

Event: 2012 Great Lakes Spring Unitreat Date(s): April 27-29, 2012

NAME OF UNITY CHURCH _____

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: _____ T-shirt size **S M L XL**
(Please print clearly – Unitreat email updates will be sent to this email address) (Adult sizes -circle one)

I have attended # _____ Regional Unitreats. I have been in Uniteens for _____ weeks/months/years

Vegetarian Food Allergies: _____

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 Uniteens 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 Over-The-Counter): _____

All medications (except inhalers) must be held by the Wellness Staff for the entire weekend. Please make sure medications are sent in their ORIGINAL containers, stored in a see-through Zip Lock bag with the Youth's name listing; type of medication, dosage and when needed. Please include the Medication Release Form with your child's medication. If teens require OTC allergy medication, medication for headache, cramps, pain, etc., they need to bring their own supply. Please include the Medication Release form for all medications; prescription or otherwise.

We cannot dispense ANY medication that they do not bring with them and without your written permission.

FAMILY PHYSICIAN: _____ Phone: _____

MEDICAL INSURANCE Company Name: _____ Phone #: _____

Policy Holder's Name: _____ Policy Number : _____
Attaching a copy of insurance card may be helpful

PERMISSION/LIABILITY RELEASE

As legal guardian of the above-named, minor I hereby give my permission for him/her to participate in this Uniteen event and to travel to/from the event location. 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 understand that reasonable measures will be taken to safeguard the health and safety of the young people and that I will be notified as soon as possible in case of emergency. However, should you accept this minor as a participant, I agree to indemnify and hold harmless from responsibility the Church, the Association of Unity Churches (Unity Worldwide Ministries), the Great Lakes Region of the Association, their employees, volunteers, agents, representatives and group leaders in the event of sickness or accident involving the above-named minor no matter how caused.

I understand that my church group will be responsible for and inform me of the mode of transportation for this event. I agree to send my child with the appropriate clothes, personal items and money needed. If my child needs to be sent home for behavior problems or medical reasons, I agree it will be at my expense.

I grant permission to the Church, Unity Worldwide Ministries and the Great Lakes Region to use photographs and videotaped images from this event in which my child appears, in any manner whatsoever such as, but not limited to: publication, display, advertising, slide shows, etc.

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.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

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

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

Sponsors: Please keep 2 copies of the medical release form for travel & for church records

Event: 2012 Great Lakes Spring Unitreat Date(s): April 27-29, 2012

NAME OF UNITEEN: _____ CHURCH: _____

Because the purpose of the Unitreat is to develop a stronger connection with God and learn how to apply Truth principles in my life, I make this agreement between myself and all others at the event:

1. I agree to look for the highest good in all, and to fully participate with the group in all scheduled activities bringing with me a positive and loving attitude.
2. I will support and show proper respect for my fellow Uniteens, my leaders and myself. I agree:
 - to listen when others are talking
 - to practice centering during meditation and prayer or at least remain quiet so others may focus
 - not to take part in put downs, pranks or judgments of others or myself
 - not to offend others with my language, jokes or music
 - not have in my possession a CD player, mp3 player or radio at any scheduled event. These may be used only at free time or at bedtime WITH HEADPHONES so long as it does not disturb anyone else. I understand the cell phones, personal electronic devices & beepers must be turned in to the sponsor/leader from my church for the entire event.
3. I agree to respect the facilities, vehicles, equipment, environment and everyone's personal belongings.
4. I agree to follow directions and remain in designated areas unless authorized for special leave by a leader. Specifically, I agree:
 - to attend ALL scheduled activities and be on time for them, not returning to my cabin except when allowed to do so on the schedule or with an adult leader.
 - not to enter the cabins of the opposite sex or areas marked out-of-bounds
 - to honor quiet time and lights out
 - to get a good night's sleep and allow other's to do as well
5. I agree to seek "natural highs" only, and will abstain from alcohol, tobacco and illegal drugs.
6. I agree to refrain from aggressive roughhousing, fighting and other inappropriate physical contact.
7. I agree to refrain from romantic or intimate behavior during the event.
8. If I show that I do not understand what appropriate behavior is in this group setting, I will respect the authority of leaders to lay out more specific guidelines for me or remove me from the group until I am ready to honor all agreements. I understand that if I continue to behave inappropriately, I may be sent home at my parent's expense.

