

YOUTH only APPLICATION & MEDICAL/LIABILITY RELEASE
Event: UNITREAT, Kingston, OK Event Date(s): Sept 17 - 19, 2010

NAME OF UNITY CHURCH _____

NAME OF YOUTH: _____ Birth Date: ___/___/___ Age: ____ **Grade:** ____ **Male/Female**
 Please Print Clearly (circle one)

Address: _____ City, State _____ Zip: _____

Home Phone: (____) _____ Email address: _____ # Unitreats attended: _____

Vegetarian _____ Other Meal Requirements _____

PARENT/GUARDIAN: _____ Relationship: _____

Phone numbers during event: _____

In event of emergency, if I cannot be reached, contact: _____ AT (____) _____

MEDICAL HISTORY

I certify that the above-named minor is in good health and able to participate in all Uniteens activities:

___ Yes ___ No If NO, specify limits of participation _____

Is the minor allergic to any food or medication: ___ Yes ___ No *If Yes, specify:* _____

Is the minor currently under a doctor's supervision for: ___ Epilepsy ___ Diabetes ___ Asthma ___ Allergies

Other condition or special-care needs (specify): _____

Date of last Tetanus shot: _____

Current Medications (Prescription or Non-prescription): _____

Prescription Medication: All prescription medication (except inhalers) must be held by the Wellness Person. Please make sure medication/inhalers are sent in their ORIGINAL prescription containers, stored in a see-through Zip Lock bag with the Youth's name, type of medication, dosage and when needed.

Over-The-Counter Medication: If teens require OTC allergy medication, medication for headache, cramps, pain, etc., they need to bring their own supply. This also needs to be noted on the Medical Release form; type of medication, when needed, dosage, etc., and given to the leader before you leave for the Unitreat. We cannot dispense any medication that they do not bring with them.

INSURANCE INFORMATION & AUTHORIZATION

FAMILY PHYSICIAN (name & phone number): _____

MEDICAL INSURANCE (company & policy number): _____

Phone # to verify coverage or submit claim: _____ Policyholder's name: _____

I have read **BOTH** sides of this form and as legal guardian of the above-named, minor I hereby give my permission for him/her to participate in this Uniteen event and to travel to/from the event location. Whenever it may be deemed necessary, I authorize the calling of a doctor and/or the providing of other necessary medical services and, unless covered by insurance, agree to pay for same. I understand that reasonable measures will be taken to safeguard the health and safety of the young people and that I will be notified as soon as possible in case of emergency. However, should you accept this minor as a participant, I agree to indemnify and hold harmless from responsibility the Camp, the Church, the Association of Unity Churches (the Association), the South Central Unity Churches Association (SCUCA), their employees, volunteers, agents, representatives and group leaders in the event of sickness or accident involving the above-named minor no matter how caused. I also give my release for mode of transportation, liability, photography use, roster & confidentiality as stated on back of this form.

SIGNATURE (Parent/Guardian) _____ **Date:** _____

Witness Signature: _____ **Date:** _____

PLEASE COMPLETE & READ BOTH PAGES OF THIS FORM

Leader: Please make 3 copies per person; one for the region, one for the church & one to travel with the group.

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Name of Youth: _____

PARENTAL CONSENT & LIABILITY RELEASE

As legal guardian of the above-named minor, I hereby give my permission for him/her to be involved in the teenage youth ministry of Unity Church, known as 'Uniteens'. I am familiar with the general goals and purpose of the youth group.

Transportation. I understand that my church group will be responsible for and inform me of the mode of transportation for this event. I agree to send my child with the appropriate clothes, personal items and money needed. If my child needs to be sent home for behavior problems or medical reasons, I agree it will be at my expense.

Liability. I understand that reasonable measures will be taken to safeguard the health and safety of Uniteen participants. I also understand that under laws of most states, adult sponsors, the Church or its minister(s), acting primarily as a volunteer non-profit organization, cannot be held responsible for accidents or injury to the above-named minor, if those concerned acted with reasonable and prudent judgment.

Photography release. I hereby grant the Church, The Association of Unity Churches, the South Central Region and their representative's permission to use photographs and videotaped images (from local and regional Uniteen events) in which my child appears, in any manner whatsoever such as, but not limited to: publication, display, advertising, slide shows, etc.

