

# PARTICIPANT REGISTRATION

NEW

CHANGE/UPDATE

Operation: Break the Cycle!



1

Last Name First Name M.I. Male/Female Preferred First Name

2

Home Mailing Address: Street City State Zip

3

Home Phone Business Phone Business/Home Fax Email Address

## 4 PARENT OR GUARDIAN PERMISSION

I give \_\_\_\_\_ permission to attend the **Operation: Break the Cycle!** weekend and all other activities, workshops and programs associated with it.

\_\_\_\_\_  
Parent/Guardian Initials

## 5 TALENT RELEASE FORM

For value received and without further consideration, I hereby consent to the use of all photographs, videotapes or film, taken of me and/or recordings made of my voice and or written extractions, in whole or in part, of such recordings or performance at Operation Break the Cycle! gatherings, Santa Barbara, California on (date) \_\_\_\_\_ by the staff of Emmaus of Santa Barbara and/or others with its consent, for the purposes of illustration, advertising or publication in any manner.

\_\_\_\_\_  
Participant Initials

\_\_\_\_\_  
Parent/Guardian Initials

## 6 BEHAVIOR AND CHARACTER CONTRACT

I \_\_\_\_\_ commit myself to attend the **Operation: Break the Cycle!** gatherings- except in case of an emergency. I agree to practice fully in the activities and discussions as they are presented. I agree to be as honest as I can with myself and with other group members. I agree to keep what I hear in the group confidential and not discuss it with anyone outside the group. I agree to be open and accepting of the other group members, not to put anyone down not make fun of ideas. I agree to practice as much as possible, the skills I learn during the sessions and to complete the requirements of the program. I agree to refrain from the use and/or possession of drugs or alcohol while on the retreat and on any other **Operation: Break the Cycle!** activities. I will respect the property of others at all times. I agree to obey the rules and regulations of the program and the conference site. I will not leave the site of any program gatherings at any time without official permission from the conference and/or program director. I will not engage in any kind of sexual activity at anytime during the retreat or any other Emmaus programs. I have initialed below to show my agreement to this contract and to take the first step in "Breaking the Cycle" of self-destructive behaviors in my life. I will commit myself by virtue of my actions to making my school, home and community a safer place. I agree never to have any weapon or dangerous objects in my possession or belonging at any of the Operation's activities.

\_\_\_\_\_  
Participant Initials

\_\_\_\_\_  
Parent/Guardian Initials

Over

# PARTICIPANT REGISTRATION

## 7 ADDITIONAL INFORMATION

- A. Do you smoke cigarettes?  Yes  No
- B. Why do you wish to be a part of **Operation: Break the Cycle!**? \_\_\_\_\_  
\_\_\_\_\_
- C. Birth date: \_\_\_\_\_  
Month/Day/Year
- E. Have you ever been convicted of a felony, or within the past 24 months, of a serious misdemeanor that resulted in imprisonment?  Yes  No If Yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

## 8 EMERGENCY RELEASE FORM

I do hereby give my son/daughter permission to participate in the **Operation: Break the Cycle!** weekend retreat, as well as in the workshops and activities which follow. In the event of illness or injury, I give my son or daughter's team leader or supervisor permission to seek medical treatment as necessary, should I *not* be reachable.

_____	_____	_____	_____
Father/Guardian's Initials	Home Phone Number/Work Phone	Cell/Pager Number	Date
_____	_____	_____	_____
Mother/Guardian's Initials	Home Phone Number/Work Phone	Cell/Pager Number	Date
_____	_____		_____
Insurance Company	Policy Number		

## 9 IN CASE OF EMERGENCY CONTACT

_____	_____			
Name	Relationship			
_____	_____	_____	_____	_____
Address	City	State	Zip	Home Phone Work Phone

## 10 PARENT AGREEMENT

If my son or daughter is accepted into this program, I agree to participate in the following ways: I agree to encourage my son/daughter to attend all follow-up activities and workshops I agree to attend (or send a representative in my place) a General Information Meeting, to be scheduled before the weekend retreat. I agree to attend (or send a representative in my place) to the welcome home luncheon scheduled for the end of the retreat.

\_\_\_\_\_ Participant Initials      \_\_\_\_\_ Parent/Guardian Initials

◆ I hereby agree to the above initialed stipulations and all that they entail. I fully understand and agree to all of the initialed terms.

\_\_\_\_\_ Parent/Guardian's Signature      \_\_\_\_\_ Date

### For Office Use Only

Date Application Received _____	_____ <i>Initial</i>
Date of Interview _____	_____
Date of ESB Orientation _____	_____