

Unity Supernova Summer Camp

July 13-15, 2010 at Unity Church of Overland Park (UCOP)

REGISTRATION FORM, page 1 of 2

➔ **Leaders: Please submit 3 copies of each completed form.** ←

YOUTH'S NAME: _____ Circle: Male Female

Age: _____ 2009/2010 Grade (circle): K 1ST 2ND 3RD 4TH 5TH

Address: _____ City, State, Zip: _____

Name of youth's church (if attending): _____

Youth's T-Shirt Size (circle): Youth Size M Youth Size L Adult Size S Adult Size M

PARENT/GUARDIAN'S NAME: _____ Relationship: _____

E-MAIL ADDRESS: _____

Contact phone numbers during camp, (including area code):

Try first: _____ Try second: _____

In emergency, if I cannot be reached, contact: _____ at (____) _____

YOUTH'S MEDICAL HISTORY

I certify that the above-named youth is in good health and able to participate in all activities:

___ Yes ___ No ➔ If NO, specify limits of participation: _____

YOUTH'S PHYSICIAN (name & phone number): _____

Any **food** allergies? ___ No ___ Yes ➔ If YES, specify: _____

Any **other** allergies? ___ No ___ Yes ➔ If YES, specify: _____

Youth is under a doctor's care for (circle any that apply)? Asthma Epilepsy Diabetes

Tetanus vaccination current? : ___ Yes ___ No

Current Medications (Prescription or Non-prescription):

1. _____ 3. _____
2. _____ 4. _____

Does youth have health insurance? ___ No ___ Yes ➔ If YES, please attach a copy of the front and back of the youth's medical insurance card.

Dispensing medications: All Rx and OTC medication (except inhalers) will be kept and dispensed by the Camp's Wellness Person. If your child needs OTC allergy medication, medication for headache, cramps, pain, etc., you must provide it. Please send all medication in their ORIGINAL containers, along with a completed Medication Log (see attached), all stored in a see-through Zip Lock bag marked with the youth's name.

Does the youth have any special emotional or physical needs? ___ No ___ Yes ➔ If YES, explain below:

Please note: If you child has been diagnosed with any of the following disorders, behaviors or conditions, he/she must be accompanied by a parent (or other adult) for the entire camp: autism, behavioral disorders, depression, cerebral palsy, pervasive developmental disorder, anger management disorder, or an uncorrected hearing or vision impairment.

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REGISTRATION FORM, page 2 of 2

YOUTH'S NAME: _____

As the parent (or legal guardian) of the above-named youth, I give my permission for him/her to attend this camp.

Transportation. I understand that my Unity church group leader(s) will be responsible for and inform me of the transportation arrangements for this event. I agree to send my child with the appropriate clothes, personal items, daily brown bag lunch (including drink). If my child needs to be sent home for behavior problems or medical reasons, I agree it will be at my expense and time.

Liability. I understand that reasonable measures will be taken to safeguard the health and safety of Camp participants. I also understand that under laws of most states, adult sponsors, UCOP or its minister(s), acting primarily as a volunteer non-profit organization, cannot be held responsible for accidents or injury to the above named youth, if those concerned acted with reasonable and prudent judgment.

Photography release. I hereby grant Unity Church of Overland Park, The Association of Unity Churches, the South Central Region and their representative's permission to use photographs and videotaped images in which my child appears, in any manner whatsoever such as, but not limited to: publication (on paper or on an internet web site), display, advertising, slide shows, etc.

Roster release. I hereby grant, permission to include my child's name and address in the Unity Summer Camp Roster. I understand that this roster will be distributed only to the other camp participants.

Confidentiality. 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. This information will not be publicly disseminated or released to any outside organization (except as noted above for the Summer Camp Roster.)

➔ **Also, please attach a copy of the front and back of the youth's medical insurance card.** ←

TREATMENT AUTHORIZATION AND RELEASE

I have read **BOTH** pages of this form and as the parent (or legal guardian) of the above-named youth I hereby give my permission for him/her to participate in this 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 youth as a participant, I agree to forever indemnify and hold harmless from responsibility Unity Church of Overland Park, the Association of Unity Churches (the Association), the South Central Unity Churches Association (SCUCA), their employees, volunteers, agents, representatives and group leaders in the event of sickness or accident involving the above-named youth no matter how caused. I also give my release for mode of transportation, liability, photography use, roster & confidentiality as stated above.

SIGNATURE (Parent/Guardian) _____ **Date:** _____

Camp Office Use: Paid EB Rate Sibling Rate Standard Rate Camp Volunteer

Astronauts "Heart Agreement"

Because our purpose at this Unity Summer Camp is to help each other develop a stronger connection with God and learn how to use Truth principles in our everyday lives, I make this 'heart agreement' between myself and all other event participants:

- 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.
- I will support and show proper respect for my fellow Astronauts, my leaders and myself. I agree:
 - To listen when others are talking
 - To practice centering during meditation and prayer
 - 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 any electronics, such as the following but not limited to a Walkman, CD player, mp3 player or radio at any scheduled event. I understand that cell phones & beepers must remain in my vehicle.
- I agree to respect the facilities, vehicles, equipment, environment and everyone's personal belongings.
- 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.
- I agree to refrain from aggressive roughhousing, fighting and other inappropriate physical contact. I also recognize that romantic behavior is inappropriate at group events.
- If I show that I do not understand what appropriate behavior in this group setting is, 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 will have FUN!

PARENT'S AGREEMENT:

I have gone over the above agreement with my child. Should s/he continuously or seriously violate this agreement, I will cooperate with event leaders to arrange immediate transportation home for my child at my personal expense.

Parent/Guardian Signature: _____ **Date:** _____

ASTRONAUT AGREEMENT:

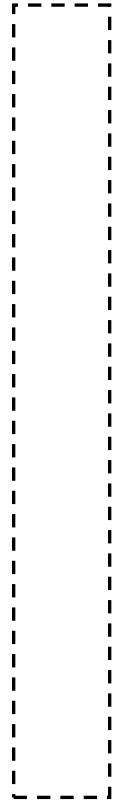
I understand that these agreements are necessary for everyone's benefit, including my own, and recognize my responsibilities as a group participant.

Astronaut's Signature: _____ **Date:** _____

Youth's Medication Log

YOUTH'S NAME: _____

Medication	Dosage	When	<i>Center Notes</i>



Do any of these medications require refrigeration? Circle: YES NO