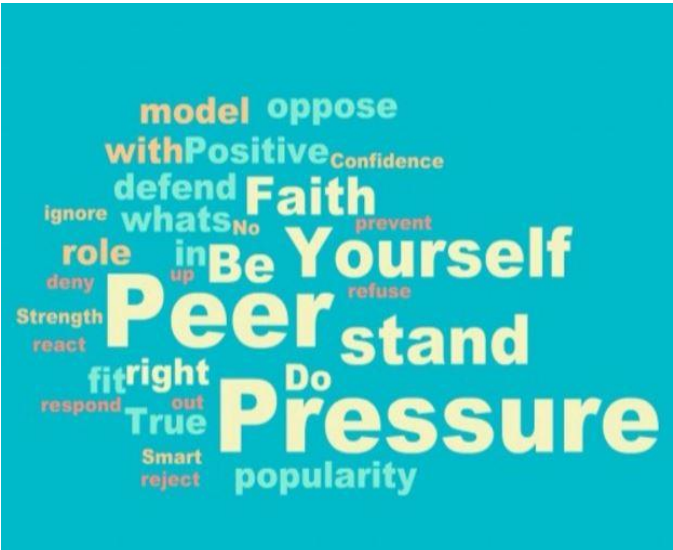


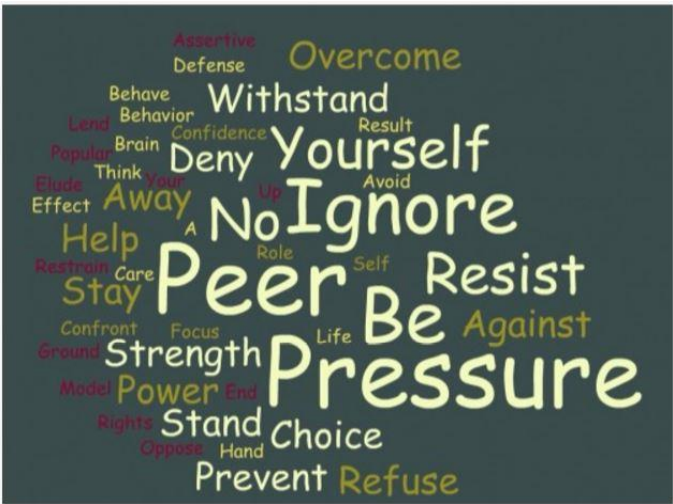


The Above the Influence Youth Group (ATI) engages our kids to rise above all negative influences: such as stress, self-image, relationships, alcohol & other drugs, pop culture and bullying. Activities are age appropriate and geared toward youth empowerment and encourages our youth to take a stand against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



Are you interested in helping out in your community, becoming a strong leader and making positive change by inspiring and empowering your peers? If you answered yes then you should join the ATI youth group. Not only do we work in collaboration with other school groups but we participate in sticker shock events, public service announcements, and Town Hall meetings but we also hold monthly youth group meetings, bowling events, commercial challenges and much more. This is a great opportunity to earn community service hours and really become a more powerful mentor.

Above the Influence is a program of the Vernon Coalition, in partnership with the Vernon Township School District. ATI Youth Group meets monthly with, after school, in the following schools; Lounsberry Hollow, Glen Meadow and the VTHS. All 4<sup>th</sup> to 12<sup>th</sup> Graders are welcome. Permission & Release Forms can be found at:  
<http://centerforprevention.org/coalitions/vernon-coalition/vernon-youth-group/>  
Questions? Call 973-764-6619.





ABOVE THE INFLUENCE YOUTH GROUP  
Permission & Release Form  
GRADES 4-12  
A Program of the Vernon Coalition & the Center for Prevention & Counseling

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

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

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

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

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

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

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 Vernon Coalition & the Center for Prevention & Counseling. I understand that my child participates in these activities at their own risk and that THE VERNON 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 VERNON COALITION uses photographs and video images of events for publicity materials such as THE VERNON 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)

