



YOUTH ADVISER TRAINING

May 3-5, 2013

University Unitarian Universalist Church

11648 McCulloch Road
Orlando, Florida 32817

Adults and Youth in the **Florida District and Southern Region** are invited to spend a week-end with exciting people learning about youth ministry, youth empowerment and BEACON*.

Who should attend? Those who have a youth program, those who would like to have a youth program and church leaders who are concerned about youth in our church. **Training begins Friday night at 10 pm and will close at 9 am Sunday morning.** Advisers must be 25 or older.

Please plan to **spend both nights** at the church for a weekend of intensive learning, bonding and deep fun. Bring your sleeping bag, air mattress, and your open mind, creativity and energy for youth ministry.

Bring

- Something from your youth years or something that reminds you of that time.
- Something to add to our bowl of GORP: nuts, raisins, salty or crunchy

We hope you will come with a partner from your church for support, ideas and energy in doing this important work. In order to encourage you to **come as a team**, cost of the training is \$50 per person, \$40 each if you come as a team. Fee covers food and materials.

You must pre-register for the weekend. Please contact the trainer for more information if you are coming, thinking about coming, or afraid of coming. Let us know that you are coming!

Eric Christensen: (407) 797-5560 or
highgear3@gmail.com

***Beacon is the District-wide Youth Ministry program in the Florida District.**

<http://beaconyouth.org/>



Advisor Training

May 3-5, 2013

University Unitarian Universalist Society
11648 McCulloch Road
Orlando, FL 32917
407-737-4018

Opening Circle at 10 pm

Cost: \$50 for the first person, \$40 each if two or more from your church.

Make checks out to UUUS

Mail to Eric Christensen
412 Mead Drive
Oviedo, FL 32765

Contact Person and Trainer:

Eric Christensen 407-797-5560

Name of Attendee: _____

Age: _____ Date-of-birth: _____

Email Address: _____

Address: _____

Church/Fellowship: _____

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 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. • **This event will include Youth. Youth event rules will apply as stated above**

The purpose of these rules is to ensure a safe and peaceful environment, which is conducive to community building.

I, _____, have read the 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): _____

Conference attendee's printed name: _____

For Youth: 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 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.