



4/21-23/17, Unitarian Universalists of Clearwater,
 2470 Nursery Road Clearwater, FL 33764
 Kenny Nichols: sheldon22500@gmail.com

<p>Legal Name of Attendee: _____</p> <p>Age: _____</p> <p>Preferred name: _____</p> <p>Parent or Emergency Contact Name: _____</p> <p>Parent or Emergency Contact Phone Number: _____</p> <p>Email address: _____</p> <p>Church: _____</p> <p>Please contact Kenny with your food needs at least one week in advance of the CON</p> <p>Additional Information, Medical Needs/Allergies: _____</p> <p>_____</p> <p>_____</p>	<p>CON Rules: All attending the CON, regardless of age, must abide by these rules: Behaviors generally regarded as community breaking are not allowed. A youth may not be out of sight of an advisor with a single Beacon member (youth or advisor). Sexual activity is prohibited. No tobacco products, alcohol, illegal drugs, weapons, lighters, or fireworks are allowed. Attendees must respect the property of others. If a youth is taking prescription medication or has a medical condition, he or she must inform his or her advisor. <i>Upon request</i>, the host church will provide quiet same-gender sleeping areas. An advisor must stay in any sleeping area where there are two or more people. There is no sharing of blankets; one person per blanket/sleeping bag. All youth attending the conference must remain onsite unless they receive permission from their home-church advisor and inform a designated advisor from the hosting church. <i>Absolutely no nuts are permitted. This includes all nuts, nut butters, oils, flours, or products that may contain nuts or traces of nuts.</i> Additional rules may be set by the hosting group. The purpose of these rules is to ensure a safe and peaceful environment, which is conducive to community building.</p>
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I, _____, understand and agree to abide by the rules stated above, and to any additional rules put in place by the hosting church.

Photo Release: Video and photos may be taken during this event and used in Beacon publications. *Unless you initial below, your likeness may appear in publications including but not limited to the website and Google+.*

_____ (parent) I do **NOT** give permission for my youth's image to appear in Beacon publications

_____ (youth) I do **NOT** give permission for my image to appear in Beacon publications

Select the price that works best for you:

Traveler Cost \$25 _____ Scholarship Cost \$15 _____ Sponsorship Cost \$35 _____
 \$7 preorder \$10 on site

Attendance Permission by Parent/Legal Guardian

This page is necessary for all attendees aged 17 and under.

I give permission for my youth, _____, to attend this event. I give my permission to any advisor at the event to seek medical attention for my youth in the event of an emergency.

I can be reached at: (daytime contact number): _____

(Evening contact number): _____

(Alternative contact number): _____

I have informed my youth's advisor of any medical or emotional conditions that may affect his or her or others wellbeing. Medical Release / Insurance Billing: Permission to release information to insurance: By signing this form, I hereby assign payment from all insurance carriers with whom I have coverage or from whom benefits are, or may become, payable to me, directly to the hospital and physicians who render services covering the admission/period of treatment, and past and future treatment if related to the incident or condition giving rise to this admission. This assignment shall include settlements or judgments flowing from the incident for which the registrant is receiving treatment and/or master medical benefits otherwise payable to me, but shall not exceed the regular charges for this and any other period of treatment. Treatment

authorization: I hereby give consent for _____ to receive diagnostic procedures, hospital care, medical treatment and the taking of photographs that do not reveal identity, which in the judgment of the attending physician may be considered necessary or advisable while they are a patient.

Parent's/Guardian's Printed Name: _____

Signature: _____

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me, or who produced the following document as identification: _____.

(NOTARY SEAL)

(Signature of Notary Public-State of Florida)

This form MUST be notarized and a

A copy of your insurance card should be attached if applicable

This page is necessary for all attendees over the age of 18.

As a person 18 years of age or older, it is not only important, but necessary that you are aware of and following the proper legal code of conduct around minors. Beacon is an environment in which all people are considered equals regardless of age, but that becomes irrelevant in the eyes of the law when interactions between minors and adults become illegal.

In compliance with FL Statute Title XLVI, chapters 794.011, subsections 2, 3, and 4; and 827.04, as a Youth Participant 18 years of age or older, I will abide by CON rules as well as FL State Law and avoid any and all intimate or inappropriate behaviors with or towards other youth.

Attendee's Legal Name: _____

Attendee's Signature: _____

Date: _____