

Miss your Y.O.U friends?!? Want to make new ones?!? Come join host

UNITY OF LIVONIA

For the Great Lakes Eastern Sub-Regional Holiday Dance!!!

Saturday January 7th overnight with Y.O.U service Sunday January 8th
(Lesson lead by the Unity of Livonia Y.O.U)

Registration Fee:

\$10 per person

(Money goes toward food, decorations, supplies, etc)

Agenda:

Check in at Unity of Livonia: Sat. January 7th 4:00pm
Dinner: 5:45pm (Pizza, Salad, Bread, Snacks, Pop, Juice, Water, Desserts)
Chuck and Myrt: 6:50pm
Dance Starts: 7:00pm
Dance Ends: 10:50pm
Vespers: 11:00pm
Fuzzies: 11:15pm
Lights Out 11:45pm
Lights On/Pack Vans: 8:00am
Breakfast: 8:30am (Donuts, Muffins, Bagels, Fruit, Juice, Coffee, etc)
Y.O.U Service: 9:45am
Closing/Fuzzies: 11:00am
Departure: 11:45am

Don't forget:

~Clothes for the dance, clothes for sleeping, sleeping bag/blanket/pillows, toiletries
There are no showers available

The Church will not be available until after 3:30 Saturday so PLEASE do not arrive any earlier

**Contact Unity of Livonia Sponsor Jeff Janes with any
questions/concerns
(734) 748 – 3675**

***Want to do Meal Grace, Chuck & Myrt, or Vespers??
Talk to Jeff... 1st come 1st serve!**

MEDICAL LIABILITY RELEASE FOR TEENS

Event: Eastern Area Christmas/New Year's Dance Date(s): January 7, 2012

NAME OF UNITY CHURCH/CHAPTER _____

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

Address: _____ City _____, State _____ Zip: _____

Home Phone: (____) _____ Parent's Cell: (____) _____ Other : (____) _____

Email address: _____ Number of previous YOU events attended: _____

Vegetarian Food Allergies: _____ T-shirt size **S M L XL**
(Check if yes) (Adult sizes -circle one)

MEDICAL HISTORY (*Please attach an additional sheet explaining any specific or special needs your child may have.)

I certify that the above-named minor is in good health and able to participate in all normal group activities:
___ Yes ___ No If NO, specify limits of participation _____

Is the minor allergic to any 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 and non-prescription medication must be brought by YOUer and given to Sponsor to be used at event. Prescription medication should be in original containers and properly labeled with dosage, how often it should be given and what are the times it should be given. All medication is held by sponsor or wellness person (with exception of inhalers and epi-pens. This is to assure that medication is not taken by anyone that should not be taking it. We cannot supply over-the-counter medication.

INSURANCE INFORMATION & AUTHORIZATION

FAMILY PHYSICIAN (name & phone number): _____

MEDICAL INSURANCE (company & policy number): _____

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

CONSENT/PERMISSIONS:

My son/daughter has my permission to travel to and from Youth of Unity activities. I am familiar with and approve other transportation mode, the leadership accompanying the group and other circumstances of the trip. I understand that pictures and possibly videos may be taken at the event and I hereby allow the church, the region and Unity Worldwide Ministries to publish those photos.

Whenever it may be deemed to be necessary, I authorize the calling of a doctor and/or providing of necessary treatment and 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 minors and that I will be notified as soon as possible in case of an emergency. However, should you accept applicant as a participant I agree to indemnify and hold harmless from responsibility the group leaders, or any representative or employee of the church, the church itself, the Great Lakes Region and Unity Worldwide Ministries from any and all liability, should injury or illness arise during my son/daughter's participation in or attendance at any Great Lakes Youth of Unity functions, no matter how caused.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

Parent/Guardian Printed Name: _____ Relationship to youth: _____

Phone number(s) during event: (____) _____ (____) _____ (____) _____

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

Sponsors: Please submit one copy with registration package, one copy to your church and travel with the original documents Page 1 of 2

TEEN REGISTRATION / HEART AGREEMENT

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

Address: _____ City _____, State _____ Zip: _____

Phone: (____) _____ Email Address: _____ Vegetarian _____

YOU CHAPTER: _____ T-shirt size **S M L XL Other:** _____
Please add \$1.50 to your registration if your shirt size is over X-Large

I have attended # _____ June Rallies I have attended # _____ Fall Retreats (Do not include Uniteen Retreats)

Emergency Contact Person during Event _____ Phone _____

HEART AGREEMENT – I AGREE:

1. To attend and remain at all scheduled activities at designated times, giving my loving support and attention to all speakers and group leaders
2. To stay within designated boundaries at all times, remain in assigned groups and housing, not entering housing of the opposite sex and staying in my room at lights out.
3. To honor others; needs for sleep by turning light off at designated times.
4. To demonstrate honest, responsible, trustworthy behavior by extending courtesy to the facility & staff, and to be a good steward of the facilities and grounds. Specifically, this means clean up after myself.
5. I will not be a part of character assassinations, putdowns or judgments of other people. I will use appropriate language and look for ways to create a special experience for others and myself.
6. To engage in natural highs only. I will not have in my possession or use illegal drugs or alcohol. I will not smoke at any YOU event.
7. I will be centered during group mediation & prayers, remain silent and respectful to the experience of others.
8. To use only safe touch, respectful to each individual's personal boundaries. I will abstain from any sexual behaviors and act in a non-provocative manner at all times. YOU events are not the place for romantic expression. I will also be conscious of appropriate dress and appropriate dancing at the Saturday dance.
9. To travel to and from all events in a vehicle driven by a sponsor or adult (25 years or older).
10. To have any prescription medication stated on the medical release form, properly labeled and held by either my sponsor or the wellness person. If I need to take any non-prescription medication it must be stated on the medical release form, properly labeled and held by my sponsor.
11. I will only bring an electronic device that plays music only and can be used with headphones. These may be used during free time or at bedtime WITH HEADPHONES so long as it does not disturb anyone else.
12. I will not have in my possession a cell phone. Cell phones are to be left with sponsors before registration. If an emergency occurs the necessary calls will be made. If parents need to contact the YOUer they should call their sponsor. Our intention is to leave our everyday responsibilities at home and focus on our spiritual path and consciousness.
13. I will obtain approval of the Consultant prior to the event to bring a musical instrument, drums or a video camera
14. I am responsible for my own choices and behavior. If my conduct is detrimental to the spirit or intent of the event, I understand I may be pulled from continuing to participate, sent home at my expense or that of my parents and I may jeopardize my attendance at the next regional event.

YOUer: I have read and understand the Heart Agreements: _____

YOUer legible Signature

Print YOUers Name _____

Print Parent's Name

Parent Signature

Sponsor Signature

Sponsors: Please submit one copy with registration package, one copy to your church and travel with the original documents Page 2 of 2

ADULT REGISTRATION FORM

Event: Eastern Area Christmas/New Year's Dance Date(s): January 7, 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: _____