



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.  
COME CONNECT WITH YOUR PEERS AND HAVE A BLAST!

ABOVE THE INFLUENCE IS A PROGRAM OF THE WALLKILL VALLEY COMMUNITY COALITION, IN PARTNERSHIP WITH THE HAMBURG SCHOOL DISTRICT. OPEN TO STUDENTS IN GRADE 6 - 8. PERMISSION & RELEASE FORM IS REQUIRED FOR EACH STUDENT.



HAMBURG SCHOOL  
2ND TUESDAY OF EACH MONTH  
TIME: 2:45 - 4PM  
ROOM: LIBRARY

QUESTIONS? CALL 973-823-7000 X2020 OR EMAIL  
REBECCA@CENTERFORPREVENTION.ORG

[www.centerforprevention.org/wallkill-valley-coalition](http://www.centerforprevention.org/wallkill-valley-coalition)





Today's Date: \_\_\_\_\_

Student's Name \_\_\_\_\_ Parent Name \_\_\_\_\_

Street Address \_\_\_\_\_ Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current School/Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student's Email: \_\_\_\_\_ Cell # \_\_\_\_\_

Student's T-Shirt Size: \_\_\_\_\_

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

Parent/Guardian Email \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian Cell # \_\_\_\_\_ 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 Community 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 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: \_\_\_\_\_  
(Parent or legal guardian)

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

