



Standing on Holy Ground
Unity Village, Missouri
July 9-13, 2012

International Event Registration Form

Registering as:

- YOUer (under 18)
YOUer (over 18)

Adult Event Sponsor:

- at least age 25
approved by a Unity ministry to attend
submit copy of background check (dated after July 1, 2008) by June 30, 2012

Name
Address
City State/Province Zip
Country Email
Phone home cell

Meal preference Regular Vegetarian Vegan We regret these three choices are the only meal preferences we can provide.

Gender F M Birth date T-shirt size: S M L XL XXL

Church City, State/Province Region

MINISTRY APPROVAL. I certify that this attendee (i) meets the eligibility requirements to attend this event, (ii) demonstrates understanding and adherence to YOUer/Adult Agreements, and (iii) is approved by our ministry to participate in this event.

Signature Authorized Staff Print Name Title

Registration Fee dates are the postmark date

- Early bird (by March 31) registration \$375
April 1- May 31 registration \$425
June 1-June 30 registration \$475

Registration closed midnight June 30, 2012

Registration fee covers event registration, meals, and lodging. Attendees are responsible for all travel expenses.

Written or email cancellations will be refunded minus \$100 processing fee until June 30. No refunds after June 30.

Questions about registration?

Contact Jane Simmons at: 816.434.6872 or email: you@unity.org
For registration information, please visit our website, www.unitychurches.org/register

Mail, or fax registration and payment to:
Unity Worldwide Ministries
PO Box 610, Lee's Summit, MO 64063

fax 816.525.4020

Method of Payment:

- Check (Payable to Unity Worldwide Ministries)
MC Visa Am Ex Discover

Total to be charged \$
Card #
Exp. date CID #
Name as appears on card
Card Billing Address
City State/Prov Zip
Signature Date

For Office Use:

Date Received
Acct #
Amount Received \$
Reference #
Processed by
Fund 5002

## YOUer Requirements

YOUers attending IYOU event, *Standing on Holy Ground* must fulfill the following requirements:

- Be age 15-18 and currently attending high school
- Be actively involved in YOU
- Read the book, *The Five Principles* by Rev. Ellen Debenport
- Create and lead a lesson on one of the Unity principles written about in the book **OR** write a 300 word essay describing a time you used one of the Unity principles written about in the book, in your own life.  
**In order to confirm your registration, the lesson plan or essay needs to be included with the registration documents.**
- Have attended a **prior regional YOU event**
- Have completed 15 hours of service in a Unity church or local community
- Attend with a designated event sponsor (“**Event Sponsor Agreement**” **must be submitted with this registration form.**)



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**Event Sponsor Agreement**

Requirements for event sponsors:

- Must be 25 years of age or older.
- A copy of a background screening check done within the previous three years, must accompany registration
- Designation of a teen's Event Sponsor must be approved by the teen's parent/guardian and sponsoring ministry. An adult participant from another Unity ministry may serve as a youth's event sponsor if all concerned parties agree.
- Adults agree to follow Group Agreements for a Sponsor.

**Parent/Guardian**

I acknowledge \_\_\_\_\_ will be the event sponsor for my child  
Name of sponsor

\_\_\_\_\_  
Name of YOUer

Parent/guardian name \_\_\_\_\_ Emergency contact # \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Event Sponsor**

I \_\_\_\_\_ agree to serve as an event sponsor for \_\_\_\_\_,  
Name of sponsor name of YOUer

in accordance with the responsibilities listed above.

Sponsor name \_\_\_\_\_ Emergency contact # \_\_\_\_\_

Sponsor signature \_\_\_\_\_ Date \_\_\_\_\_

Unity church (if different from YOUer) \_\_\_\_\_ City, state \_\_\_\_\_

**Minister/if not available  
Authorized Church Staff**

I, \_\_\_\_\_, have discussed and agreed with supervision arrangements  
Name of minister/if not available authorized church staff

between the YOUer, parent/guardian and Event Sponsor listed above.

Minister name \_\_\_\_\_ Emergency contact # \_\_\_\_\_

Minister signature \_\_\_\_\_ Date \_\_\_\_\_

Unity church \_\_\_\_\_ City, state \_\_\_\_\_



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**Group Agreements for a YOUer**

Name \_\_\_\_\_ Church \_\_\_\_\_

To ensure the ultimate experience for all and as a participant attending this event, I agree during the IYOU event to:

1. attend and remain at all scheduled activities at designated times, in designated areas, giving my loving support, cooperation and attention to all speakers and facilitators.
2. participate with a clear mind. I will not use, possess or participate under the influence of alcohol, tobacco, illegal drugs or other restricted substances.
3. honor appropriate physical boundaries. I will not engage in sexual activity, unwanted physical contact, or public displays of affection which cause others present to feel uncomfortable.
4. look for the highest good in all people and situations, and look for ways I can both give and receive to make this time a meaningful experience for all.
5. create through my words and actions a loving, sacred and safe atmosphere refraining from offending anyone with my words.
6. refrain from wearing clothing that is offensive, disrespectful, or that promotes illegal activity.
7. not operate or ride in a vehicle except with the event coordinator approval.
8. respect the property of others by asking permission before using anything that does not belong to me.
9. restrict use of cell phones, MP3 players, CD players, game systems and other personal electronics to personal time (unless otherwise authorized).
10. not skateboard, rollerblade or skate on Unity Village property.

