVE WHATEVER SIZE IS AVAILABLE.

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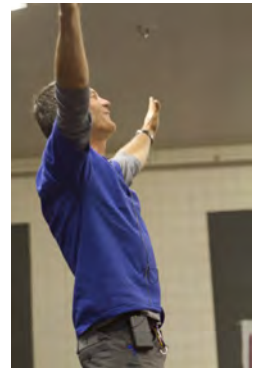
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This conference location is the Youth With A Mission Conference Grounds in Richardson Springs  
 15850 Richardson Springs Road - Approximately 5 miles outside of Chico  
 Youth With A Mission phone number (530) 893 - 6750

# 20 REACH For the Future 13



## Workshop Options

### WORKSHOP 1: THE LOVE MOVEMENT

Keep it real through love, life, and relationships. Come explore what it takes to be in a healthy relationship with family and friends.

### WORKSHOP 2: TAKE A HIKE

Discover how being physically active and taking time in nature helps to reduce stress. Be prepared to be outside. It may be cold so dress for the weather.

### WORKSHOP 3: ME, MYSELF, AND I

Learn ways to take care of yourself physically and mentally. Learn how to better cope with stress, and get support when you need it.

### WORKSHOP 4: CYBER BULLYING

Learn tips and tools you can use to prevent bullying. Gain a greater understanding of the negative, irresponsible and hurtful digital behaviors and trends that young people face.

### WORKSHOP 5: POPPIN' FACTS ON PILLS - PRESCRIPTION DRUGS

Build a foundation of knowledge and awareness around prescription drugs. Learn the signs and symptoms of use and abuse.

### WORKSHOP 6: IT GETS BETTER

Everyone deserves to be respected and appreciated for who they are. Learn how to spread a message of hope and speak up against hate and intolerance.

### WORKSHOP 7: MORE THAN COLORS

Come learn how you can influence others around you by breaking down barriers that uncover diversity. Change your palette to be more than just colors.

### WORKSHOP 8: INNOCENT UNTIL PROVEN GUILTY

Erase preconceived notions and judgments based on physical appearance and societies stereotypes. Don't make assumptions until you know the facts.

### WORKSHOP 9: THE INFLUENCE OF ALCOHOL: COMMITTED

Hear how successful youth groups tackle decrease youth access to alcohol. Learn effective strategies for working with parents and merchants.

### WORKSHOP 10: A-TEAM ACADEMY

Youth will have the opportunity to participate in the A-Team Academy. This unique experience will provide young people with an overview of the A-Team requirements, application process and skill sessions designed to set the A-Team up for success. Participants who successfully complete the A-Team Academy will be eligible to compete for a slot on the 2013/2014 A-Team. [You will be required to participate during all 3 workshop blocks, the Free Time block and some of the meal times.](#) There are only 30 slots available and they will be filled on a first come first serve basis.

**PLEASE READ OVER ALL THE WORKSHOPS DESCRIPTIONS AND INDICATE YOUR TOP THREE CHOICES ON PAGE FOUR.**



**CHECK LIST OF ALL FORMS**  
**EACH PARTICIPANT MUST SEND BACK**  
**ALL FORMS COMPLETELY FILLED OUT**

<u>YOUTH PARTICIPANT</u>	<u>ADULT ADVISOR</u>
REGISTRATION _____	REGISTRATION _____
RELEASE FORM _____	RELEASE FORM _____
AGREEMENT _____	AGREEMENT _____
SCHOLARSHIP REQUEST (optional if needed) _____	

**ADULT ADVISORS MUST SIGN ALL THE PARTICIPANT AGREEMENTS FOR THE YOUTH IN YOUR GROUP**

PLEASE SEND REGISTRATION PACKETS & CHECKS TO:  
 BUTTE COUNTY DEPT. OF BEHAVIORAL HEALTH  
 COMMUNITY SERVICES "REACH"  
 260 COHASSET ROAD SUITE 130 CHICO, CA 95926  
 (530) 891-2891 FAX: (530) 891-2983  
 NO CASH PLEASE

**THINGS TO BRING TO THE CONFERENCE**



- \_\_\_\_\_ Sleeping bag
- \_\_\_\_\_ Pillow
- \_\_\_\_\_ Tennis Shoes (may get muddy)
- \_\_\_\_\_ Warm comfortable clothes
- \_\_\_\_\_ Towel
- \_\_\_\_\_ Wash cloth
- \_\_\_\_\_ Toiletries
  - Shampoo
  - Soap
  - Tooth paste
  - Tooth brush
  - Deodorant
  - Brush / comb
- \_\_\_\_\_ Notebook & pen
- \_\_\_\_\_ Water bottle w/ name
- \_\_\_\_\_ Jacket / sweatshirt
- \_\_\_\_\_ Money for snack bar
- \_\_\_\_\_ Prepaid Calling Card

