



2024 YOVASO Summer Leadership Retreat

July 11-14, James Madison University, Harrisonburg, VA

Student Registration Form



Please complete and return registration forms as soon as possible to ensure your spot or, register online at www.yovaso.org/summer-retreat

Student's Name: _____ Age: _____ School: _____

Home Address: _____ Grade (2023/24): _____

City/State/Zip: _____

Gender: Male ____ Female ____ Other ____ Please Specify _____

Home Phone: _____

Student's Cell Phone: _____ Student's E-mail: _____

If you are a relative of a State Police Employee, please provide his/her name: _____

If you are attending with a school/youth group team, who is attending as your Adult Sponsor or SRO:

Did you attend the 2023 retreat? Please circle: Yes or No

Do you have a valid Driver's License or Learner's Permit? Please circle: Yes or No

***Please bring it with you. If you do not have a valid Learner's or Driver's License, please bring your school ID or a state issued Identification Card as required for check in.**

Behind the Wheel Defensive Driving Experience:

At this year's Retreat, YOVASO will be providing a Behind the Wheel Defensive Driving Experience for Licensed Teen Drivers with a Learner's Permit or Driver's License. The program is called B.R.A.K.E.S. This experience is limited to the first 60 LICENSED drivers who submit their registration forms and check to participate in B.R.A.K.E.S., so register early to reserve your spot!

Note: You MUST have your Learner's Permit or Driver's License present at the Retreat to **participate as a driver** in B.R.A.K.E.S. **Students who are not licensed may ride as passengers** during B.R.A.K.E.S., if parents give consent below.

The program will be providing the following driving scenarios:

- Car Control/Skid Recovery Exercise
- Panic Braking/ABS Stop Exercise
- Distraction Driving Awareness Exercise
- Drop Wheel/Off Road Recovery Exercise
- Crash Avoidance Exercise
- Slalom Exercise

If you would like to learn more about these exercises or about the B.R.A.K.E.S. program, you can visit: <https://putonthebrakes.org/curriculum>.

Please check one of the boxes below to participate in the B.R.A.K.E.S. Driving Program:

- ☐ I am a licensed driver, and I would like to DRIVE in the driving exercises provided by the B.R.A.K.E.S. program. (Must have your learner's permit or driver's license with you at the retreat.)
- ☐ I am a licensed driver, but only want to RIDE as a passenger in the driving exercises provided by the B.R.A.K.E.S. program.
- ☐ I am not a licensed driver but would like to RIDE as a passenger in the driving exercises provided by the B.R.A.K.E.S. program.
- ☐ I do not want to drive or ride as a passenger during the driving exercises. (Other traffic safety sessions will be held for students who are not participating in B.R.A.K.E.S.)

This session will require ALL Retreat attendees and staff to travel off campus to a location large enough to hold such a driving event. Students who are not driving or riding with B.R.A.K.E.S. will also travel off campus to participate in the YOVASO Distracted Driving Simulator and other driving type rotations. This session will be at the Manheim Harrisonburg at 3560 Early Road, Harrisonburg, VA 22801, approximately 5 miles from the JMU campus. YOVASO will be using JMU transportation to charter a bus to take the students back and forth from campus to the location. This off-campus activity will be on Friday, July 12, with the bus departing at 7:30 a.m. and returning to campus at 12:30 p.m.

Parent's: Please sign below to confirm that you have read this section and give consent for your student(s) to be transported off campus during this time period for the B.R.A.K.E.S. exercises and other driving stations.

_____ (parent signature)

Roommate Request:

Each dorm room has two twin beds. If you would like to request a roommate, please check here ☐

If requesting a roommate, please provide their first and last name: _____

**Students who do not request a roommate will be matched with another student.*

**If you have any rooming concerns, list details below or contact Molly Jackson to discuss:*

T-shirt Size: (circle one) S M L XL 2XL 3XL Other: _____ (T-shirts are adult sizes only. **You must register by June 1 to guarantee you receive your t-shirt size**)

Code of Conduct:

The YOVASO Summer Leadership Retreat offers many unique opportunities and experiences. In addition to the educational benefits, you will form new friendships and meet a diverse group of youth throughout Virginia. YOVASO and each sponsoring agency want to provide an atmosphere where chaperones and youth support one another with genuine respect. As a youth participant, it is your responsibility to make the trip a positive and enjoyable experience for yourself, fellow participants, and chaperones.

All participants are expected to abide by the following rules of conduct:

- 1) Demonstrate high standards of conduct and accept personal responsibility and consequences for his/her actions.
- 2) Exhibit honesty, courteousness, and consideration towards others, including those in your groups, as well as anyone else with whom you may come into contact, such as college and retreat staff.
- 3) Observe curfews, retreat rules, and remain with assigned groups during scheduled activities. Students may not leave the campus at any time. You will be required to stay in your assigned room after lights out.
- 4) Obey all rules of James Madison University and treat all facilities, including dorm rooms, meeting rooms, grounds, cafeteria, etc. with respect. Individuals responsible for damages to any property or furnishings will

be responsible for repair or replacement. Lost keys will be billed to students at a \$30 replacement fee. Additionally, replacement meal cards will be billed to students at a \$10 fee.

