



## Registration Form for Serenity First Prevention and Support Youth Coalition 8th - 12th Grade

Please submit completed packet to [SFPSCOALITION@GMAIL.COM](mailto:SFPSCOALITION@GMAIL.COM) If you have any questions or concerns, please contact: Jill Fabian at (520) 661-6445 or [jill@serenityfc.life](mailto:jill@serenityfc.life)

**ALL YOUTH ACTIVITIES ARE FREE AND PROVIDED BY OUR GRANT FROM THE ARIZONA PARENTS COMMISSION FOR DRUG EDUCATION AND PREVENTION AND THE GOVERNOR'S OFFICE OF YOUTH, FAITH AND FAMILY. The Youth Coalition accepts youth 13-18 and meets once a month.**

Participant First & Last Name:					
Participant Address:					
City/State/Zip:			Participant Phone:	(     )     -	
Participant Email:			Does participant require transportation to and from meetings/activities?	Yes	No
Participant Gender (Female or Male):			School: Grade:	Do you have a peanut allergy? (yes or no):	____/____/____ Date of Birth (MM/DD/YY)
T-Shirt Size: (Circle one)	S	M	L	XL	XXL
Parent/Guardian Email:			Parent/Guardian First & Last Name	Parent/Guardian Phone:	(     )     -
Emergency Contact First & Last Name:			Emergency Contact Phone:	(     )     -	
Emergency Contact Email:			Emergency Contact Relationship (e.g. "Mom"):		

**Medical Information & Dietary Restrictions:** (Please describe any health conditions we should know about, especially any dietary restrictions or specific activities limited by a physician.)

# PARTICIPANT/YOUTH CODE OF CONDUCT, MEDICAL CONSENT, & MEDIA RELEASE STATEMENTS

**Participation:** Youth will actively participate in all activities and workshops provided by the Serenity First Prevention and Support Youth Coalition. If a Participant is not able to make a meeting, they will contact Jill Fabian (520) 661-6445 24 hours in advance if possible.

Participants understand and agree that fighting, bullying, harassment, obscene language, and the use and/or possession of tobacco, alcohol, illegal drugs, and weapons of any kind is not acceptable behavior. If participants should be found in such behavior or in possession of and/or using such substances and/or items, participant also understands that parents/guardians may be notified to escort the participant out of the meetings and activities.

Participants agree to not wander away from the Youth Coalition Meeting premises during the meeting.

**Dress Code** - Youth are expected to dress in a matter that is considered appropriate and acceptable to the Youth Coalition and will not dress in any way that may be considered offensive, or cause distraction, disruptions or conflict amongst other attendees. No clothing that advertises alcohol, tobacco, and/or sexual behavior will be tolerated.

**Permission & Medical Consent:** I, the undersigned, hereby grant permission for my son/daughter to attend and participate in Serenity First Prevention and Support Youth Coalition (SFPSC). In case of medical emergency, I understand that every effort will be made to contact the parents or guardian of the participant. If necessary, and in the event I cannot be contacted or respond, I hereby grant permission for myself/ son/daughter to be evaluated, diagnosed, and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve SFPSC of all consequences that may arise as a result of treatment. I will hold harmless and indemnify SFPSC, or their agents/representatives associated with SFPSC.

**Media Release:** SFPSC has permission to videotape, audiotape, and photograph participants for use in program presentations and promotional materials. SFPSC will use materials at the discretion they see fit.

Serenity First Prevention and Support Coalition was formed to assist the communities of Sahuarita, Green Valley and surrounding areas with education, prevention, outreach, and resources for behavioral health issues. With funding from the Arizona Governor's Office of Youth, Faith and Family and Parent's Commission on Drug Education and Prevention we serve adults and youth with events and programs to improve their knowledge of Mental Health and Substance Use and assist in providing tools and coping skills to improve communication and connection.

## OUR PROGRAMS:

### YOUTH COALITION - ongoing

The coalition focuses on youth substance use prevention, youth suicide prevention, and teaches youth ways to stay healthy in body, mind and spirit. Youth Coalition members are given the opportunity to participate in field trips, leadership, volunteer projects and other fun events.

### STRENGTHENING FAMILIES - February and September

is a research-informed approach to increase family strengths, enhance child development, and increase communication and understanding within the family.

## EVENTS

Movie screenings

Workshops

Mental Health and Substance Abuse Education

Community Collaboration

By signing, you confirm that you have read, agree with, and accept the above policies:

Parent/Guardian Name (Signature): \_\_\_\_\_

Date: \_\_\_\_\_

Participant or Student (Child's) Signature : \_\_\_\_\_

Date: \_\_\_\_\_

**Serenity First Prevention and Support Coalition For more information contact:**  
**Jill Fabian cell: (520) 661-6445 jill@serenityfc.life**  
**Joan Silver cell: (818) 371-7463 joan@serenityfc.life**

[www.serenityfirstcounseling.com](http://www.serenityfirstcounseling.com)

