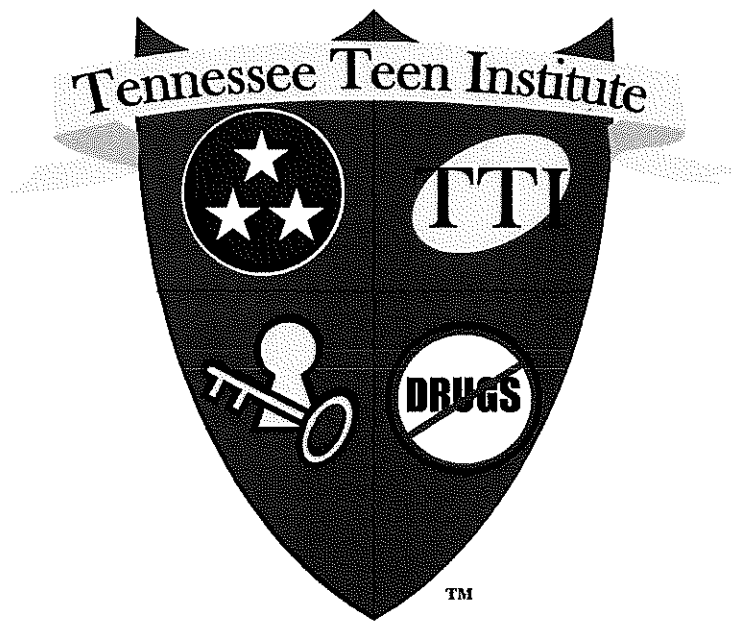


# Tennessee Teen Institute

## University of TN at Martin

### June 9th - 14, 2019



#### ***Teen Institute Mission***

*"To empower Tennessee's youth to lead by example and take an active role in bringing about positive changes by giving them the skills, knowledge, and support they need to make healthy choices, build positive relationships, live substance free lives and contribute to their schools and communities in a meaningful way."*

# CAMP APPLICATION

## ***TTI Information***

The Tennessee Teen Institute is a five-day assembly to provide education and training in youth development, leadership and prevention. TTI offers various formats of training including workshops, seminars, and activities that help young people grow to be strong, healthy individuals who will not only see the value of, but will have the skills needed to make a difference in the community in which they live. Held on a college campus, TTI hosts approximately 475 teen leaders, adult advisors, and TTI staff. These participants leave TTI motivated not only to make healthy decisions in their own lives, but also committed to work so that others are making healthy decisions as well. They return to their schools and communities where they can implement the skills they have learned.

### **2019 SUMMER CAMP SESSION**

**Date:** June 7<sup>h</sup>— 14<sup>th</sup> , 2019  
**Ages:** 13-18  
**Place:** University of TN at Martin, Martin, TN  
**Registration Fee:** \$1500 per Team (1 adult and up to 6 students)  
\$175 per additional team member up to 3

## ***Application Instructions***

### **Participants/ Team Advisors**

**Application Deadline:**  
**MAY 15<sup>h</sup>, 2019**

- **Participants & Team Advisors** must fill out and submit application and medical information form.
- Registration fee of \$1500 for each team **must be received no later than May 30th, 2019**
- Make checks payable to: **TN Teen Institute**
- All teams **must** have an adult team advisor who attends the entire week of camp.

### **Send Applications To:**

**TTI Director**

**900 East Chester Street**

**Jackson, TN 38301**

**Fax: 731-422-2820**

**Email them to: [kristit@jacoa.org](mailto:kristit@jacoa.org)**

## *Common Questions About TTI*

### **What does the \$1500 Team fee cover?**

- One adult and up to six student participants per team
- Five days and five nights of meals and board at University of TN at Martin
- All presenters and workshops, materials and activities
- T-shirts, notebook, and all other materials

### **Who should apply?**

- Youth who are serious about making a change in their schools/communities
- Youth who are alcohol, tobacco and drug free
- Youth who show leadership qualities
- Adults who are concerned about their youth in local schools and communities
- Adults who enjoy interacting with youth

### **What happens at TTI ?**

- General information sessions with outstanding keynote presenters
- Interactive workshop sessions on many current teen topics
- Community Action Team meetings
- TTI Special Events (Olympics, Sports Night, Talent Show and Dance etc...)
- New friends and lots of FUN!FUN!FUN!

**Money:** The registration fee covers meals, lodging and materials. You might need a little spending money for vending machines.

**Transportation:** Transportation to and from the camp is your responsibility. We encourage you to car pool with other participants on your team.

**Lodging:** You will stay in the dormitories on the UTM Campus. Males participants will be in a separate dorm from the female participants. You will be sharing a suite with other participants.

**Meals:** Meals are provided by University of TN at Martin.

**Medical:** Minor First Aid will be available from the TTI Directors. The local hospital will be used if further medical treatment is needed.

