

Identity Development: Ethnicity/Race, Gender and Sexual Orientation

Location: Unitarian Universalist Church of Rockville • 100 Welsh Park Dr. • Rockville, MD 20850

March 20, 2010, 8:30 a.m. – 5:00 p.m.

Registration Form Deadline: March 15, 2010

YOUTH REGISTRATION FORM

After completing ENTIRE registration form, please mail the form to: Deborah Kahn, 100 Welsh Park Drive, Rockville, MD 20850

Name: _____ Birth Date (mm/dd/yyyy): _____

Address: _____

Email Address: _____ Telephone: _____

Congregation You Attend (full name, please): _____

Medical/Allergy Info: _____ Medical Ins. Co./Policy: _____

In case of Emergency contact: _____ Telephone: _____

If you are certified, please check box: Certified in CPR Certified in First Aid

Dietary Preferences: Omnivore Vegetarian Vegan

REGISTRATION FEE: \$5.00 donation.

WORKSHOP RULES:

- Pre-registration is required for all participants
- No possession or use of alcohol or drugs
- No violence or weapons
- No sexual activity
- No walk-ins or visitors
- No leaving workshop grounds
- R-E-S-P-E-C-T people and property
- No use of tobacco if under 18
- "NO" means NO!

ALL PARTICIPANTS: I have read the above rules and acknowledge them as my guide for participation in this workshop. I will follow any additional rules established by the Workshop Staff and Host Church. I understand that if I break the rules I will be subject to the decision of the Workshop Affairs Committee, including the penalty of being required to leave the workshop:

Signature of Participant: _____ Date: _____

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YOUTH REGISTRATION FORM (pg. 2)

PARENTAL CONSENT: I, _____ (print) am the parent/legal guardian of the youth named above. I hereby give my consent and authority for the Workshop Staff to take any reasonable action to help ensure the safety, health and welfare of my child. I also give my consent for any necessary medical treatment, including emergency surgical care if needed. I will cover the costs incurred. I understand that my child is required to follow the rules of the Workshop, and that a breach of those rules may result in my child being sent home at my expense.

Signature of Parent/Guardian: _____ Date: _____

PHOTOS: No photos are to be taken of me (skip below) It's okay to take my Picture

Photo Release: I, _____ (print), of sound mind and body, do hereby give my permission to UUCR, to use my photograph or photographic image in official workshop business, including UUCR Web site. It is agreed that the use of my photograph or photographic image shall in no way be used in any other forum other than for official UUCR business.

Signature of Parent/Guardian: _____ Date: _____

Questions? Contact Deborah Kahn, dkahn@uucr.org

STUFF TO BRING TO WORKSHOP THAT MAKES YOU EXTRA AWESOME:

A **mess kit** INCLUDING a water bottle/mug/cup