



April 19, 2008
202 West Park St, Champaign, IL
10:00 a.m. – 2:00 p.m.

Registration Form

Participant's Name: _____ Age: _____
[What name should be put on the Name Tag] _____

Address: _____
City: _____ State/Zip: _____
School: _____
Phone Number: _____ Email: _____

By signing this you agree to participate in the Youth Summit, you agree to attend all functions and break out sessions and to be courteous to your fellow participants. You will respect yourself, the other participants, and the property at the Summit. You understand that if at any time you are engaged in inappropriate behavior you will be issued one warning – after that you will be asked to leave.

Participants signature: _____
Date: _____

Parental Consent:

(Participants under the age of 17 are strongly encouraged to have parental consent to participate in The Summit)

Parents/guardians: I give permission for my child/ward to participate in the Say It Your Way: Youth Summit. I understand that my child's participation is voluntary. I have reviewed the attached registration/information letter explaining the nature and the purpose of The Summit. I further understand that the Mental Health Center of Champaign County, its employees, and volunteers, and the Peer Ambassador program assume no liability either directly or indirectly for injury or accident resulting from or any way connected to this event.

I give my permission for (please print) _____ to participate in Say It Your Way Youth Summit 2008.

Parent/Guardian Name (please print) _____
Phone Number: _____
Parent/Guardian Signature: _____
Date: _____

I understand that members of the print and film media will be present and my child/ward may be photographed, interviewed, or quoted. Parent's initial here[_____] Participant's initial here[_____]

The Peer Ambassadors is a program of the Mental Health Center of Champaign County and is funded by a grant from the Champaign County Mental Health Board



Mental Health Center
OF CHAMPAIGN COUNTY

The Peer Ambassador's
"SAY IT YOUR WAY"
Youth Summit 2008



Registration Form/Consent to Participate

For any teen, 14-19, who wants to make a difference:

When: Saturday April 19, 2008

Where: 201 E Park St, Champaign (Mental Health Center)

Time: 10am-11am Scavenger Hunt/Resource Fair
11am-2pm Youth Summit

Cost: The event is free to all participants and a free lunch will also be provided

Why: Say It Your Way: Youth Summit 2008 aims to bring youth together to network, speak-up, and plan for change in a youth led venue. Through focus groups, surveys, and community meetings the peer ambassadors have been talking to their peers to hear what they need. Now, it's time to move into the action planning phase and to bring youth together to create a vision of how to make our community better. Specifically, the focus of this year's summit is to get youth talking about creating better programs to **improve their bodies, their schools, and communities.** The action plan developed at the summit will be shared throughout the community and will be followed up in community meetings throughout the year. The community's progress will be reviewed at next year's Summit.

The event was youth planned and will be youth lead as follows:

- **Resource Fair/Scavenger Hunt:** 10am-11am – Project ACCESS will host an interactive resource fair/scavenger hunt where teens can learn about services, programs, and activities that are able for teens in our community. They can also compete for prizes, and listen to the live broadcast from Hot 105.5.
- **Youth Speak Out:** 11-12 – Teen groups and programs are invited in to make brief creative and fun presentations about their programs/services. Prizes will awarded for the most creative presentation.
- **Break-Out Sessions:** 12:30-1:30- Participants will break into groups where they will begin to develop their action plans to improve their ***schools, their bodies, and their communities.***
- **Wrap-up:** The Summit will wrap-up at 1:30 pm with youth reporting back to the group on the changes they see necessary and the plans they have to facilitate change in the future

Please Register by April 17, 2008 by:

- Filling out the attached form and bring it to 201 W Kenyon, Champaign, IL – Door labeled MHC: Community Connections
- Or faxing the form to the Mental Health Center at 217.298.0172
- Or emailing the form to pa@mhcenter.org