

BEACH CON
REGISTRATION FOR PARTICIPATION IN BEACH CON TO BE HELD AT THE UNITARIAN
UNIVERSALIST FELLOWSHIP OF THE EMERALD COAST. MAY 22-24, 2009
MAKE CHECKS PAYABLE TO UUFEC. COST IS \$35.00

Name: _____
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Phone: _____
 Email: _____
 Age: _____ Sex: Male Female Transgender (circle one)
 Health Insurance Name: _____
 Health Insurance Policy #: _____
 Medication I will be using: _____
 In case of emergency call: _____
 Dietary restrictions/Allergies: _____

RULES

- No Illegal Drugs or Alcohol (including tobacco)
- No Weapons/Explosives
- No Violence
- No Sex

I, _____ (participant), have read the "Rules" and acknowledge them as my guide for participation in the Youth Conference. I understand that if I break the rules I will be subject to the decisions of the Spirit Committee and the YAC, possibly including the penalty of being disallowed to participate in the remainder of the YAC term and/or other YAC sponsored events.

Signature of participant: _____
 Date _____

I recognize that I am the advisor for _____ at the Youth Conference. I have read and signed the Advisor Code of Ethics and accept responsibility for the youth in my delegation for the weekend. I have also read the "RULES" and accept them as the rules that will be governing this meeting.

Signature of Advisor: _____
 Date _____

I, _____ (please print) am the parent or legal guardian of _____, who will be attending the Youth Conference. I hereby give my consent and authority for the staff of said meeting to take any reasonable action to help ensure the safety, health, and welfare of my daughter/son. I also give my consent for any necessary medical treatment, including surgical care if it is needed. I further understand that my child will be required to follow the rules of the meeting and site; a breach of those rules may result in my child being disallowed to participate in the remainder of the YAC term and/or any future YAC sponsored events.

(Please circle options below!)

My child **has does not have** permission to ride with a licensed driver offsite during the event with advisor permission.

My child **has does not have** permission to watch **PG-13 and/or R** rated movies.

Signature of parent/guardian: _____ Date: _____

Questions: we love answering them!

Youth Dean - Faith Robinson – 931-378-4338 – frobinson15@apmail.apsu.edu
 Adult Dean – Scott Weaver – 615-513-9825 – sweaver@firstuunashville.org

REGISTER WITH: Brian Urbanczyk
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 850-678-7113