

NEW JERSEY STATE ELKS

34th ANNUAL

PEER LEADERSHIP CONFERENCE

“ELKS AND YOUTH: PROMOTING
WELLNESS IN OUR COMMUNITIES”

1868



2023

Celebrating 155 Years of Service

VICTORIA WATSON
STATE PRESIDENT

LISA ROVITO
STATE CHAIRPERSON

FEBRUARY 3 – FEBRUARY 5, 2023
OCEAN PLACE RESORT AND SPA
LONG BRANCH, NEW JERSEY

Conference Mission Statement

Since 1983, the Benevolent and Protective Order of Elks has been involved in the war on drugs. In his year as National President, Kenneth Cantoli of Hasbrouck Heights, NJ made Drug Awareness Education a priority. For the past 34 years, the NJ Elks have sponsored a Peer Leadership Conference. Our objectives are to increase participants' ability to make healthy decisions for themselves and others, specifically related to drugs and alcohol, thus Serving Our Communities.

We provide peer leaders with specific tools and resources to implement action plans in their communities, thus creating a network with the ability to educate their groups, schools, and towns on the skills presented at the conference. **The conference gives participants knowledge and information that promotes wellness.**

Conference Registration

- Students must be in 9th to 12th grade only.
- Be certain that all "Responsible for Payment" sections are completed. If using a purchase order, please indicate PO number. All payments should be received prior to the conference
- Make all checks payable to: NJ State Elks Association
- The \$385 registration fee includes: conference registration, materials, food, lodging, and special events.
- Advisors are strongly recommended.
- Advisors are required for groups of 2 or more.
- No refunds on cancellations received after 1/5/23. All cancellations received after this date will still require full payment

Mail completed Student/Advisor Applications, Conference Team Registration Form, and payment for \$385 per person (plus \$175 additional for advisor single rooms) to:

**NJ State Elks Association
Peer Leadership Conference
PO Box 314
Brielle, NJ 08730**

All registrations should be received by December 16, 2022. Registrations received after 12/16 are accepted on a "space available" only basis. Any registrations received less than two weeks before the conference MUST have a P.O. or check for payment. Registrations without payment or proof of payment will not be allowed to attend the conference.

Conference Schedule

FRIDAY, FEBRUARY 3

7:30-9:30AM Registration/Breakfast
9:30-10:00AM Welcome
10:00-11:00AM Opening
11:15-12:15PM Keynote 1
12:30-1:30PM Lunch
1:30-2:45PM General Session 1
2:45-3:30PM Advisor Meeting / Room Keys & Assignments
2:45-3:30PM Break
3:30-4:45PM General Session 2
4:45-6:30PM Room Check-In
6:30-7:30PM Dinner
7:30-9:00PM Evening Entertainment
9:00-11:30PM Dance
9:00-11:30PM "Chill Time" Activities
12:00PM Room Checks

SATURDAY, FEBRUARY 4

8:30-9:30AM Breakfast
9:45-10:00AM NJ State Elks Welcome
10:00-11:00AM Keynote 2
11:00-12:15PM Student Workshops 1
11:00-12:15PM Advisor Workshop 1
12:15-1:30PM Lunch w/ Elks Presentation
1:45-3:00PM Student Workshops 2
1:45-3:00PM Advisor Workshop 2
3:00-3:15PM Break
3:30-4:45PM General Session 3
4:45-5:00PM Group Photo
5:00-5:30PM Turn In Scavenger Hunt Forms
5:30-6:30PM Free Time
6:30-8:00PM Dinner
8:00-9:00PM Keynote 3
9:00-12:00AM Dance
9:00-12:00AM "Chill Time" Activities
12:30AM Room Checks

SUNDAY, FEBRUARY 5

8:00- 8:30AM Religious Service (Optional)
8:30-9:30AM Breakfast
9:30-10:30AM "That's a Wrap" Session
10:30-11:30AM Keynote 4
11:30-12:00PM Closing

***Agenda Subject to Change**

For More Updates – Once you register:



Search for the Yearly - NJ Elks Peer Leadership Conference Group



Use the hashtag #elksconference on Twitter



Follow us @elksconference and use the hashtag #elksconference

For more information or additional brochures, visit njelks.org,
Send an email to njelksconference@gmail.com; or call
Lisa Rovito at 201-978-7218 or Ellen Vepek at 732-691-6554

SCHEDULED SPEAKERS



MATT BELACE

NATURAL HIGHS & RESILIENCE

Matt Belace has a PhD in clinical neuropsychology. He is the author of the book, "A Better High," and has been traveling the country as a professional speaker and comedian since 1995. With a mix of comedy and serious messaging, Matt's presentation will focus on reducing stress, helping the students recognize the natural highs in life and positively changing their perceptions.



