

SWAT- Students Working Against Tobacco
20__ - 20__ Registration and Participation Form
Pinellas County



Name _____ Date _____

Address _____ City _____ Zip _____

Home Phone _____ School _____ Grade: _____ Grad Yr: _____

Date of Birth: _____ Gender _____ Cell Phone: _____

Email Address _____

Parent/Guardian Permission:

I hereby grant permission for _____ to participate in the Students Working Against Tobacco (SWAT) program of Pinellas County for the period of time between **July 1, 20__ through June 30, 20__**. This may include various education programs and field trips to sites around the state of Florida. I understand that we will be notified in advance of all field trips and be required to give permission for each individual event requiring transportation services. I understand that under present Florida law, if my child is riding in a private automobile which is involved in an accident, he/she will be primarily covered for bodily injury under my family automobile policy, and I agree to submit any medical bills incurred to my insurance company for payment. If my policy has been insured with a deductible clause relative to the personal injury protection, I understand that I have assumed that deductible amount when I purchased the policy.

I understand the following:

- My child or ward may be attending community events as a representative of Students Working Against Tobacco and the Bureau of Tobacco Free Florida and Department of Health in Pinellas.
- The activities/events are designed as a means to educate and update participating youth and community members on the latest techniques in tobacco prevention and tobacco education.
- My child or ward may be accompanied and transported by officials sponsoring these events or by their designated chaperone(s).
- I agree that no official or employee associated with the training will be held responsible for any injuries or damages occurring while my child is traveling to or from or participating in the training/meeting. I do hereby hold harmless the sponsoring agencies, their officials, divisions and agents against any and all liability, damage, loss, claims or demands which arise out of or are in any way connected with my child or ward's participation in the meeting.
- By signing this form I authorize my child to be transported to/from tobacco prevention and control activities within the county by tobacco staff personnel or a registered volunteer for the county tobacco program.

Medical Treatment

- I hereby authorize any official of SWAT events or designated chaperone to consent to emergency medical treatment as necessary for the health and safety of my child. I further agree that no official or volunteer will be held responsible for injuries or damages arising from the provision of any such emergency medical treatment.
- I do hereby agree to indemnify and hold harmless the sponsoring agencies, their officers, divisions and agents from any and all liability, damage, loss, claims, or demands and actions of any nature whatsoever, including attorney's fees, which arise out of or are in any way connected with the provision of such emergency medical services.

Evaluation

- My child, or ward, may participate in evaluation projects facilitated by the Department of Health and others working for it or on its behalf. I give unlimited right and permission to use, distribute, publish, and reproduce the data from such projects.

Media Consent

- For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I hereby grant to the Department of Health in Pinellas and others working for it or on its behalf, and their respective licensees, successors, and assigns (collectively, "Client"), the unlimited right and permission to use, distribute, publish, exhibit, digitize, broadcast, display, reproduce, and otherwise exploit my name, picture, likeness, voice and biographical information, or any material based thereon or derived there from, or to refrain from so doing, in any manner or media whatsoever (whether now known or hereafter devised) anywhere in the world for the purposes of advertising or trade in promoting and publicizing Client and its products and services.
- I shall have no right of approval, no claim to compensation, and no claim (including, without limitation, claims should be based upon invasion of privacy, defamation, or right of publicity) arising out of any use, alteration, blurring, distortion, faulty reproduction, illusionary effect or use in any composite form of my name, picture, likeness, voice and biographical information.

I have the full right and authority to grant the rights granted hereunder and I agree that this Consent and Release does not in any way conflict with any existing commitment on my part. I have not heretofore authorized (which authority is still in effect), not will I authorize or permit the use of my name, picture, likeness, voice and biographical information in connection with the advertising or promotion of any product or service competitive to or incapable with those of the Department's Bureau of Tobacco Prevention Program.

Parent/Guardian Signature _____

Date _____

Parent/Guardian Work phone _____ Cell Phone _____

Other emergency number _____ Name of Contact _____

SWAT Youth Conduct Contract



The following guidelines are designed to make your experience at SWAT events satisfying to you and all others attending.

As a member of Students Working Against Tobacco and a representative of the Bureau of Tobacco Prevention Programs, my actions are not only a reflection of self, but also these organizations.

1. Youth shall demonstrate respect to peers and adults and respect the individual rights, safety and property of others.
2. Everyone shall arrive on time and actively participate, in a positive manner, in all planned meetings, activities, workshops and skills sessions.
3. If attending statewide SWAT meeting/training, youth shall adhere to the curfew times (11:00 p.m.-7:00 a.m.). Youth are required to be in their own assigned room at these times. Under no circumstances are youth permitted in rooms of the opposite sex.
4. All SWAT activities, events and meetings are tobacco, alcohol and drug free.
5. Youth shall avoid displays of overly affectionate behavior. Sexual contact at any SWAT event or activity is prohibited
6. Youth are prohibited from possessing weapons, drugs, alcohol and any behavior that violates any of the laws of the United States or the State of Florida or any local ordinance.
7. Youth are expected to follow the directions of the SWAT youth leaders, chaperones and hotel personnel as well as adhere to the guidelines within the SWAT Activity Guide.
8. If attending statewide SWAT meeting/training, under no circumstances may youth leave the hotel premises, unless stated on official meeting agenda.
9. Infractions of this Youth Conduct Contract must be reported promptly by anyone observing them to a chaperone or program staff.

Consequences for Infractions

Penalties may include but are not limited to:

Infraction	Consequence
Skipping sessions	Writing a letter of apology to affected parties
Breaking Curfew or Leave meeting premises	Writing a letter of apology, parents called to pick up the youth and take home*, prohibited from attending next regional or state SWAT meeting
Damaging Property	Assessing the cost of the damages and repairs in the event of damage/destruction of property and billing the parents of the youth, prohibiting youth from participating in future SWAT events
	*Hotel Room charges will be assessed if parents are unable to pick up the youth.

It is also within the discretion of the executive committee and staff to administer additional consequences based on infractions committed by the youth. Note, law enforcement authorities may be notified of SWAT youth actions if, in the opinion of the Department of Health, such notification is required. Parents will be notified of action taken and, if necessary, recommendations for future disciplinary actions. Youth will be prohibited from participating in SWAT events, activities or meetings until disciplinary action is completed in its entirety.

I, _____(youth), have read this SWAT Activity Guide and agree to adhere to each of the expectations listed above.

SWAT Youth Signature

Date

Parent Signature

Date