

Registration Form 2008-2009

for the Coming of Age Retreat Program of the Pacific Central District of the The Unitarian Universalist Association (PCD UUA COA)

We only enroll individuals who have congregational sponsorship, and we ask congregations to send forms as a batch, one for each participating youth. We will close registration at 40 participants, or October 1, whichever comes sooner. If some of your congregation's families will need scholarship assistance, please contact the PCD COA administrator (see below).

INFORMATION

NAME _____

GRADE (Fall 2008) ____ GENDER ____ SPONSORING CONGREGATION _____

PARENT 1 ADDRESS _____

CITY _____ ZIP _____

PHONE _____ EMAIL _____

PARENT 2 ADDRESS (if different) _____

CITY _____ ZIP _____

PHONE _____ EMAIL _____

Vegetarian, vegan, omnivore, other? _____

One word or phrase to describe your youth: _____

Any gifts or needs relevant to the Ropes Course, eg climbing experience or fear of heights?

Any gifts or needs relevant to the Street Retreat, eg experience with soup kitchens?

Any gifts or needs relevant to the Nature Vigil, eg experience with camping or meditation?

YOUTH PARTICIPATION COMMITMENT

I take full responsibility to participate in every activity, to the best of my ability. I will attend the COA events at my church, the three retreats, and the Celebration Dinner; if an emergency prevents me from attending an event, I will notify the leader of that event. If there is any problem with the program, I will notify my parent(s), my mentor, my minister, and/or my religious educator.

Youth Signature & Date _____

PARENT COMMITMENT

I take full 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 church, the three retreats, and the Celebration Dinner; if an emergency prevents him/her from attending an event, I will notify the leader of that event. If there is any problem with the program, I will notify my minister, my religious educator and/or PCD COA leadership.

Parent Signature & Date _____

CONGREGATION 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. Appropriate members of our congregation will volunteer as staff for each of the retreats. We will recognize each youth's completion of the program during the worship service on Sunday, May 17th, 2009. If there is any problem with the program, we will notify PCD COA leadership and/or PCD UUA leadership.

Congregational Leader Signature, Date, & Role (eg minister, religious educator, Board president)

PAYMENT OPTIONS:

_____ \$300 per participant for entire program (3 district retreats and the celebration dinner)

_____ Sliding Fee Schedule, please check one: ___\$300 ___\$275 ___\$225

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

_____ Scholarship Assistance Needed Please

TOTAL ENCLOSED: \$ _____

Please make checks payable to Pacific Central District and put "Coming of Age" on the memo line. Please mail this form with your check to PCD UUA, 6536 Telegraph #C102, Oakland CA 94609. Questions? Contact PCD COA administrator Megan O'Donnell, coa@pcd-uua.org, and/or PCD COA chair Riley McLaughlin, 415-341-6232.

MEDICAL RELEASE

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

Physician name _____ Phone _____

Health Plan name _____

Health Plan ID # _____

Adults who can pick up my child in an emergency:

Name _____ Phone _____

Name _____ Phone _____

I give my consent for my child/ward, _____, to participate in the PCD UUA Coming of Age program. I understand that PCD UUA does not accept responsibility for any bodily injury incurred during this event. I give my consent and authority for paid or volunteer staff of the program to take any reasonable action to help ensure the safety, health and welfare of my child/ward, and absolve the staff of liability. I give permission for any emergency medical, surgical, diagnostic and hospital care, treatment, or procedures deemed immediately necessary or advisable by emergency medical technicians, a physician or hospital, to safeguard my child/ward's health, when I cannot be contacted. I agree to be responsible for any medical expenses not covered by my insurance.

Parent 1 _____ Parent 2 _____