**EACH TEAM OF 10 YOUTH MUST BE ACCOMPANIED BY AN ADULT CHAPERONE TO ENSURE YOUTH HAVE THE SUPPORT TO TAKE THE SKILLS AND KNOWLEDGE BACK TO THEIR SCHOOL & COMMUNITY.**

**Please leave ALL medications with your ADULT advisor.**

Items not allowed:  
**IPOD, EARPHONES, or mp3 player**  
**Alcohol, tobacco, drugs OR**  
**Weapons of any kind**

Please do NOT bring any valuables to the conference. BCDBH will not be responsible For any lost OR misplaced items.  
**PLEASE DO NOT BRING ANY ENERGY DRINKS**

**Remember... there is no cell service at the conference facility.**  
**Parents / guardians can leave messages @ 530 893-6750.**  
**Participants can also bring pre paid calling cards to use.**



**CONFERENCE AGENDA**

**THURSDAY**

- 1:00 REGISTRATION
- 2:00 - 2:30 WELCOME / ORIENTATION
- 2:30 - 5:00 CHALLENGE DAY
- 5:00 - 6:00 DINNER
- 6:00 - 9:00 CHALLENGE DAY
- 9:00 - 9:30 GROUP TIME
- 10:00 LIGHTS OUT

**FRIDAY**

- 7:30 BREAKFAST
- 8:15 GROUP PICTURE
- 8:30 - 9:30 INTRO / WAKE UP / KEYNOTE
- 9:30 - 10:45 WORKSHOP BLOCK 1
- 10:45 - 12:00 WORKSHOP BLOCK 2
- 12:00 - 1:00 LUNCH
- 1:00 - 2:15 WORKSHOP BLOCK 3
- 2:15 - 3:00 GROUP CHECK IN
- 3:00-4:00 BUILDING A FUTURE W/ODYSSEY
- 4:00-5:30 FREE TIME / TALENT REHEARSAL
- 5:30 - 6:30 DINNER
- 6:30 - 8:00 TALENT SHOW
- 8:00-9:00 DANCE
- 9:00-9:30 CLOSURE
- 10:00 LIGHTS OUT

**SATURDAY**

- 7:30 BREAKFAST
- 8:15 GENERAL SESSION
- 8:30-12:30 ODYSSEY
- 12:30 LUNCH
- 1:00-4:00 ODYSSEY
- 4:00 CLOSURE, VIDEO, EVALUATION
- 5:30 HOME



Please Send Registration Packets and Checks to Butte County Dept. of Behavioral Health Community Services "REACH"  
 109 Parmac Rd Suite 2A Chico, CA 95926  
 (530) 891-2891 (530) 891-2983 FAX

REGISTRATION DUE DATES ARE THE SAME FOR BOTH HIGH SCHOOL & JR. HIGH CONFERENCES

**\$100.00** for EARLY Registration by Friday 12/7/12

**\$125.00** for Registration by Friday 1/11/13

**\$150.00** for LATE Registration by Friday 1/25/12

**NO APPLICATIONS ACCEPTED AFTER 1/25/12**

- + Registration fee includes lodging, meals, and all workshop materials.
- + Make checks/money orders payable to (BCDBH) - **NO CASH PLEASE.**
- + Checks must be turned in with complete registration packet - for youth and adults (includes registration form, participant release form, and adult or participant agreement).



**THERE ARE NO CANCELLATIONS OR REFUNDS, YOU MAY SUBSTITUTUE SAME GENDER STUDENTS. PLEASE MAKE ALL SUBSTITUTIONS NO LATER THAN 7 DAYS PRIOR TO THE CONFERENCE.**

Youth Participant Information:			Adult /Advisor Information:		
Name _____			Name _____		
Address (home) _____			Address (work) _____		
City & Zip _____			City & Zip _____		
Phone (home) _____		Emergency # _____	Phone (home) _____		Emergency # _____
Junior High _____	High School _____	Gender _____	Jr. High _____	High School _____	Gender _____
School/Organization _____			School/Organization _____		
Email: _____			Advisor Email: _____		

Parent/Guardian Name \_\_\_\_\_

Place of Employment (Parent/Guardian) \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Parent Cell Phone / Emergency Contact \_\_\_\_\_

**Medical Information:** Do you have allergic reactions to certain foods, medicines, etc.? If so, please explain!  
 \_\_\_\_\_

If you are requesting a vegetarian meal please mark here  
 \_\_\_\_\_ Vegetarian Meal

