

Pacific Central District Unitarian Universalist Association 2011-12

Coming of Age Retreat Program

REGISTRATION AND PAYMENT

Please turn in all forms from your congregation in one batch, with full information, appropriate payment, parental signature, youth signature, and congregational leader signature (e.g., minister, religious educator, or Board president). We only enroll individuals who are part of congregational program and have a mentor.

Name _____ Gender _____
Address _____ City _____ Zip _____
Phone _____ Email _____
Sponsoring Congregation _____ Grade (in Fall 2011) _____

Youth Participant Commitment

I take full responsibility to participate in every activity to the best of my ability. I will attend the CoA events at my congregation, the three retreats, and the Celebration Dinner. If an emergency prevents me from attending a retreat, I will notify the CoA Coordinator. If there is any problem with the program, I will notify my parent(s), my mentor, my minister, PCD CoA leadership and/or my religious educator.

Youth Signature _____ Date _____

Parent Commitment

I take responsibility for my youth's participation in every activity to the best of my ability. I will make sure that s/he attends the CoA events at my congregation, the three retreats, and the Celebration Dinner. If an emergency prevents him/her from attending a retreat, I will notify the CoA Coordinator. If there is any problem with the program, I will notify, my minister, PCD CoA leadership and/or my religious educator.

Parent Signature _____ Date _____

Congregational Commitment

I am authorized to make a commitment on behalf of the congregation. We sponsor the above-named youth's participation in PCD CoA. We will match each sponsored youth with a mentor, and we take responsibility for the training, oversight and ongoing support of these mentors. We will recognize each youth's completion of the program during a worship service in May, after the program is completed. If there is an problem with the program, we will notify PCD CoA leadership/ PCD UUA leadership.

Signature _____ Date _____
Role _____ (e.g., Minister, Religious Educator, Board President)

Fee Payment Options

_____ \$350 per person for entire program (3 district retreats and the celebration event)

_____ I would like to contribute to the scholarship fund in the amount of: \$ _____

_____ Scholarship Assistance Needed Please

TOTAL ENCLOSED: \$ _____

PLEASE MAKE ALL CHECKS OUT TO: Pacific Central District. Put "Coming of Age" on the memo line. Please mail the registration, medical release and photo release forms to: PCD UUA, 4100 Redwood Road, #344, Oakland, Ca 94619.

Questions? Contact Jason George, Coming of Age Coordinator at CoA@pcd-uua.org, 707-685-1648

We don't want Money to be a barrier for anyone. If you need scholarship assistance, please contact your Religious Educator or Jason.

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MEDICAL RELEASE

Medical Information: Please list any and all health problems and/or allergies and/or medical history helpful in an emergency, including dietary and mobility needs:

Physician name _____ Phone _____

Location _____

Health Plan name _____ Health Plan ID # _____

Dietary Needs: Vegan ___ Vegetarian ___ Omnivore ___ Other (please Specify): _____

Adults who can pick up my child in an emergency:

Name _____ Phone _____

Name _____ Phone _____

I, as legal guardian of _____, give permission for said youth to participate in the PCD UUA Coming of Age program. I understand the PCD UUA does not accept responsibility for any bodily injury incurred during this event. I give my consent and authority for paid and volunteer staff of the program to take any reasonable action to help ensure the safety, health, and welfare of my youth, and absolve the staff of liability. I give permission for appropriate medical attention to be provided for my youth in the event of an emergency:

Parent(s) signature(s): _____

Parent 1 _____

Parent 1 Address _____

Parent 1 Phone _____

Parent 2 _____

Parent 2 Address (if different) _____

Parent 2 Phone _____

Parent 2 Email _____

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PHOTO/VIDEO RELEASE FORM

During the Pacific Central District's Coming of Age Retreat Program, staff, advisers and/or other youth may take pictures or videos of youth engaged in various aspects of the program.

These pictures and videos may be used in the PCD of UU congregational promotional materials for the Coming of Age, YRUU, MUUGs programming. This includes:

- PCD Currents (an e-newsletter published by the district)
- Youth programming brochures, websites or videos
- One the PCD website, or other UU youth websites or wikis.
- UU congregational websites in the UUA.
- Other miscellaneous youth promotional material put out by the UUA or its congregations.

I hereby grant to the Pacific Central District – Unitarian Universalist Association the right to photograph my youth and use the photo of him/her for promotion or celebration of UUA youth programming. I certify that I am the custodial parent/guardian of

Child's Printed Name: _____

Address: _____

Signature of Parent/Guardian _____ Date _____

I, the above mentioned youth, consent to having my photo or video used for the above mentioned purposes:

Youth Signature: _____ Date: _____