- 5) Participate fully in all Retreat activities, including activities that require the following: being outside for several hours a day; standing/sitting/being attentive for 1-2 hours at a time; walking/running short distances; and working each day with your assigned team that will include diverse students from schools across Virginia.

The use of alcohol and controlled or illegal substances of any form during this event is prohibited. Use or possession of such substances will result in dismissal from the retreat and may subject the attendee to prosecution under state laws. *This does not include over the counter or prescription medications listed on the medical waiver.*

Vaping, smoking, and other related products are also prohibited. Per Virginia law, no person less than 21 years of age shall purchase, attempt to purchase or possess any tobacco product, including but not limited to cigarettes, cigars, bidis, rolling papers, nicotine vapor products, and alternative nicotine products. *For more details, please refer to the Retreat Medication Policy at www.yovaso.org/summer-retreat.*

Our goal is to make this retreat an educational, safe, and enjoyable experience for everyone. Participants who disregard or violate the code will be subject to disciplinary action including, but not limited to, exclusion from retreat activities, dismissal from the retreat, and/or being denied participation in future YOVASO events.

I agree to attend the 2024 YOVASO Summer Retreat. I have read the Code of Conduct and agree to abide by the outlined rules: (Parents must also read the code and sign below.)

➡ Student's Signature _____ Date _____
➡ Parent's Signature _____ Date _____

*** Attached Student Medical Waiver and Event Waivers must also be completed and returned ***

Registration Fee:

YOVASO will be charging a small fee for retreat participants. This fee helps to offset the cost of retreat materials that aren't funded under our grant and increase attendance accountability for those who register. This will enable us to continue providing t-shirts, backpacks, and lanyards and help us recover some of the dorm room and meal costs for any no shows. **The final deadline to register is June 21. Refunds will only be given for cancellations made prior to this date.** **YOVASO Youth Leaders will not be charged a retreat fee.*

Fee for Registrations: \$15 per person or \$75 for a team of 6 students and 1 adult advisor.

Payment Instructions:

If attending the Retreat with a school/youth group, your sponsor should be providing you with instructions on how to handle the student registration fee. Check with the sponsor on how the fee will be collected or if you will be responsible for paying for the fee yourself. If you have been instructed to pay the fee directly, you can choose from one of the following options:

For online payments:

If you would like to pay online, you can scan the QR Code below to pay via PayPal. In the notes section on PayPal, please include the student's name(s) you are paying for and Summer Leadership Retreat.



For Mail-In Payments:

Make the check out to YOVASO Summer Leadership Retreat, include student's name (s), and mail the check to:

YOVASO Summer Leadership Retreat

VSP Public Relations Office

P.O. Box 27472

Richmond, VA 23261

Registration forms may be mailed with the check, submitted online at www.yovaso.org/summer-retreat, or scanned and emailed to Molly Jackson at molly.jackson@vsp.virginia.gov



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July 11-14, James Madison University, Harrisonburg, Va.
Medical Release Form & Liability Waiver



Student's Name: _____ Age: _____ School: _____
Parent's Name: _____
Home Address: _____
City/State/Zip: _____
Home Phone: (____) _____ Parent Work Phone: (____) _____
Parent Cell: (____) _____ Student Cell: (____) _____
Student E-mail: _____ Parent E-mail (optional): _____

The following medical information is required for students to participate in all Retreat activities:

Family Physician: _____ Phone No: (____) _____
Physician's Address: _____

Student is physically able to:

- ☐ Participate fully in four, full days of activities
- ☐ Participate in outdoor activities for several hours per day
- ☐ Stand, sit, and be attentive for 1-2 hours at a time during classroom sessions and speaker presentations
- ☐ Walk and/or run short distances to buildings and classrooms and during activities, such as games and the Amazing Race.
- ☐ Work daily within an assigned team that will include a diverse group of students from schools across Virginia.

List Student's Allergies (including food, poison ivy, bee stings, peanuts etc.): _____

List Any Medical or Behavioral Conditions: _____

List Medications Currently Taking and Conditions Prescribed For: _____

Does the Student Have a Special Diet (Vegetarian, Vegan, Other): _____

Date of Last Tetanus Shot: _____

Do you give YOVASO permission to give your child over the counter Tylenol/Motrin/Pepto? Yes or No

Contact in Case of Emergency: _____

Contact's Emergency Phone Number(s): _____

Student's Date of Birth: _____

Insurance Company: _____ Policy/Group Number: _____

_____ has my permission to receive medical treatment by a physician or a hospital should an illness or accident occur while attending the 2024 YOVASO Summer Leadership Retreat July 13-16 at James Madison University.

