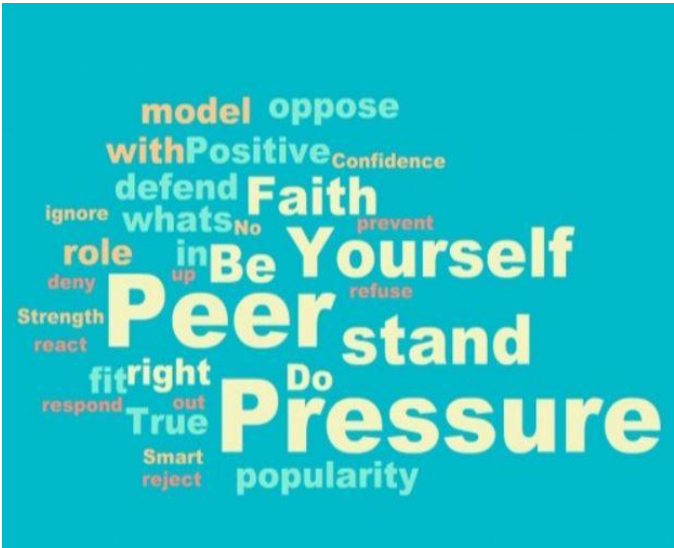




The Above the Influence Youth Group (ATI) engages our kids to rise above all negative influences: such as stress, self-image, relationships, alcohol & other drugs, pop culture and bullying. Activities are age appropriate and geared toward youth empowerment and encourages our youth to take a stand against negative influences. We work together with refusal skills and brainstorm ways to blanket the community with our Above the Influence message.

ATI is a great opportunity to develop leadership skills through inspiring and empowering your peers to make positive choices. ATI members work in collaboration with other school groups, participate in sticker shock events, deliver public service announcements, attend Town Hall meetings, hold monthly youth group meetings, participate in outside activities & events, join commercial challenges and much more.



The Walkkill Valley Community Coalition, a program of the Center for Prevention & Counseling brings this initiative to Hamburg 6th to 8th graders in partnership with the Hamburg School District. ATI Youth Group meets the **2nd Wednesday of each month, after school from 3-5pm. First meeting will be on 10/12/22.** Permission & Release Form is required for each student. Questions? Call 973-823-7000 X2020 or email rebecca@centerforprevention.org





2022-23
WALLKILL VALLEY YOUTH ACTION GROUP
Hamburg School
Permission & Release Form
GRADES 6-8
A Program of the Wallkill Valley Community Coalition
& The Center for Prevention & Counseling

Date _____
Student Name _____
Parent Name _____
Street Address _____
Mailing Address _____
City _____ State _____ Zip _____
Current School & Grade _____
Date of Birth _____
Student's Email: _____ Cell # _____
Parent/Guardian Email _____ Cell # _____
Parent/Guardian Home # _____ Work # _____
Emergency Contact Name _____ Phone # _____

Medical Conditions—Allergies, chronic conditions, other:

Medications

I hereby grant permission for my child to participate with The Above the Influence Youth Group, a program of the Wallkill Valley Coalition & the Center for Prevention & Counseling. I understand that my child participates in these activities at their own risk and that THE WALLKILL VALLEY COMMUNITY COALITION AND/OR the Center for Prevention and Counseling and its adult supervisors are not liable for any injury personal or otherwise to my child or caused by my child. Should any problems arise concerning the behavior of my child, I will come pick my child up.

I recognize that THE WALLKILL VALLEY COMMUNITY COALITION uses photographs and video images of events for publicity materials such as THE WALLKILL VALLEY COALITION and CFPC website, newspapers, newsletters, Facebook pages, Instagram and local televised media and I hereby grant permission for photo/video images of my child to be taken and used for such purposes.

I authorize the treatment, by a qualified and licensed medical doctor, of the minor listed above in the event of any medical emergency which, in the opinion of the attending physician, is necessary and I/we cannot be reached after reasonable effort has been made to secure my personal consent. I am responsible for any medical expenses.

Signed: _____ Date: _____
(Parent or legal guardian)

