

# ADULT REGISTRATION FORM

Event: Teen Leadership Training Conference, Ingleside IL Date(s): March 23-25, 2012

NAME OF UNITY CHURCH \_\_\_\_\_ CHAPTER \_\_\_\_\_

NAME OF ADULT: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Male/Female  
Please Print Clearly (circle one)

Address: \_\_\_\_\_ City, State \_\_\_\_\_, \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_ No. of Y.O.U. retreats attended: \_\_\_\_\_

Vegetarian  Food Allergies: \_\_\_\_\_  
(Check if yes)

## MEDICAL HISTORY

I certify that I am in good health and able to participate in all event activities:

\_\_\_ Yes \_\_\_ No If NO, specify limits of participation \_\_\_\_\_

Are you allergic to any medication: \_\_\_ Yes \_\_\_ No If Yes, specify: \_\_\_\_\_

Are you 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): \_\_\_\_\_

## INSURANCE INFORMATION & AUTHORIZATION

FAMILY PHYSICIAN (name & phone number): \_\_\_\_\_

MEDICAL INSURANCE (company & policy number): \_\_\_\_\_

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

**\*\*\* Or attach copies of Insurance Card(s) to back of form. \*\*\***

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 agree to indemnify and hold harmless from responsibility the Church, the Association of Unity Churches (the Association) and the Great Lakes Region (the Region), their employees, volunteers, agents, representatives and group leaders in the event of sickness or accident involving me no matter how caused.

**Photography release.** I hereby grant Unity Church, The Association, the Great Lakes Region and their representatives permission to use photographs and videotaped images (from local and regional 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 name and address in the event Roster. I understand that this roster will be distributed only to the other attendees at the event 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 event Roster.)

SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

### PLEASE READ & SIGN BOTH PAGES OF THIS FORM

Please carry the original forms to the event & send one copy to the region, and leave one copy at the church.

## GREAT LAKES UNITY REGION ADULT GUIDELINES FOR ADULTS WORKING WITH YOUTH AT REGIONAL EVENTS

*By choosing to attend this regional event, I agree to do my part to help create a fulfilling spiritual experience for all. I understand my choices not only affect my own experience, but others' in the group as well. My commitment is to support an environment that creates opportunities for spiritual self-discovery, and maintains physical & emotional safety for all.*

1. I have read & understand Sponsor & YOU Agreements and have discussed them in detail with my chapter.
2. I understand YOUers and Sponsors are responsible for their choices and behavior and if their conduct is detrimental to the spirit or intent of the event, they may be pulled from continuing to participate, possible sent home and may jeopardize their eligibility to attend the next event.
3. I will prepare myself for all activities and events through prayerful meditation and study. Unless otherwise authorized by event leaders, I will arrive during the designated check-in time and stay through event closing; and I will attend and participate as a sponsor/leader at all scheduled activities. ***If I am unable to fulfill my event responsibilities, I will notify staff of my situation and ensure my responsibilities will be covered by others.***
4. I understand that I am there to facilitate the youths' experience. I am not there to be one of them, serve as their parent or 'fix' anyone. Nor will I use the youth as my support group, but seek out a minister or my peers for advice and counseling on personal matters.
5. I will adhere to all Region policies, event agreements and state laws. I will work in harmony with the Regional Consultant and Event Staff, fellow leaders/sponsors and minister(s). Should I disagree with their plans, decisions or leadership style, I will address the issue directly with them. ***I will promptly report any agreement violation or medical situation to event staff, and will discuss with the Regional Consultant any concerns about a fellow sponsor's/leader's decision or conduct.***
6. I will not be a part of character assassinations, put-downs or judgments of other people. I will use appropriate language and look for ways to create a special experience for myself and others.
7. I will teach Unity Truth principles, and help teens understand their own beliefs. I will be honest with students about my spiritual questions and perceptions, but I will not preach my own personal value system.  
*I will let others know that my beliefs come from my own spiritual awareness. I will make sure they understand I am not telling them what to think. I will encourage students to explore why they feel as they do, and to recognize that spiritual awareness is an unfolding process.*
8. I will respect the parents' authority in matters relating to their child. While not taking sides about problems they may be having, I can support youth and parents in exploring their perceptions and choices. *This does not mean I will avoid being there for them when they need to talk. I will support efforts of everyone in the group to discover how they can apply Truth Principles to situations that challenge them. I can help students recognize the impact of their choices, but I will not take on their problems to solve.*
9. I will respect a student's expectation of confidentiality when sharing, but I will not take on the responsibility of keeping a secret that should be shared with their minister, parent or child welfare agency. I will make sure students understand my obligation to report any threat of physical harm to oneself or others. I will discuss any suspicion of abuse or suicidal tendencies, or requests for help processing overwhelming situations, immediately with the Event Staff &/or minister. *If I am concerned about a youth's behavioral choices (e.g., use of controlled substances) or life challenges, I will discuss such matters FIRST with the Regional Consultant.*
10. I will honor risk-management guidelines, and be above reproach in my behaviors with teens and other adult leaders. I will maintain appropriate physical boundaries and avoid compromising situations. I will:
  - *not tell offensive jokes or sexual innuendoes, nor discuss with youth about my sexual experiences.*
  - *not prolong hugs, return a kiss or pull children close to my body. I will not touch anyone on the genitals, breasts or buttocks (which includes not allowing a teen to sit on my lap).*
  - *not share a bed with a child not my own.*
  - *not pursue a romantic or intimate relationship with a student or another adult, and remember that others may not always interpret my intentions accurately. I will abstain from all sexual activity during a youth event and honor the personal boundaries of others.*
  - *not possess or use alcohol or illegal drugs at any event. Smoking is not allowed at Regional youth events.*

I have read, understand and agree to comply with these guidelines. I will contact the Regional Consultant or Event Leaders if I am unclear about a guideline or its application to a situation.

Signature: \_\_\_\_\_

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

I certify that this adult demonstrates an appropriate understanding of, and complete adherence to, these guidelines, and is unconditionally approved and sponsored by this ministry to participate in Great Lakes Regional youth events as an adult leader/sponsor. **I understand it is our ministry's responsibility to notify the Regional Consultant should our ministry modify or withdraw this affirmation of our support.**

Minister Signature: \_\_\_\_\_ Date: \_\_\_\_\_