SCOTT BACKOVICH

YOUTH SPEAKER, TEEN EDUCATOR, (SELF-PROCLAIMED) GENIUS

"Those bad things that have happened to you, the baggage that you have, do NOT define you; how you choose to grow from it, will." Witty by nature, caring at heart: Scott's quirky yet powerful style and message speak to students at their own level, helping them to understand the true potential they hold.



KYLER ERICKSON

TURNING TRAGEDY INTO TESTIMONY

Kyler Erickson is a professional speaker, director of suicide prevention, and an NCAA All-American. He's been featured in the New York Times, ABC News, USA Today, and Yahoo Sports. After witnessing a shooting at his high school, he was diagnosed with post-traumatic stress disorder (PTSD) and depression. Afraid of what others may think, he refused to get treatment. After the worst six months of his life, he admitted he was hurting & received the therapy he desperately needed. His mission now is to help as many people as possible & to erase the stigma associated with mental illness.



KELSEY TAINSH

WHAT'S IN YOUR POCKET?

By the age of 15, Kelsey Tainsh had survived two bouts with cancer and a life-changing stroke. She has spent the past 10 years learning how to cope with the daily challenges of accepting her new "normal." In her pocket, she can both hold and hide her secret. Today, she proudly shares it with you and wants to know, "What secrets are you hiding in your pocket?" The key to changing student's lives lies in teaching and helping them to share and embrace their differences, and the uniqueness of others.



GABE SALAZAR

THE TENACITY TO SUCCEED

Born to a teen mom and abandoned by his biological father, Gabe Salazar could have become a statistic. Instead, his energy, tenacity to succeed and enthusiasm led him to become a motivational speaker for teenagers. To do so he had to overcome obstacles of poverty and gang influence. Using his experiences he inspires teens to go after the very best that life has to offer, so he pursued professional youth speaking as a full-time career.



CRAIG JANDOLI

YOU ARE NOT ALONE

Craig is a lifelong educator and a dynamic speaker who has an innate ability to get young people to open up and be vulnerable. He empowers the students by letting them know they are not alone in the challenges they face and that they can offer support to one another.



MONTI WASHINGTON

MONTIVATION

Monti's passion for helping students stems from the adversity he faced early on in life. Forced to live in poverty due to his mother's drug addiction, Monti grew up sleeping on cardboard boxes, living in parks, and being abused by foster parent after foster parent. Until 8th grade Monti was in special Ed. classes and was held back on two separate occasions. Despite this adversity, Monti went on to obtain two college degrees, become an award winning poet, published author, activist, and nationally recognized actor appearing in several commercials and shows and currently starring in Tyler Perry's Bruh.



SARAH WELLS

THE POWER OF BELIEVING IN YOURSELF

As an Olympic hurdler and Pan Am Games silver medalist, this Olympian's reputation was forged through overcoming challenges and achieving the incredible. Just before the London Olympics in 2012 a devastating injury sidelined her. Sarah knew she should have quit at any point during the injury and everyone would have understood. But, she didn't. Sarah fought to realize her dream and discovered a strength she never knew she had.

2023 NJ STATE ELKS PEER LEADERSHIP REGISTRATION FORM
FEBRUARY 3-5, 2023
REGISTRATION FEE: \$385 PER PERSON

Please print clearly and completely ALL information requested.

Check one below:

STUDENT _____ ADVISOR _____ ADVISOR SWEATSHIRT SIZE _____

Name: _____ Sex: M or F Age: _____ DOB: _____

Home Address: _____

City: _____ State: _____ Zip: _____

School: _____ Organization You Are Representing: _____

Day Time Phone: _____ Cell Phone: _____

Arrival Date: _____ Departure Date: _____ Email: _____

Ethnicity (Circle One): African American Asian Caucasian Latino Native American Other

Advisor(s) or Adult(s) attending with you: _____

Grade: 9 10 11 12 Advisor contact number: _____

Roommate Request (Not Guaranteed): _____

Advisor Single Room please add an additional \$175.00: Yes / No

Have you previously attended the NJ State Elks Conference? Yes / No

Responsible for Payment (**Must be completed**):

Elks Lodge _____ School _____ Alliance _____ Other _____

Person or Entity Responsible for payment: _____

Contact Person for Payment: _____ Phone: _____

Form of Payment: Purchase Order #: _____ OR Check #: _____

Form of payment must accompany this application

HEALTH HISTORY (Use Additional Sheets if Necessary)

