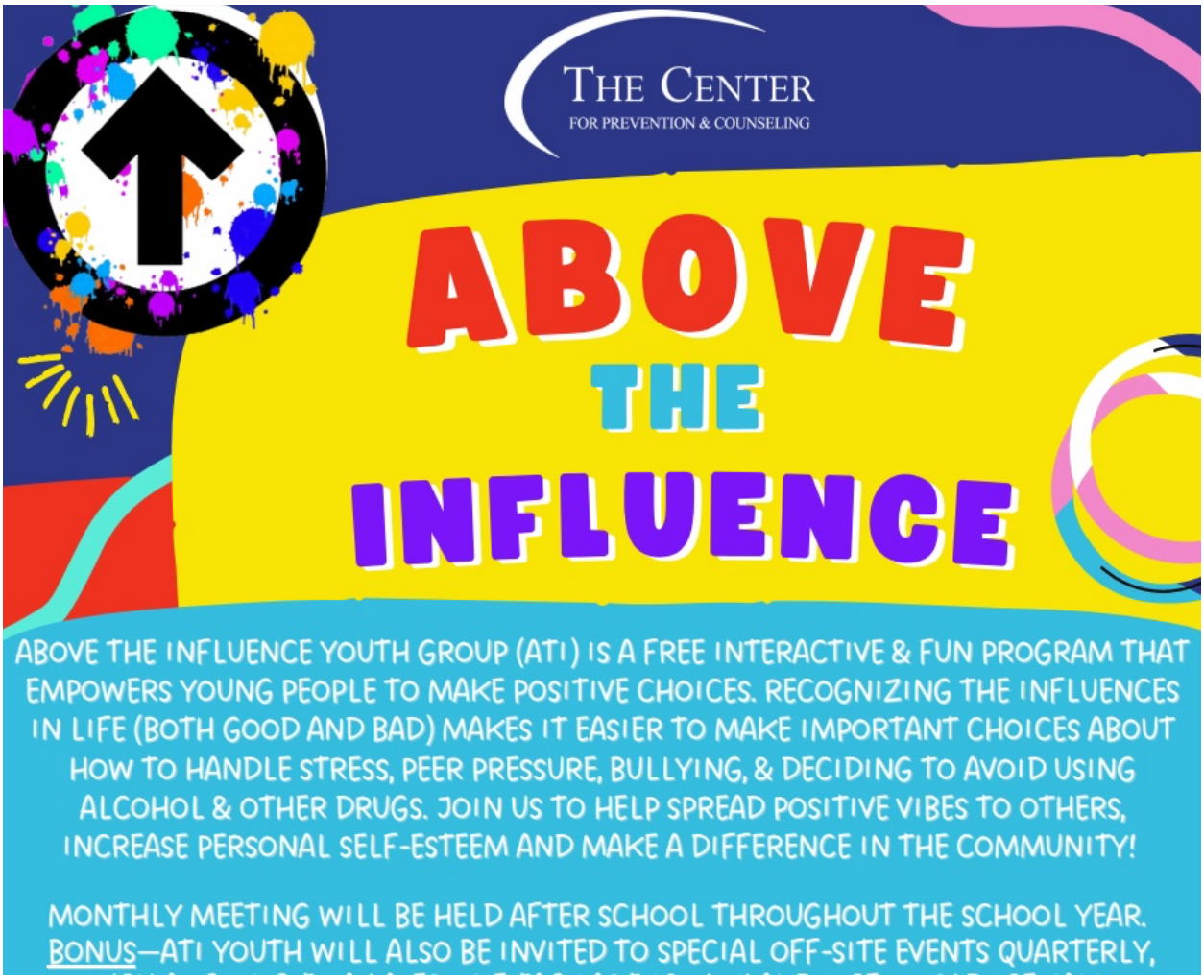
THE CENTER
FOR PREVENTION & COUNSELING
ABOVE
THE
INFLUENCE
ABOVE THE INFLUENCE YOUTH GROUP (ATI) IS A FREE INTERACTIVE & FUN PROGRAM THAT EMPOWERS YOUNG PEOPLE TO MAKE POSITIVE CHOICES. RECOGNIZING THE INFLUENCES IN LIFE (BOTH GOOD AND BAD) MAKES IT EASIER TO MAKE IMPORTANT CHOICES ABOUT HOW TO HANDLE STRESS, PEER PRESSURE, BULLYING, & DECIDING TO AVOID USING ALCOHOL & OTHER DRUGS. JOIN US TO HELP SPREAD POSITIVE VIBES TO OTHERS, INCREASE PERSONAL SELF-ESTEEM AND MAKE A DIFFERENCE IN THE COMMUNITY!
MONTHLY MEETING WILL BE HELD AFTER SCHOOL THROUGHOUT THE SCHOOL YEAR.
BONUS—ATI YOUTH WILL ALSO BE INVITED TO SPECIAL OFF-SITE EVENTS QUARTERLY,

2023-24
WALLKILL VALLEY YOUTH ACTION GROUP
Permission & Release Form
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)