



Dear Raymond School District Students:

We are looking for students who want to make a difference by sharing their voice about issues that matter to them and their peers by being a member of RCFY Youth Action.

Youth Action is a "Student led, adult supported" group filled with students who want to make a difference when it comes to making healthy choices to positively impact the future. Some prevention efforts have focused around underage drinking, tobacco (particularly vaping use), marijuana use, stress, anxiety, and more. We want to get the message out that you do not need substances to have a good time and have taken a lead role in many important school and community events such as Red Ribbon Week, National Prevention Week, Operation Raymond Cleanup, prom and graduation safety and other campaigns such as Take Pride in Raymond and Stronger Together.

If you are in grades 6<sup>th</sup> – 12<sup>th</sup> grade and are interested in being a part of this diverse group of youth we recommend filling out the following registration form and sending it to Pamela Baker, RCFY Program Coordinator at [pbaker@rcfy.org](mailto:pbaker@rcfy.org) or [RCFY@sau33.com](mailto:RCFY@sau33.com).

The Raymond Coalition For Youth (RCFY) has been promoting positive healthy behaviors for youth, with students from Raymond School District since 2002. Youth Action is the youth voice and in fact is the foundation for much of the work that RCFY does.

Have a wonderful school year! We look forward to hearing from you.

Sincerely,

Pamela Baker  
Program Coordinator



**Raymond Coalition for Youth PROGRAM APPLICATION AND WAIVER**

**To Be Completed by Student and Parent or Guardian**

Please fill out the Waiver and return it to the Coalition if you wish your child to be involved in Coalition activities.

Student Name: \_\_\_\_\_ T Shirt Size: \_\_\_\_\_

Student D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ School attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Cell Phone #: \_\_\_\_\_ OK to text information? Y\_\_\_\_ N\_\_\_\_

Email Address: \_\_\_\_\_

What other groups/sports are you involved in this year? \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number:(home/cell) \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Parent/Guardian Email address\*: \_\_\_\_\_

Medical Concerns/Allergies/Issues: \_\_\_\_\_

Other Concerns: \_\_\_\_\_

**\*By providing an email address, we will be able to keep parents/guardians informed of current and upcoming events taking place for Youth Action Students, We also have a Youth Action Parents Facebook group and encourage you to like Facebook/RCFYOUTH**



**Please initial each if you agree and provide signature below:**

**LIABILITY WAIVER:**

I agree to allow my son/daughter to participate in the Raymond Coalition for Youth Program (RCFY). I understand that many RCFY activities could result in injury during events or during transportation to and from events. I agree to waive any liability or right of civil action against the Town of Raymond, Raymond Police Department, Raymond Coalition for Youth, the Raymond School Department, and any of the associated staff, volunteers, sponsors or other agents of the Raymond Coalition for Youth or any negligence or acts or omissions that are related to my son/daughter’s participation in any RCFY related activity.

\_\_\_\_\_ **I Agree**

**TRANSPORTATION WAIVER**

I understand that some Youth Action events will take place at a location that may require the transportation of my child to and/or from the event. Raymond Coalition For Youth will notify me via newsletter/announcement prior to the event with details. I give my child permission to be transported to and from the event locations with Raymond Coalition For Youth.

\_\_\_\_\_ **I Agree**

**MEDICAL EMERGENCY WAIVER**

In the event of an emergency where I cannot be reached, I give my permission for the adult staff of RCFY to act on my behalf in requesting emergency medical care for my son/daughter. I understand that every attempt will be made to contact me prior to any medical treatment, and that I will be contacted in any emergency situation as soon as possible.

\_\_\_\_\_ **I Agree**

**MEDIA WAIVER:**

I grant permission to Raymond Coalition for Youth and its agents or employees to use photographs and/or video, audio or written material produced of or by RCFY for use in educational, documentary, social marketing, Grant Applications, Video Documentaries, Media Campaigns, and both printed and online newspapers. Furthermore, I authorize the use of the name, likeness, and voice of my child for all program promotion, materials, and any other purposes in connection with the program deemed appropriate and necessary by Raymond Coalition For Youth.

\_\_\_\_\_ **I Agree**

\_\_\_\_\_  
Students Name

\_\_\_\_\_  
Parent/Guardian Name – please print

\_\_\_\_\_  
Parent’s Signature

\_\_\_\_\_  
Date



Student RCFY Youth Action Interest form – to be completed by student

Students Name: \_\_\_\_\_ Date: \_\_\_\_\_

How many years have you been a part of RCFY Youth Action? \_\_ 0 \_\_ 1 \_\_ 2 \_\_ 3 \_\_ 4 \_\_ 5 \_\_ 6

How did you hear about RCFY Youth Action? \_\_\_\_\_

Knowing the mission of RCFY, what interests you about being a part of Youth Action?  
\_\_\_\_\_  
\_\_\_\_\_

What issues are you hoping to address being a part of RCFY Youth Action?

\_\_\_ Underage drinking \_\_\_ Tobacco/Vaping \_\_\_ Marijuana use/vaping  
\_\_\_ Prescription Drug Misuse \_\_\_ Stress/anxiety \_\_\_ Community Service  
\_\_\_ The importance of positive Adult Connections \_\_\_ Bullying \_\_\_ Public speaking  
Other: \_\_\_\_\_

Events I am interested in:

\_\_\_ Prevention Summit \_\_\_ Family Fun Night \_\_\_ Deliberative Session Bake Sales  
\_\_\_ Granite Youth Alliance Film Festival \_\_\_ Project Safeguard \_\_\_ Medication Take Back  
\_\_\_ Operation Raymond Clean Up \_\_\_ Fall Family Festival \_\_\_ Raymond Town Fair  
\_\_\_ Summer Fun Series \_\_\_ Red Ribbon Week \_\_\_ Prom and graduation safety  
\_\_\_ RCFY Tables at open houses, voting, school and other community events  
\_\_\_ Discount Card Sales/fundraising \_\_\_ RCFY Youth Action- planning meetings  
\_\_\_ Support our District, Parent Support organizations and other Groups with activities and events, examples: teacher appreciation luncheons, teacher workshop days etc

What skills would you like to Build ?

\_\_\_ Team building \_\_\_ Promotions/ Marketing \_\_\_ Social Media \_\_\_ Art/Design  
\_\_\_ Leadership skills \_\_\_ Public Speaking \_\_\_ Create short films and PSA(Public Service Announcements) \_\_\_ Fundraising

What Opportunities would you like to learn more about:

\_\_\_ Extended Learning Opportunities (ELO's ) \_\_\_ Internships \_\_\_ Scholarships  
\_\_\_ Volunteer Opportunities \_\_\_ Training in Youth Action \_\_\_ Training conference