



Youth Registration Form
CONcrete March 24 – 26, 2017
“Unity is the cement that binds us together”
Northern Area Spring Youth CON

Countryside Church Unitarian Universalist (CCUU) Palatine, IL

Return this completed form and your payment to your Advisor or Director of Religious Education so that person can submit the spreadsheet by **Monday March 6, 2017**. The CON fee must be collected and postmarked no later than **Friday March 10** or a \$15.00 per person late fee will apply!

Name:	Pronouns:	
Legal Name (if different):		
Address:		
Home Phone Number:	Cell Phone Number:	
Your Email Address:		
Congregation Name, City, and State:		
Age as of 3/24/2017:	Gender Identity:	School Year: Fr So Jr Sr
Stairs are a problem for me: Yes No	This is my first High School Youth CON: Yes No	
I am willing to serve as a Touch Group Leader: Yes No		
Food Preference (circle one): Omnivore Vegetarian Vegan	Gluten Free: Yes No	
List any food allergies & other dietary needs:		
T-Shirt size (circle one): S M L XL 2XL		
Sleeping Preference (Circle one): Same Gender Identity or Co-Ed (Co-Ed requires parental signature)		
Parental Signature for Co-Ed Sleeping Preference:		

Saturday night – sleeping plans (circle one): Quiet Sleep or Awake

CONFERENCE REGISTRATION INFORMATION

Youth Fee is \$60. All youth must be prepaid to attend the CON. **Please make checks payable to CCUU.** Write “CON” and name of attending youth in the memo line.

- **Capacity for Con is 200.** Registration is filled on a first come, first serve basis. To assure your group’s attendance, give this form to your advisor or DRE at least one week before the posted deadline above. **Registration will end at midnight on Monday, March 6 or when the CON reaches capacity, whichever comes first**
- Youth must be at least 14 years old and a freshman in high school (or home school equivalent) to attend
- Youth may not drive themselves to or from the CON
- Youth may only attend if accompanied by an adult who knows them personally
- Give the completed form to your advisor or DRE, all registration information must be e-mailed using the required CON spreadsheet by your church advisor or DRE. No exceptions.
- Cancellation Policy: A 50% refund is available only if you notify the host congregation in writing (email preferred) a week or more prior to Con. All other cancellations are non-refundable.
- A late fee of \$15.00 per person will apply if payment is not postmarked by **Friday March 10th**
- Attending advisor is responsible for having paper registration forms for each youth at Con in case of an emergency

Email registration questions to **Bill Humber** at huberw8@gmail.com
 Email general Con questions to **Kim Tilford** at kimberlyann417@gmail.com

ADVISORS: Please be sure to bring a copy of this page to the Event.

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Youth and Parent/Guardian Consent

Behavior Expectations for all Northern Area Youth Council's Youth Conferences for Youth & Adults just prior to and during the CON

- I will not arrive prior to 7:00 p.m. on 3/24/17, unless I have permission from the host church.
- I will not smoke, use tobacco products, use illegal drugs, or bring/consume alcohol at the CON.
- I will not exhibit any sexual behavior and will not share sleeping bags. My pants or shorts, and shirt will remain on unless changing in a washroom or specific changing area for my gender.
- I will neither bring nor use any weapons, fireworks, explosives or flammable liquids.
- I will not bring any pets to the CON.
- I will neither bring nor use energy drinks, energy pills, or caffeinated sodas.
- I will pre-register within the time frame requested. I will not leave the church building except to go home, unless supervised by my advisor or a parent/guardian for a specific reason, or as part of a CON workshop.
- I will model self-care by respecting myself, recognizing my physical (sleep!), emotional, and psychological needs, and seeking appropriate allies and professionals (when needed) with whom to process my feelings and concerns.
- I will manage my time in order to honor my need for physical and spiritual renewal so that my needs do not interrupt or undermine my participation, or anyone else's, in this faith community.
- I will contribute to the community being created at the CON by actively pursuing my own faith development and enrichment.
- I will abide by the rules of the site, the laws of the city, and state in which the CON is located.
- I will not use cameras, cell phones, iPods, video, or other electronic equipment to take photos or videos of myself or anyone else at CON to be used on the Internet, Facebook, Snapchat, or any other social media without their express consent in advance.
- I will not be in a room at night without proper supervision.

I, _____ agree to abide by the rules stated above.

Print Name

Youth Signature

Communications Consent (Circle Yes or No for each line below)

Yes	No	Do you give consent for your child's photo & video image to be taken during activities in our YOUTH program?
Yes	No	Do you give permission for your child's name, image, work, or interview to be used in a media release?
Yes	No	Do you give permission for these images to be used in congregational/regional/national bulletin boards, newsletters & website?

I understand as a guardian that if my youth violates the rules that they will be subject to disciplinary action which may include removal from the conference to a "Safe House" or be sent home (a parent must provide and pay for transportation if youth is being sent home.)

Parent /Guardian signature: _____

THIS PAGE IS FOR YOUR ADVISORS. ADVISORS MUST BRING THIS OR A COPY TO THE EVENT.

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Youth Medical Information

THIS PAGE IS FOR YOUR ADVISORS. ADVISORS MUST BRING THIS OR A COPY TO THE EVENT.		
Youth Legal Name:	Pronouns:	Date of Birth:
Youth Address:		
Home Phone Number:	Cell Phone Number:	
Parent Name(s):		
Parent Street Address (if different than above):		
Parent City, State and Zip:		
Parent Home Phone Number:	Parent Cell Number(s):	
2 Contacts in case of emergency and parent/guardian cannot be reached:		
1 st Contact Name:	Relationship:	Phone:
2 nd Contact Name:	Relationship:	Phone:
Medical Insurance Company:	Policy #	
Subscriber #	Group #	Effective DATE:
Physician Name:	Physician Phone Number(s):	
Any additional information medical emergency personnel should be aware of:		
Please note: ALL medications (prescription & over-the-counter) must be held by advisors throughout the conference.		
Drug Allergies:		
Other Allergies:		
I give permission for (youth name) _____ to receive any needed medical care and treatment required in my absence. I understand I will be responsible for the payment of any care expenses not covered by my insurance.		
Signature of Parent / Guardian _____		Date: _____
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For privacy reasons, it is recommended all paper copies of this form be shredded within one week of the CON. Also, all electronic copies are either deleted from all computers and e-mail files, or any files that remain should be 'scrubbed' to remove all identifying information.