

What is Snowball?

Operation Snowball is an alcohol and drug abuse prevention program focusing on leadership development to empower youth to lead drug-free lives.

It operates under the principle that any teen given correct, current, and relevant information can make educated and informed positive decisions concerning a drug free lifestyle.

The name originates from the idea that "If I have a positive impact on you, you can have a positive impact on someone else and the effect snowballs."

Teens and adults operate side by side to provide youth with information and healthy lifestyle alternatives. This partnership is the success of Operation Snowball.



*A Community of Caring
"The Snowball
Tradition"*

Admission Requirements

- 9th through 12th grade students in Effingham County
- Willing to attend all sessions and participate in the program for the complete time
- Willing to serve as a youth leader and prevention resource to their peers and community

How do I get in?

Each student is responsible for the \$30 application fee. The fee covers your T-Shirt, workshop materials, and food for the event. Students who need help with the fee should include a note with the application.

Call or send to the address below as soon as possible to reserve a spot. We will be accepting applications up until the event. You may also bring forms to the camp. Registration is from 6-7pm at Camp Walter Scott. Call for directions or to reserve a spot.

For more information

Rob Grupe – 217-821-9583

Katie Kroeger – 217-342-2079

Mail Completed Applications to:
**Effingham County Operation Snowball
P.O. Box 552
Effingham, IL 62401**

**Email: effinghamsnowball@gmail.com
www.myspace.com.snowballofeffinghamcounty
Phone: (217) 342-2079**

**OPERATION
SNOWBALL**

One Good

Idea



**Effingham County Operation
Snowball Weekend**

**November 2-4, 2007
Camp Walter Scott**

Snowball is funded by the Effingham United Way



Snowball Weekend is for all high school students from Effingham County. The focus is on learning to live a drug free life style and get correct and up to date information. But it's much more than that!

There will be speakers and fun multi-media presentations as well as discussion groups to process the information. And of course, there are plenty of fun activities for everyone to get involved with. There will be a dance and a pizza party as well as time throughout the day to hang out play some games and meet new and cool people!

Here are some quotes from past participants of Snowball!

“You can be yourself.”

“You will meet interesting individuals.”

“Can’t wait to go again!”

“You’ll have a lot of good memories!”

“Snowball is an awesome experience!”

“Snowball was one of the best experiences of my life.”

“Trust me. You will not regret going to this!”

Participants are encouraged to dress casually and pack weather appropriate clothing. All activities are supervised and there is a nurse on duty. Staff is made up of volunteer and youth that have been involved in the program as well as some health care professionals.



November 2-4, 2007– Camp Walter Scott
PARENTS APPROVAL AND HEALTH STATEMENT
Effingham County Snowball Weekend

Participant's Name: _____ Sex: M or F (circle one)
Address: _____ Email Address: _____
Age: _____ Grade in School: _____ City & Zip: _____
Phone: _____ School Attending: _____
Emergency Phone and Name: _____

List below any information you feel Operation Snowball personnel should know to help insure the safety and well-being of the above participant while at Effingham County Snowball Weekend at Camp Walter Scott. In case of emergency, this health statement may be our only source of accurate important information.

Information is considered confidential.

Allergies: _____

Medications: _____

Date of last tetanus shot: _____ Or booster _____

If a special diet is required, please explain in detail _____

As a parent/guardian of the above named Effingham County Snowball participant, I designate all matters of discipline and emergency decisions to the Effingham County Snowball authorities and hereby release Effingham County Snowball from any liability for accidents. I understand that first aid treatment will be available from workshop personnel who are trained in administering such treatment that the participants will be closely supervised and if a serious injury or illness develops, medical and/or hospital care will be sought and parents will be notified. However, if it is impossible to notify parents or guardian, I give permission for emergency treatment to be given at the recommendation of the attending physician. I further understand that the staff of Effingham County Snowball is not responsible in the event of accidental injury or illness. I also give permission for the participant to be photographed during attendance at the Effingham County Snowball Weekend and for the photographs to be used for promotional purposes.

SIGNATURE OF PARENT OR GUARDIAN _____

Date _____ Address: _____ City & Zip: _____

Home Phone: _____ Work Phone: _____

Physician's name and phone number _____

SIGNATURE OF PARTICIPANT _____

PLEASE NOTE: All prescription and non-prescription drugs are to be given to the nurse upon registration. Any participant requiring medication will receive it under the direction of the nurse. Medicine will be returned at checkout.