

# MEDICAL LIABILITY RELEASE FOR TEENS

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

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

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Parent's Cell: (\_\_\_\_) \_\_\_\_\_ Other : (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_ Number of previous YOU events attended: \_\_\_\_\_

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

## **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

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