Roommate Preference: (This is not guaranteed)  
 \_\_\_\_\_

**T-SHIRT SIZE:**  
 XS \_\_\_ S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ 2X \_\_\_ 3X \_\_\_ 4x \_\_\_

**Please indicate your top 3 workshops you wish to attend by number (see workshop descriptions)**

<input type="checkbox"/>	Workshop 1	THE LOVE MOVEMENT
<input type="checkbox"/>	Workshop 2	TAKE A HIKE
<input type="checkbox"/>	Workshop 3	ME, MYSELF, AND I
<input type="checkbox"/>	Workshop 4	CYBER BULLYING
<input type="checkbox"/>	Workshop 5	POPPIN' FACTS ON PILLS
<input type="checkbox"/>	Workshop 6	IT GETS BETTER
<input type="checkbox"/>	Workshop 7	MORE THAN COLORS
<input type="checkbox"/>	Workshop 8	INNOCENT
<input type="checkbox"/>	Workshop 9	THE INFLUENCE OF ALCOHOL
<input type="checkbox"/>	Workshop 10	A -TEAM ACADEMY

In most cases you will be able to attend the workshops of your choice; however in some cases workshops fill up so you might be put in alternate workshops.

**If you do not select workshops they will be selected for you.**

Reach For The Future is an alcohol, tobacco, drug, and violence free conference. There is no smoking on the conference grounds at any time. This includes youth and adult participants. Thank you for your cooperation!



# RELEASE FORM

(Every youth and adult attending the conference must



(Every youth and adult attending the conference must complete/submit this form)  
**IMPORTANT!!!**

Voluntary Release - Assumption of Risk and Indemnity Agreement: In consideration of the acceptance of my participation (adult/advisors) or my son/daughters attendance in the BCDBH - Community Services, I hereby release, discharge and covenant not to sue BCDBH - Community Services, any other supporting agencies and counties, and it's agents, representatives, officers, and/or all sponsors, their representatives, successors and assigns, directors, sponsors, the staff, workers, and hosts of the training (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 participation (adult/advisor) or my son/daughter's activities and/or participation in this event.

I understand that my participation (adult/advisors) or my son/daughter's participation in this event contains certain dangers and risk of injury; that the 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 myself (adult/advisor) or my son/daughter, as this is a physical activity. I voluntarily elect to accept all risks connected with my participation (adult/advisor) or my son/daughter's participation in this event.

I further recognize that the BCDBH - Community Services is in no way liable, or responsible for my transportation (adult/advisor) or my son/daughter's transportation to or from the event. I accept that there are inherent dangers while driving or riding in a motor vehicle, and if an incident should occur which injures, or kills me (adult/advisor) or my son/daughter on their way to or from the event, I fully understand that BCDBH - Community Services is not liable.

I have read and will abide by the rules set forth by the staff. I agree that this agreement shall apply to incident, injury, or accident occurring at the event and to any incident, injury, accident, or death occurring within a period of one (1) year after the execution of this agreement.

Educational Code: It is agreed that I will (adult/advisor) or my son/daughter will abide by the Official Operating Policies of BCDBH - Community Services, and the rules or regulations that put the safety or welfare of the group, myself (adult/advisor) or my son/daughter in jeopardy, he/she will be sent home at my expense. If I (adult/advisor) or he/she breaks any of these rules or regulations, I give my permission to the sponsor for whatever disciplinary action is judicious to ensure the safety and welfare of the group.

Medical Consent: I hereby give my consent to have the undersigned participant treated by a physician or surgeon in case of sudden illness or injury while participating in the above event. It is understood that BCDBH - Community Services, and its agents, representatives, officers, any and/or all sponsors, their representatives, successors and assigns, directors, sponsors, the staff, workers, and hosts of the training 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.

**Be sure signature of youth and parent/guardian or adult/advisor is on this form. Registrations are not valid without appropriate signatures.**

\_\_\_\_\_  
**Date of Last Tetanus Shot Participant Received**

\_\_\_\_\_  
**Name of Family Physician / Medical Group**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Medical Insurance Coverage**

\_\_\_\_\_  
**Subscriber Group Number**

I further grant full permission to BCDBH - Community Services and its directors to use any audio and/or visual recording and/or photographs of this event with me in it for promotional and/or educational purposes without receiving any financial return or further authorization. Furthermore, any audio and/or visual recording and/or photographs may be used in all forms of media (including but not limited to) print media, audio/visual media and electronic/web based media.

I have read and understand this document. I understand it is a release of all claims. I understand I assume all risk inherent in participation in the BCDBH - Community Services event. I voluntarily sign my name evidencing my acceptance of the above provisions.