UNITEEN AGREEMENT
 I understand that these agreements are necessary for everyone's benefit, including my own, and recognize my responsibilities as a participant. On my honor, I promise to keep and uphold these agreements.

Uniteen Signature _____ Date: _____

PARENT'S AGREEMENT: I have gone over the above agreement with my teen. Should he/she continuously or seriously violate this agreement, I will cooperate with event leaders to arrange immediate transportation home for my child at my expense.

Parent Signature: _____ Date: _____

Sponsors: Please keep 2 copies of the medical release form for travel & for church records

Individual Wellness Plan

(For all YOUTH who require special wellness care, or attention during the event including but not limited to medical, emotional or developmental conditions, food allergies, etc.)

Youth Name: _____ Date of Birth: _____

Condition: _____

Please be advised that our Wellness Team is comprised of volunteers who are attending the event. In most cases, they are NOT professional health care providers but generally have basic first aid training and/or various energy healing abilities. We would however like to partner with you to provide your child with the safest and healthiest experience possible. Please contact Eileen Patra, Regional Consultant at 248-318-7028 if you have any questions about this form or concerns about your child’s care.

ABOUT THE UNITREAT

- The closest hospital is approximately 20 minutes away.
- Our volunteer staff expects Uniteens are capable self-managers and that they know when to use their medication or amend activity or diet to compliment their health status.

Please describe any symptoms leaders working with your child should be aware of:

Are there specific triggers that cause your child to exhibit symptoms?

At what point should we contact you or emergency medical services if your child exhibits symptoms?

If a question comes up, who should we call and at what number?

Is there anything else you would like to share with us that may enhance your child’s experience at the retreat?

THIS FORM SHOULD BE SUBMITTED FOR ANY YOUTH BRINGING REQUIRING SPECIAL CARE OR ATTENTION. PLEASE SUBMIT WITH THE MEDICAL RELEASE. IF YOUR CHILD REQUIRES MEDICATION DURING THE EVENT, PLEASE INCLUDE THE MEDICATION RELEASE FORM.

NOTE: If the information above indicates a “high” physical, emotional or developmental need, more information and a doctor’s release may be required in accordance with Regional policy.

Medication Release Form

(For all YOUTH who require prescription and/or over- the-counter medications during the event)

Youth Name: _____ Date of Birth: _____

ALL Medications (prescription & otherwise) are supervised by our Wellness Volunteers and kept in the main lodge during the day and the staff lodge at night with the exception of rescue inhalers that must be carried by the Youth.

Our volunteers are not licensed to dispense medication and we cannot provide ANY medication that your child does not bring with them. Please be sure that any medication they may need is in the original prescription or OTC container with the child's name and dosage instructions clearly labeled and listed below. If your child takes OTC pain relievers for occasional headaches, cramps, etc. please send them with the preferred OTC medication and list them below.

All medications (except inhalers) will be secured by the Wellness Staff. Reminders will be issued at meals and bedtime for youth to retrieve their medication according to the instructions below.

Name of Medication	Dose Given	When	Reason for Using this Med

I hereby authorize my child to take the above listed medications as directed above. I understand that the Wellness volunteers do not dispense medication but hold the medication(s) listed above in a secure place for my child to take as directed.

Your Signature: _____ Date: _____

Relationship to Youth: _____

PLEASE SUBMIT WITH THE MEDICAL RELEASE IF APPROPRIATE. PLEASE SEND A REVISED FORM WITH YOUR CHILD IF NEW MEDICATIONS ARE PRESCRIBED BEFORE THE EVENT.