Name of Physician or Clinic: _____ Phone: _____

Physician Address: _____

City: _____ State: _____ Zip: _____

Date last Tetanus or Booster shot: _____ Do you wear contact lenses? Yes or No

Food or medication allergies (including reaction): _____

Dietary Restrictions: _____

Diabetic?: _____ (Yes or No)

If so, do you take insulin? Type: _____ Dosage: _____ x per day: _____

Hypoglycemic? _____ (Yes or No)

Do you take oral glycemics? Yes or No Type: _____ Dosage: _____ x per day: _____

Are you currently under medical care?: _____ If yes, please explain below

Will you be on any medications during the conference? _____

If so, Name: _____ Dosage: _____

Reason: _____

Please list and explain all medical conditions, including asthma, dizziness, migraines, seizures, etc.:

**HEALTH FORM
MUST BE COMPLETED FOR ALL STUDENTS
PLEASE PRINT CLEARLY**

I am the parent/guardian of: _____ (Student Participant)

Consent for Attendance

I hereby give permission for the Participant to attend the NJ State Elks Association Peer Leadership Conference in Long Branch, NJ on February 3 to February 5, 2023. The above named individual shall be allowed to participate in all above mentioned informational and physical activities and workshops.

Medical Consent

I hereby authorize appropriately trained personnel (EMT), or other trained personnel designated by the Elks, to administer first-aid treatment to the Participant, if necessary. In the event that the Participant suffers a serious injury or illness, I understand that the Elks will notify me as soon as possible to obtain my approval for treatment. If I am unavailable, I designate the following people to give such consent. **By signing below I also acknowledge receipt, review and agreement with the attached Covid-19 Waiver/Release form.**

EMERGENCY CONTACT #1

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Day Phone: _____ Cell Phone: _____

EMERGENCY CONTACT #2

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Day Phone: _____ Cell Phone: _____

In the event that efforts to contact me or my designees are unsuccessful or are not possible during emergency circumstances, I hereby authorize the attending physician to administer any treatment including surgery which he or she deems necessary. I understand that I will, in any event, be contacted as soon as possible. I further give my permission for the Participant to receive aspirin, Tylenol, or other over-the-counter medicine under the supervision of the EMT on-site.

Payment for Medical Treatment

I agree to be responsible for paying any medical bills, either directly or through insurance payments, which may result from any treatment deemed necessary by medical personnel.

**THIS MEDICAL INSURANCE INFORMATION MUST BE COMPLETED OR THIS
FORM WILL BE RETURNED.**

Policy Name: _____ Policy Holder: _____
Identification or Group Numbers: _____
Insurance Company Address: _____

If you do not have medical insurance, please circle the following statement: "I Do Not Have Insurance"

Consent for Photographs

I hereby give permission for photographs to be taken of the Participant, and for photographs in which participant is included to be used for purposes of publicity of the Elks Conference.

Release of Liability

For an in consideration of the participation of the Participant in Elks program(s), I hereby release and hold harmless NJ State Elks Association, their officers, employees, volunteers or agents, and any medical personnel they select, from any and all liability or damages including accidental injury or illness which may occur during the Participant's attendance at the Elks Conference.

Name of Parent/Guardian: _____
Address: _____
City: _____ State: _____ Zip: _____
Day Phone: _____ Cell Phone: _____
Employer: _____ Phone#: _____

Signature of Parent/Guardian (Name and Relationship to Participant):

Relationship: _____ Date: _____
(Signature above)

COVID-19 WAIVER/RELEASE

Due to the current Pandemic (COVID-19) attendees, parents, guardians and members of the attendees family understand that there are inherent risks associated with attending the New Jersey State Elks Association Peer Leadership Conference or PATH to Leadership one day program and agree to assume all risks with regard to the pandemic. The parent or guardian hereby agrees to voluntarily waive, release, defend, indemnify and hold harmless the New Jersey State Elks Association its local Lodges and the members, volunteers, speakers, sponsors, agents, servants and employees of them against any damages, claims, lawsuits, liabilities, attorney fees or other losses which they may sustain, be subjected to, or caused to incur should the attendee be exposed to or contract COVID-19 or any other illness or injuries related thereto including death or otherwise.

Attendee, parent or guardian agrees to observe and obey any instructions, warnings or other requirements provided at the Conference including wearing a mask properly, practice social distancing, participate in contact tracing, if necessary and any other guidelines that may be communicated at the conference or in advance of the conference. Failure to follow such guidelines could result in being requested to leave the conference immediately.

NOTE: By signing and returning the attached “HEALTH FORM” you are acknowledging that you have read and that you agree with the above COVID-19 WAIVER/RELEASE form.