



Inward Journey

Youth and Young Adult Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Code Ethics Form

Policy on Sexuality and Community

Sexuality is a healthy and important part of young people's lives. Conferences are an opportunity for youth to express themselves in healthy ways. Exclusive relationships detract from the community. All members of the community must respect each other's physical boundaries. Inappropriate behavior (i.e. sexual intercourse or sexual harassment) is not permitted. The Energy Committee reserves the right to deem any behavior inappropriate. Parents/guardians are invited to discuss this policy with youth.

Code of Ethics for Adults

Adults are in a position of stewardship and play a key role in fostering the spiritual development of both individuals and the community. It is, therefore especially important that adults be qualified to provide the special nurture, care, and support that will enable youth to develop a positive sense of self and responsibility. The relation between young people and adults must be one of mutual respect if the positive potential of their relationship is to be realized.

There are no more important areas of growth than those of self-worth and the development of a healthy identity as a sexual being. Adults play a key role in assisting youth in these areas of growth. Wisdom dictates that youth and adults suffer damaging effects when leaders become sexually involved with young persons in their care; therefore, leaders will refrain from engaging in sexual, seductive or erotic behavior with youth. Neither shall they sexually harass or engage in behavior with youth which constitutes verbal, emotional, or physical abuse. Leaders shall be informed of the code of ethics and agree to it before assuming their role. In cases of violation of this code, appropriate action will be taken.

Guidelines for Behavior for Youth and Adults

- Respect the policies and codes of ethics above.
- No drugs, weapons, or alcohol.
- No pets.
- No leaving the site without an advisor.
- Adults must remain in the role of advisor at all times.
- All participants must have a signed medical release.

I agree to these guidelines while at this event.

Name	Signature	Date
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PARENT/GUARDIAN'S CONSENT AND MEDICAL RELEASE FORM

I, _____(parent/guardian name) am the parent or legal guardian of _____(youth name). I give my consent for him/her to attend [The Inward Journey, Spirituality and Identity Development Conference, May 16th, 2009](#) hereafter known as "THE EVENT". I give my consent and authority for the UUA staff or designated adult to take action to help insure the safety, health and welfare of my son/daughter/ward. I understand that if s/he breaks any federal/state/provincial or local laws, s/he will be asked to leave THE EVENT and I will be informed. I also request and empower the UUA staff to authorize medical personnel and hospitals to provide all medical care, including but not limited to hospital tests, emergency surgical care, pathology, radiology and anesthesia, surgery and prescriptive drugs for the health of my child. **(PLEASE FILL OUT THE MEDICAL RELEASE FORM EVEN IF YOU'RE 18 TO 30 yrs old)**

Full Name _____	Age: _____	Health Care Information:
Parent/Legal Guardian _____		Name of Dentist/Orthodontist _____
Home Address _____		Phone _____
City/State/Zip _____		Name of Doctor _____
Home Phone _____		Phone _____
Business Phone _____		Do you carry family medical/hospital Insurance?
Cell Phone _____		<input type="checkbox"/> yes <input type="checkbox"/> no
In Case of Emergency during THE EVENT Contact:		Name of parent/person with insurance policy _____
Name _____		Health Insurance Agency Name _____
Day Phone _____		
Evening Phone _____		Policy # _____
		Group # _____
Medical / Health Problems:		Medications currently taking: _____
Allergies _____		_____

Asthma/Respiratory _____
 Vision/Hearing _____
 Surgery _____
 Heart Problems _____
 Diabetes _____
 Seizures _____
 ADD _____
 Headaches _____
 Stomach _____
 Broken bones _____
 Other _____

All youth requiring prescription medicine while at THE EVENT need to check in with THE EVENT nurse upon arrival. All medicine will be kept locked in the health center area and distributed under the supervision of the nurse. Asthma inhalers and epi-pens prescribed for severe allergic reaction may be carried, but please check with the nurse upon arrival so that these medications may be checked and documented. Please bring medicines to THE EVENT in the original prescription bottle or container. Youth wishing to take nonprescription medicine such as Tylenol or ibuprofen should also check this medicine in with the THE EVENT nurse along with written instructions and consent from parent/guardian.

Individuals not immunized due to religious objection must submit a written and signed statement from parent/guardian stating objection to their child's immunization due to religious beliefs. Youth not immunized due to medical exemption must submit a statement signed by a physician.

Is your child under the care of a physician for
 Epilepsy? yes no Diabetes? yes n
 Other _____

The Undersigned, on his/her own behalf, and on behalf of her/his minor child/ward, does hereby RELEASE, discharge and covenant to hold harmless the Unitarian Universalist Association, its officers, employees and volunteers, from any and all claims, causes of action, and liability of any kind or nature, including personal injuries or death, or in any way arising out of, directly or indirectly, the child's / ward's attendance or participation in THE EVENT.

Parent/Guardian's Signature _____ **Date** _____