To support the consciousness of this event, I agree to uphold these agreements throughout my entire experience—from my travel to registration, through travel home after closing on July 13, 2012. In addition, I agree to get a minimum of 7 hours of sleep each night, and honor lights-out time and sleeping areas.

I have read and accept the responsibility to follow the agreements set forth for the International Youth of Unity event. To ensure the safety of each individual's spirit, mind and body I understand that the above commitments are essential for the group's highest good. I am responsible for my own choices and behavior. If my conduct is detrimental to the spirit or intent of this event, I understand that I may be sent home at the expense of myself or my parent(s)/guardian or sponsoring ministry.

YOUer signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Print name \_\_\_\_\_



Medical/Liability Release

2012 IYOU

Both pages of this form must be completed for all minors attending the event

The parent or guardian must sign this form in the presence of a notary. Return the original copy to Unity Worldwide Ministries.

\*\*Keep a duplicate copy with you during your travel to and from the activity.\*\*

This form to be filled out by the parent/guardian for participants 17 and under.

Name of event participant \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/legal guardian of minor \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/guardian phone(s) \_\_\_\_\_ Please indicate cell/home/work

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_ Please indicate cell/home/work

Photography Release I hereby grant the church, region, Association of Unity Churches Inc. (dba Unity Worldwide Ministries), Unity and its representatives permission to use, without compensation or restriction, photographic and videotaped images from international Unity events in which the participant appears, in any manner whatsoever such as, but not limited to: publication, display, advertising, slide shows, etc.

Confidentiality Release I understand that health information on this form will only be shared, as needed, with group leaders, church staff and medical professionals to safeguard and support the participant. This information will not be publicly disseminated or released to any outside organization.

MEDICAL HISTORY

I certify that the above named person is in good health and able to participate in all normal activities of the group [ ] Yes [ ] No

If no, specify limits of participation \_\_\_\_\_

Please list allergies and life threatening illnesses \_\_\_\_\_

Is the participant currently under a doctor's supervision for: [ ]Epilepsy [ ]ADD/ADHD [ ] Diabetes [ ]Asthma

Current medications (specify): \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Date of last dental check up \_\_\_\_\_

INSURANCE INFORMATION, MEDICAL CONSENT & LIABILITY RELEASE

Personal physician (name and phone number) \_\_\_\_\_

Attach copies of insurance card (front and back) or list: medical insurance company \_\_\_\_\_

Policy number \_\_\_\_\_ ID number \_\_\_\_\_ Policyholder's name \_\_\_\_\_

Phone number to verify coverage or submit claim \_\_\_\_\_

As the above-named legal guardian of the minor under the age of 18, I hereby attest that I have read this complete document; all information provided is complete and true; I have legal standing to make decisions which affect the rights of the above-named participant; and, I understand and consent to all terms outlined on both pages of this document (including release of photographic images & personal information as described above).

I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to youth ministry activities and travel, understanding that some activities may pose a risk of injury. I will not hold liable the church, the Association of Unity Churches Inc. (dba Unity Worldwide Ministries), Unity School of Christianity (Unity), their employees, agents and event/youth group leaders for any injury, illness or property damage involving the above-named participant no matter how caused. Whenever deemed necessary by group leaders, I authorize and consent to the calling of a doctor and/or the providing of other medical services and, unless covered by insurance, agree to pay for same. If the above-named participant is incapacitated, I do hereby authorize and consent to group leaders as agent for the undersigned, to consent with respect to such participant to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by a state-licensed physician or surgeon.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of the parent/legal guardian of the YOUer under 18 years of age

Name of minor \_\_\_\_\_

**About insurance cards—this is important!**

A hospital may require your child’s Social Security number and/or insurance card (as proof of insurance) before treating or admitting them. You should make sure your child carries that information to events, or you can provide that information here:

- above-named minor’s SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Parental Consent and Liability Release**

As legal guardian of the above-named minor under the age of 18, I give my permission for him/her to be involved in the youth ministry program(s) of the church, region and Association of Unity Churches Inc. (dba Unity Worldwide Ministries). I am familiar with the general goals and purpose of the program(s). Transportation is the parent’s responsibility to/from the IYOU Annual Event. If a sponsor is supervising the minor, transportation must be coordinated with the sponsor. If my child needs to be sent home for any reason, including behavior problems or medical reasons, I agree it will be at my expense.

Please check which over-the-counter medications you will allow to be dispensed to this participant:

- Yes  No  **Acetaminophen** (e.g. Tylenol)
- Yes  No  **Nasal decongestant** (e.g. Sudafed)
- Yes  No  **Pepto Bismol**
- Yes  No  **Ibuprofen** (e.g. Advil, Motrin)
- Yes  No  **Cough suppressant** (e.g. Robitussin, menthol cough drop)

Group leaders must be informed of any prescription medication brought by youth, with clear information as to proper use and dosage. If medication is “as needed,” your child must understand the symptoms of his/her condition and know when to ask for help.

**SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_  
Signature of the parent/legal guardian of the YOUer under 18 years of age

**This form must be notarized for all participants under age 18**

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and affirmed (sworn to) before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
(by \_\_\_\_\_).

Notary’s Signature \_\_\_\_\_ (Seal)