PARENTAL ACTIVITY CONSENT FORM & LIABILITY WAIVER: *Please Read Thoroughly.

I, _____, give permission for my child, _____, to attend the 2024 YOVASO Summer Leadership Retreat at James Madison University in Harrisonburg, Va., to reside in the on-campus residence halls, and to participate in all the activities associated with this event. I have listed in the above information all conditions affecting my child that staff should be aware of or that **would prevent participation in certain activities during the Summer Retreat as pre-approved through email or phone call with Retreat staff.** I understand that my student must be physically able to participate in activities that require being outdoors; standing, sitting and being attentive; walking and/or running for short distances; and working cooperatively in a team of diverse students from other schools. As parent/guardian of the above student, who is voluntarily registering for the Summer Leadership Retreat, I agree to instruct my child to adhere to All Retreat rules, participate fully in all Retreat activities, and understand they must follow the Code of Conduct.

RELEASE OF LIABILITY: I hereby release the YOVASO Program, its officers employees and agents; James Madison University, its officers employees and agent; the Virginia State Police, its officers employees and agents; and other participating entities and law enforcement agencies and their officers employees and agents, hereafter known as the released parties, from all liabilities, causes of action, claims and demands that may arise in any way from any injury, death, or any loss or harm that may occur to me or to my child while traveling to and/or from the YOVASO Program or during the Program itself, including but not limited to any YOVASO activity or in any way related to the activity or during free time. I promise to indemnify, hold harmless and defend the released parties against any and all claims to which this agreement applies, including claims for their own negligence.



Signature of Parent/Guardian

Date

DISTRACTED AND IMPAIRED DRIVING SIMULATOR

Sponsored by Virginia State Police, Youth of Virginia Speak Out About Traffic Safety (YOVASO), and State Farm.

The Virginia State Police, Youth of Virginia Speak Out About Traffic Safety (YOVASO), and State Farm have developed a Simulator program to educate students about distracted and impaired driving. The simulator is a customized low speed vehicle which is driven by a student and/or adult through an obstacle course of traffic cones while accompanied by a Trooper. The course can be set up to show the risks of driver distractions, such as texting, adjusting radio, passenger distractions, etc (distracted driving course); or can be used in conjunction with the "Fatal Vision" goggles to simulate what your mind perceives while under the influence of alcohol (impaired driving course).

The goal of the project is to show students and/or adults the impact their decisions have on driving abilities and fine motor skills. It is designed to impress upon students and/or adults the dangers of distracted and impaired driving, in a controlled environment.

I recognize that this activity is potentially hazardous and could result in serious bodily injury. I agree to assume the risk on behalf of myself or my child of any such injury. I agree to hold harmless and release from all liability the school or organization hosting the event, YOVASO, State Farm, the Virginia Department of State Police, and any of their employees or agents.

_____ by initialing here I also agree to allow my likeness and/or name to appear, and to otherwise be used, in material, regardless of media form, promoting the Virginia Young Driver and Passenger Safety Interactive Programs, for all participants with signed photo and media release waivers.

Signature of Participant

Date

Parental Permission Required for Participants under age 18:

In order to participate in the program parents of students under age 18, must also sign the permission waiver below:

Simulator Permission Waiver:

I give _____ permission to participate in the Simulator program. I recognize that this activity is potentially hazardous and could result in serious bodily injury. I agree to assume the risk on behalf of myself or my child of any such injury. I agree to hold harmless and release from all liability the school or organization hosting the event, YOVASO, State Farm, the Virginia Department of State Police, and any of their employees or agents.

Photo Release - Permission to Use Likeness/Name:

_____ by initialing here I also agree to allow my child's likeness and/or name to appear, and to otherwise be used, in material, regardless of media form, promoting the Virginia Young Driver and Passenger Safety Interactive Programs, for all participants with signed photo and media release waivers.

Signature of Parent (if participant is under aged 18)

Date



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Media Release Statement



Youth of Virginia Speak Out About Traffic Safety (YOVASO) periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to YOVASO and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify YOVASO if any changes to my situation occur that will impact this media release permission.

I have read the above release and am aware of its contents.

Signed _____ Date _____

Printed Name _____

Address _____

Signature of Parent or Guardian (if under 18) - I am the guardian of the minor named above and hereby agree that we will be bound by this release:

Signed _____ Date _____

☐ **I DECLINE to give permission for any photograph, digital image, videotape, other picture, voice, performance, and comments to be used for promotional purposes by YOVASO.**

Signed _____ Date _____

Parent/Guardian if participant is under 18:

Signed _____ Date _____