

# Felines & CONines

March 1<sup>st</sup>-3<sup>rd</sup>, 2013

## River of Grass Unitarian Universalist Congregation

11850 W. State Road 84 (Suite 1) - Davie, Florida 33325 - 954.723.7877

Opening Circle at 11:59pm, Friday night

Cost: \$25, make checks out to River of Grass

You may buy a shirt at the con (\$10); MUST PREORDER!!

Contact Christy Schultz at fdcriverofgrass@gmail.com

Legal Name of

Attendee: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Nickname: \_\_\_\_\_ Sex: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_

Church/Fellowship: \_\_\_\_\_

Advisor (Please observe our 8-to-1, youth/advisor ratio): \_\_\_\_\_

Food Needs (Circle one): Omnivore Vegetarian Vegan Other: \_\_\_\_\_

Additional Information (Please include medical needs):  
\_\_\_\_\_

### Conference Rules:

- Community breaking behaviors, such as sexual activity, destructive actions or attitudes are prohibited.
- No tobacco products, alcohol, illegal drugs, weapons or fireworks are allowed.
- If a youth is taking prescription drugs or has a medical condition, he or she must inform his or her advisor.
- Quiet same gender and coed sleeping must be made available at all conferences, and an advisor must stay in any sleeping area where there are two or more people.
- All advisors attending the Con must have completed Advisor Training. In special cases, the youth council co-chairs may waive this requirement.
- All attending the conference must remain onsite. In order to leave the premises, one must receive permission from his or her advisor and inform a designated advisor from the hosting church.
- All attending the Youth conference, regardless of age, must abide by these rules, understanding that they may have to forego some of their usual privileges.
- 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.

I, \_\_\_\_\_, have read the event Rules. I understand the importance of community and the role that the rules play in the support of our intentional, weekend gatherings. I wish to preserve our right to have these gatherings and, therefore, I will follow those rules, and any others set by the hosting congregation, and encourage others to do so.

Conference attendee (signature): \_\_\_\_\_

## Attendance Permission by Parent/Legal Guardian:

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 give my permission for my youth to leave the premises and drive with the group to attend the volunteer community service event at an animal shelter and to picnic at a local park on Saturday, March 2<sup>nd</sup>, 2013.

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 well being.

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: \_\_\_\_\_

Parent's/Guardian's 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!**

**A COPY OF YOUR**

**INSURANCE CARD MUST BE ATTACHED!!**

Copies of this form are as valid as original.