



IDAHO DRUG FREE YOUTH PRESENTS

IDAHO'S PREMIER YOUTH CONFERENCE

WITH AN EMPHASIS ON BUILDING STRONG LEADERS FOR TOMORROW!

JUNE 18-21 CAMP LUTHERHAVEN

THE BEST WAY TO OCTOPI YOUR TIME! Idaho's premier youth conference—The Idaho Youth Summit will enlighten, enliven and energize your life. Like an octopus, we are all pulled in at least 8 different directions by others pressuring us to be, do or believe certain things. At the Idaho Youth Summit, you will be empowered to make life choices that will benefit you and those around you.

This year's conference with its theme, Good People, will embrace the range of unique gifts that diverse people bring to our schools, communities and daily lives. We will celebrate the goodness ingrained in each of us and figure out ways to spread the good through acceptance and generosity.

IDAHO YOUTH SUMMIT XIV REGISTRATION / WAIVER

Conference Fees \$195.00 *No refunds will be given after May 15, 2007

Idaho Youth Summit June 18-21, 2007
Camp Lutherhaven in Coeur d'Alene, ID

Please **PRINT** all information

youth male
 adult female

NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ E-MAIL _____

HOME PHONE _____ WORK OR CELL _____

SCHOOL _____

In the 2007-08 school year, I will be in the _____ grade

Name of group coordinator _____

Have you attended the Idaho Youth Summit? _____ if yes, what year(s)? _____

Amount included with form \$ _____

Please make all checks payable to:
IDAHO DRUG FREE YOUTH

Paying by Visa Mastercard

ACCOUNT # _____ EXP. _____

NAME ON ACCOUNT _____

I, _____ the parent/legal guardian of, _____ hereby consent to his/her travel, attendance and participation in the event conducted by Idaho Drug Free Youth known as the Idaho Youth Summit, on June 18-21, 2007. In consideration of his/her participation in the event, I, intending to be legally bound, hereby forever release and discharge Idaho Drug Free Youth, Inc (IDFY), it's agents, representatives, successors and assigns as well as _____ (name of school district) from all liabilities, claims, demands, damages, costs, expenses, which I, or the above minor for whom I am signing, may now or hereinafter claim arising out of his/her participation in the above referenced IDFY event, including travel to and from said event. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper medical treatment, including without limitation, hospitalization, anesthetic, surgery or injections of medications for my child. I attest and verify that, to the best of my knowledge, his/her physical condition and fitness are adequate for him/her to safely participate in the IDFY activity.

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____

Please return completed registration form and payment to:

Idaho Drug Free Youth
610 West Hubbard Ste. 123
Coeur d'Alene, ID 83814
fax: **208.765.2970** phone: **208.664.4339**



T-SHIRT SIZE
 Small Med
 Lg XL
 XXL XXXL

WWW.IDAHODRUGFREEYOUTH.ORG



OUR SPONSORS Idaho Drug Free Youth, Inc. • Idaho Department of Education, Safe & Drug Free Schools Program
Idaho Department of Health & Welfare, Office of Substance Abuse & Mental Health • Healthy Communities, Healthy Youth • Idaho National Guard