

**Cortland Area Communities That Care Coalition
Safe Host Pledge**



Communities That Care
Partnering for Smart Choices & Healthy Behaviors
www.CortlandAreaCTC.org



Cincinnatus



Enlarged City School District

Cortland



Marathon



Homer



McGraw

Please take the Underage Drinking Safe Host Pledge!

Keep young people away from alcohol and unsafe drugs
by promising to do the following for your family:

1. **I will** be a Safe Host by providing adult supervision for the children in my home.
2. **I will** keep all forms of alcohol and other potentially hazardous items out of the hands of children.
3. **I will not** allow parties or gatherings in my home when I am not there.
4. **I will not** allow young people under the legal drinking age (21) to consume alcohol on my property at any time.
5. **I will** welcome and encourage calls from other parents/guardians when my child is hosting a party or gathering and give them information about the level of supervision I will provide.
6. **I will** welcome communication from others who observe my child involved with alcohol, tobacco or other drugs.
7. **I will** educate myself about alcohol and drug use and abuse among school aged children.

**Please post this reminder on your refrigerator
to show your support!**

Please return the section below to the address shown.
CACTC will create an on-line resource for all parents/guardians.

Michele Whalen, CACTC Project Coordinator
33-35 Central Avenue, Cortland NY 13045

mwhalen@ccocc.org
607.299.4910 ext. 2

This pledge is not a legal document, but rather a commitment to a set of shared principles among parents/guardians in our community. Signing this pledge creates no more or less liability than already exists under New York State law. By signing this pledge you are giving us permission to post your name on the CACTC website, www.cortlandareactc.org, so parents will know your house is a safe host house.

Cortland Area Communities that Care ~ Safe Host Pledge

Name (please print) _____
Signature _____
Address: _____
E-mail: _____

Date: _____
School District: _____
Phone: _____
Cell Phone: _____