***See you in June!***

# Tennessee Teen Institute

## *Participant Expectations*

The following criteria have been developed to remind you of the conduct expected by all TTI Participants. You must understand that being a TTI Participant is a great opportunity and we want everyone to have the best experience possible.

All TTI Participants are expected to:

- Adhere to all TTI and University rules/regulations
- Attend all scheduled Family Group meetings
- Attend all scheduled Team Meetings
- Work with their teams to develop action plans.
- Continue to be involved in prevention and service activities after TTI.
- Attend all General Sessions, workshops and other scheduled events during TTI
- Act as a positive role models for others throughout the duration of the camp
- Abstain from any use of alcohol, tobacco, or other drugs for the duration of the TTI camp
- Report any concerns to the appropriate TTI Staff
- Attend camp for the entire duration
- Be on campus always
- **HAVE FUN!!!**





# 2019 TENNESSEE TEEN INSTITUTE TEAM APPLICATION

Application Deadline: MAY 15<sup>th</sup>, 2019

## APPLICATION INSTRUCTIONS

Please print in black ink and make sure all blanks are clearly marked. You may mail, fax, or scan and email the application to: JACO A, 900 East Chester Street, Jackson, TN 38301 Attn: TTI Director  
Fax: 731-422-2820 or email [kristit@jacoa.org](mailto:kristit@jacoa.org)

## APPLICANT INFORMATION

First Name:		Last Name:			
Home Address:			DOB:	Age:	
City:	Zip Code:	County:			
Phone:	Email:				
I will be attending as a: <input type="checkbox"/> Team Advisor <input type="checkbox"/> Participant					
T-shirt size: S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> 3XL <input type="checkbox"/> 4XL <input type="checkbox"/>					
Are you attending with a Team? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Team Name _____					
How many TTI camps have you attended? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more					
Ethnicity (for reporting purposes): <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other					
Grade in 2016-2017 school year: <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> High School Graduate <input type="checkbox"/> NA					
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female					

## PARENT OR GUARDIAN INFORMATION ( Must be completed by participants under the age of 18)

First Name:		Last Name:			
Address:					
Cell#:	Home#:	Work #:			

## DRUG FREE PLEDGE

### Drug-Free Contract

TTI is a drug and alcohol prevention program that provides an opportunity for youth to make healthy decisions and live substance-free lives. TTI attendees are role models for other youth and representative of the Institute. In order to maintain the integrity of the Institute, attendees should conduct themselves in a way that supports TTI Code of Ethics. A drug-free contract is one way to let teens know that their behavior inside and outside of the Institute is important. Parent/Guardian involvement in this contract reinforces healthy decision making and tells teens that the people who care about them the most, their families, are behind them supporting their decisions.

### Drug-Free Youth Pledge

As an attendee at the TN Teen Institute, I do swear to maintain and uphold the ideals of the Teen Institute. I believe in the Teen Institute and its worth. I believe in myself and my worth as an individual. Therefore, I now formally state my commitment to remain alcohol and drug free year round.

I recognize the fact that as a member of this group, my peers and others will be looking to me to set good examples. I also realize that this will not be an easy position to maintain, but I will always have the support of the other attendees, the adult leader, and my family.

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Pledge** I, as the parent/guardian of a Teen Institute attendee, pledge to support and encourage my child in this activity. I understand that making the commitment to be drug free is a very difficult one, and I admire and respect my child's position.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# 2019 Health Information Sheet – Return with Application

Applicant's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

If you check yes to any of the following, please explain fully or your application will be returned to you.

Do you have any known allergies?  Yes  No If yes, describe the allergy and the reaction: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have:  diabetes Insulin: Type \_\_\_\_\_ Dosage \_\_\_\_\_ When Taken: \_\_\_\_\_  
 epilepsy  blackouts  asthma  
 heart disease  sickle cell anemia  any respiratory problem  
 fainting  high blood pressure  manic depression (bipolar disorder)  
 dizziness  depression  any other condition for which you are currently under medical care  
 food allergies

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Prescribed Medications

Medications will be collected at registration and dispensed by a dorm monitor during the Institute. Attendees will only be allowed to keep emergency medications, such as inhalers, with them. All medications must be brought to TTI in their original bottles or packing.

Are you taking any prescribed medications at the present time for any of the above listed conditions or for other health problems?  No  Yes

If yes, please provide the following information:

Medication _____	Dosage _____	when taken _____
Medication _____	Dosage _____	when taken _____
Medication _____	Dosage _____	when taken _____
Medication _____	Dosage _____	when taken _____

## Over-the-Counter Medications

As a parent/guardian, do you give permission for the above applicant to receive over-the-counter medication from Institute staff?  No  Yes

## Insurance Information

If medical treatment is required, I hereby authorize use of the following medical insurance information:

Health Insurance Provider \_\_\_\_\_

Group Number \_\_\_\_\_