\_\_\_\_\_  
**Participant Signature Youth or Adult/Advisor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Participant's Name**

\_\_\_\_\_  
**Age**

\_\_\_\_\_  
**If 18 or under Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

# Adult /Advisor Agreement



NAME \_\_\_\_\_

COUNTY \_\_\_\_\_

As a participant and adult chaperone I will meet with my group prior to the conference to discuss the participant agreement, transportation, and make sure that all forms have been filled out **completely** and are turned in on time.

As a participant and adult chaperone, I agree to the following:

- I am responsible for my group of students and I will do my best to ensure that they behave in an appropriate manner at all times during the conference. I will know the general whereabouts of my group and will be available to respond to any emergencies or needs they have.
- I agree to attend and participate in **ALL** scheduled program activities and in case of a problem, I will notify the conference staff as soon as possible.
- I agree to remain on the premises at all times.
- I will abstain from alcohol, tobacco and other drug use while attending the conference.
- I will attend the advisor meeting at the conference.
- I will assist the conference staff with room checks to ensure that all students are in their assigned rooms by curfew.
- I will not make any room changes, or snack/vending machine runs.
- I will show up to the conference (with my students) on time for registration and **we will not leave the conference early.**

Advisor/Chaperone Signature \_\_\_\_\_ Date \_\_\_\_\_

## Participant Agreement

NAME: \_\_\_\_\_

COUNTY: \_\_\_\_\_ ADVISOR: \_\_\_\_\_

We would like to ensure as a participant at the "Reach for the Future " Youth Conference, that you have a great safe experience therefore everyone will agree to the following:

- I will abstain from alcohol, tobacco, and other drug use while attending the conference. I understand that if alcohol, tobacco, and other drugs are found in my room or in my possession, I will be sent home at my own/my parents/ guardians expense.
- I am responsible for my own actions and will conduct myself in an appropriate manner at all times during the leadership conference.
- I agree to attend and participate in **ALL** scheduled program activities and in case of a problem, will clear my absence with my advisor and conference staff.
- I agree to remain on the premises at all times.
- I agree to abide by the curfew.
- I agree to show up for registration on time and stay for the entire conference.
- I agree to go to my assigned workshops and sleep in the room I am assigned.
- I will act appropriately and responsibly at all times. I will remain in the assigned locations and follow all conference guidelines.
- Conference sponsors are not responsible for any stolen or misplaced items. Please leave all valuables at home.
- I understand that violation of any of the above stated terms and conditions will subject me to immediate expulsion from the conference. I will have no right for a refund and my parent(s) or guardian(s) will be notified. I will be responsible for my own transportation home.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor / Chaperone Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## ~ DVD Order Form ~

Please take advantage of this opportunity to remember the conference forever!  
**PRE-ORDER REACH DVD'S NOW FOR ONLY \$20.00! DVD'S ARE AVAILABLE FOR PRE-ORDERS ONLY**

Name \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Advisor \_\_\_\_\_

Address (Where to send the DVD): \_\_\_\_\_

Email \_\_\_\_\_

High School DVD: \_\_\_\_\_ and/or Jr. High School DVD: \_\_\_\_\_

Total number of DVD's \_\_\_\_\_ X \$20.00 each Total Amount Due: \_\_\_\_\_

**PLEASE ATTACH CHECKS OR MONEY ORDERS & THIS FORM TO THE REGISTRATION PACKET.**

**NO CASH PLEASE- MAKE CHECKS/MONEY ORDERS PAYABLE TO: BCDBH**



## Talent Show Registration

Dance     Sing     Poetry     Skit     Other \_\_\_\_\_

Do to a limited number of performance slots you must fill out this portion if you are interested in participating in the talent show. This does not guarantee your performance.  
Submit lyrics to your song or poem.

**Please bring CDs No Tapes**

Description of Act: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**\* ACTS MUST BE 3 MINUTES OR LESS**

We expect all acts to be in good taste. No violent lyrics, no profanity, no alcohol, tobacco, drug, or sexual references in your song/performance, and dress appropriately (no mid-drift shirts or short skirts).

**Your advisor/chaperone must preview and approve all acts in advance.**

**Advisor Signature:** \_\_\_\_\_ **MUST COMPLETE TO BE CONSIDERED!**

REACH FOR THE FUTURE CONFERENCE CO-SPONSORS INCLUDE: BUTTE COUNTY DEPARTMENT OF BEHAVIORAL HEALTH AND THE MENTAL HEALTH SERVICES ACT



[www.butteyouthnow.org](http://www.butteyouthnow.org)



Butte County Department  
of Behavioral Health  
Community Services Division  
Prevention Unit  
260 Cohasset Rd., Ste. 130  
Chico, CA 95926

RETURN RECEIPT REQUESTED