Roster release. I hereby grant, permission to include my child's name and address in the Unitreat Roster. I understand that this roster will be distributed only to the other teens at the Unitreat for the sole purpose of pen pal activities.

Confidentiality. I understand that information on this form will only be shared, as needed, with group leaders, church staff and medical professionals (such as hospital staff) to safeguard and support this youth. This information will not be publicly disseminated or released to any outside organization (except as noted above for the Unitreat Roster.)

IMPORTANT - IMPORTANT - IMPORTANT - IMPORTANT - IMPORTANT - IMPORTANT

PARENTS:

Please list / explain any behaviors or situations (including health, learning & social challenges) that group leaders need to be aware of – especially those that might affect energy levels, interactions with other teens / staff they don't know, or the cabin / groups they will be assigned to. **This information is needed in order to ensure all participants are supported to our best ability while they are at camp with us. Thank you.**

Attach copies (front & back) of the youth's insurance card to this form. Thank you.

PLEASE COMPLETE & READ BOTH PAGES OF THIS FORM

Leader: Please make 3 copies per person; one for the region, one for the church & one to travel with the group.

NOTE: Y.O.U. Support Staff – Please familiarize yourself with these as YOU are also agreeing to them!

♥♥♥♥♥♥♥♥♥♥♥♥♥♥♥♥ Uniteen (& YOU*) “Heart Agreement” ♥♥♥♥♥♥♥♥♥♥♥♥♥♥♥♥

Because the purpose of Uniteens is to help each other develop a stronger connection with God and learn how to use Truth principles in our everyday lives, I make the following ‘heart agreement’ between myself and all other event participants. *As a YOUer in a leadership position I agree to uphold leadership consciousness and behavior as an example of a spiritually mature individual in this service learning project at Unitreat:

1. I agree to look for the highest good in all, and to fully participate with the group in all scheduled activities bringing with me a positive and loving attitude.
2. I will support and show proper respect for my fellow Uniteens, my leaders and myself. I agree:
 - to listen when others are talking
 - to practice centering during meditation and prayer
 - not to take part in put downs, pranks or judgments of others or myself
 - not to offend others with my language, jokes or music
 - not have in my possession any electronics, such as the following but not limited to a Walkman, CD player, mp3 player or radio at any scheduled event. These may be used only at free time or at bedtime WITH HEADPHONES so long as it does not disturb anyone else. I understand that cell phones & beepers must be left OFF and locked in the car.
3. I agree to respect the facilities, vehicles, equipment, environment and everyone’s personal belongings.
4. I agree to follow directions and remain in designated areas unless authorized for special leave by a leader. Specifically, I agree:
 - to attend ALL scheduled activities and be on time for them, not returning to my cabin except when allowed to do so on the schedule or with an adult leader.
 - not to enter the cabins of the opposite sex or areas marked out-of-bounds
 - to honor quiet time and lights out
 - to get a good night’s sleep
5. I agree to seek “natural highs” only, and will abstain from alcohol, tobacco and illegal drugs.
6. I agree to refrain from aggressive roughhousing, fighting and other inappropriate physical contact. I recognize that romantic behavior is inappropriate at group events.
7. If I show that I do not understand what appropriate behavior in this group setting is, I will respect the authority of leaders to lay out more specific guidelines for me or remove me from the group until I am ready to honor all agreements.
8. I will have FUN!

TEEN AGREEMENT:
 I understand that these agreements are necessary for everyone’s benefit, including my own, and recognize my responsibilities as YOU Support Staff and Unitreat participant.

Y.O.U.er’s Signature _____ **Date:** _____

PARENT’S AGREEMENT:
 I understand and support these agreements. I have gone over the above agreement with my child. Should he/she continuously or seriously violate this agreement, I will cooperate with event leaders to arrange immediate transportation home for my child at my personal expense. By signing this document, I give my permission for my child to attend this event.

Parent/Guardian Signature _____ Date: _____

PLEASE COMPLETE & CAREFULLY READ THIS FORM
Leader: Please make 3 copies per person; one for the region, one for the church & one to travel with the group.