



Youth Registration Form

**Wis-CON-sin Overnighter: Jan. 14-15, 2024**

First Unitarian Society of Milwaukee - 1342 N Astor St, Milwaukee, WI 53202

Return this completed form and your payment by Sunday, Jan. 7, 2024

Name:		Pronouns:	
Address:			
Home Phone Number:		Cell Phone Number:	
Your Email Address:			
Congregation Name, City, and State:			
Age as of (event date):	Gender Identity:		School Year: Fr So Jr Sr
Name of RE Staff / Youth Advisor / Minister:			(please circle role)
This is my first youth event beyond my own congregation: Yes No			
Food Preference (circle one): Omnivore Vegetarian Vegan		Gluten-free?: Yes No	
List any food allergies & other dietary needs:			
Sleeping Preference (Circle one): Quiet/Sleep: same Gender Identity or Up All Night/Co-Ed			
Parent/Guardian Name:		Home Phone:	
Parent/Guardian E-Mail:		Cell Phone:	

**CONFERENCE REGISTRATION INFORMATION**

Youth Fee is **\$30**. Please make checks payable to "FUSM": write "YRUU Overnighter" on memo line. Please contact Kimberlee if you need to pay electronically.

- 1) **Event will begin at 4pm Sunday and end at noon on Monday; two meals and snacks are planned.**
- 2) **Capacity for this event is 60.** Registration is filled on a first come, first serve basis. **Registration will end at midnight** when the event reaches capacity, whichever comes first.
- 3) Youth must be at least 13 years of age to attend.
- 4) Youth may not drive themselves to or from the event.
- 5) Youth may only attend only if pre-registered.
- 6) Adult chaperones (especially drivers from out of town) from participating congregations are welcome, but not required. Please complete the Adult Registration information.
- 7) Submit this completed form by email or regular postal mail.
- 8) Cancellation Policy: A refund is available only if you notify the host congregation in writing (email preferred) by the registration deadline 1/7/24.
- 9) YOUTH paper registration forms (or printouts) will be kept with the attending adult leaders, who are responsible for having the forms at the event in case of emergency or situation requiring parental contact.

**Questions? Contact Rev. Kimberlee Carlson, FUSM MRE:** Kimberlee.carlson@uumilwaukee.org

## Youth and Parent/Guardian Consent

### Behavior Expectations for Youth & Adults just prior to and during all MidAmerica Region Youth events

- 1) I will not arrive prior to the advertised starting day/time unless I have permission from the host congregation.
- 2) I will not smoke, use tobacco or vaping products, use illegal drugs, or bring/consume alcohol at the event.
- 3) I will neither bring nor use energy drinks, pills, or other highly caffeinated products.
- 4) I will not exhibit any sexual behavior and will not share sleeping bags. My pants/shorts and shirt will remain on unless changing in a washroom or specific changing area for my gender.
- 5) I will neither bring nor use any weapons, fireworks, explosives or flammable liquids.
- 6) I will not bring any pets to the event.
- 7) I will not leave the church building except to go home, unless supervised by my advisor or a parent/guardian for a specific reason, or as part of an event workshop.
- 8) I will model self-care by respecting myself, recognizing my physical (sleep!), emotional, and psychological needs, and seeking appropriate allies and professionals (when needed) with whom to process my feelings and concerns.
- 9) I will manage my time in order to honor my need for physical and spiritual renewal so that my needs do not interrupt or undermine my participation, or anyone else's, in this faith community.
- 10) I will contribute to the community being created at the event by actively pursuing my own faith development and enrichment.
- 11) I will abide by the rules of the site, the laws of the city, and state in which the event is located.
- 12) I will not use cameras, cell phones, video, or other electronic equipment to take photos or videos of myself or anyone else at event to be used on the internet or any other social media without their express consent in advance.
- 13) I will not be in a room at night without proper supervision.

☞ I, \_\_\_\_\_ agree to abide by the rules stated above.

*Print Name*

\_\_\_\_\_  
*Youth Signature*

### Communications Consent (Circle Yes or No for each line below)

Yes	No	Do you give consent for your child's photo & video image to be taken during activities in our YOUTH program?
Yes	No	Do you give permission for your child's name, image, work, or interview to be used in a media release?
Yes	No	Do you give permission for these images to be used in congregational/regional/national bulletin boards, newsletters & website?

*I understand as a guardian that if my youth violates the rules that they will be subject to disciplinary action which may include removal from the event to a "Safe House" or be sent home (a parent must provide and pay for transportation if youth is being sent home.)*

☞ Parent /Guardian signature: \_\_\_\_\_

**THIS PAGE IS FOR ADVISORS. ADVISORS MUST BRING THIS OR A COPY TO THE EVENT.**

# FUSM Wis-CON-sin Overnighter –January 14-15, 2024

## Youth Medical Information

THIS PAGE IS FOR ADVISORS. ADVISORS MUST HAVE A COPY THROUGHOUT THE EVENT.		
Youth Name:	Pronouns:	Date of Birth:
Youth Address:		
Home Phone Number:	Cell Phone Number:	
Parent/Guardian Name(s):		
Parent Street Address (if different than above):		
Parent City, State and Zip:		
Parent Home Phone Number:	Parent Cell Number(s):	
2 Contacts in case of emergency and parent/guardian cannot be reached:		
1 <sup>st</sup> Contact Name:	Relationship:	Phone:
2 <sup>nd</sup> Contact Name:	Relationship:	Phone:
Medical Insurance Company:	Policy #	
Subscriber #	Group #	Effective DATE:
Physician Name:	Physician Phone Number(s):	
Any other information medical emergency personnel should be aware of (including current prescriptions):		
<b>Please note: ALL medications (prescription &amp; over-the-counter) must be held by advisors throughout the conference.</b>		
Drug Allergies:		
Other Allergies:		
I give permission for (youth name) _____ to receive any needed medical care and treatment required in my absence. I understand I will be responsible for the payment of any care expenses not covered by my insurance.		
Signature of Parent / Guardian _____ Date: _____		
THIS PAGE IS FOR YOUR ADVISORS. ADVISORS MUST BRING THIS OR A COPY TO THE EVENT.		

*For privacy reasons, it is recommended all paper copies of this form be shredded within one week of the event. Also, all electronic copies are either deleted from all computers and e-mail files, or any files that remain should be 'scrubbed' to remove all identifying information.*