



Coming of Age Retreat Program

REGISTRATION AND PAYMENT

Please turn in all forms from your congregation in one batch, with full information, appropriate payment, parental signature, youth signature, and congregational leader signature (e.g., minister, religious educator, or Board president). We only enroll individuals who have congregational sponsorship.

NAME _____ GENDER _____
 ADDRESS _____ CITY _____ ZIP _____
 PHONE _____ EMAIL _____
 SPONSORING CONGREGATION: _____
 GRADE (in Fall 2010) _____

Youth Participation Commitment

I take full responsibility to participate in every activity to the best of my ability. I will attend the COA events at my church, the three retreats, and the Celebration Dinner; if an emergency prevents me from attending an event, I will notify the leader of that event. If there is any problem with the program, I will notify my parent(s), my mentor, my minister, and/or my religious educator.

Youth Signature _____ Date _____

Parent Commitment

I take full responsibility for my youth's participation in every activity to the best of my ability. I will make sure that s/he attends the COA events at my church, the three retreats, and the Celebration Event; if an emergency prevents him/her from attending an event, I will notify the leader of that event. If there is any problem with the program, I will notify my minister, my religious educator and/or PCD COA leadership.

Parent Signature _____ Date _____

Congregation Commitment

I am authorized to make a commitment on behalf of the congregation. We sponsor the above-named youth's participation in PCD COA. We will match each sponsored youth with a mentor, and we take responsibility for the training, oversight and ongoing support of these mentors. Appropriate members of our congregation will volunteer as staff for each of the retreats. We will recognize each youth's completion of the program during the worship service on Sunday, May 15th, 2011. If there is any problem with the program, we will notify PCD COA leadership and/or PCD UUA leadership.

Signature _____ Date _____

Role _____ (e.g., minister, religious educator, Board president)

Fee Payment Options:

_____ \$350 per person for entire program (3 district retreats and the celebration event)

_____ I would like to contribute to the scholarship fund in the amount of: \$ _____

_____ Scholarship Assistance Needed Please

TOTAL ENCLOSED: \$ _____

PLEASE MAKE CHECKS OUT TO: Pacific Central District. Put "Coming of Age" on the memo line. Please mail the registration, medical and photo release forms to: PCD UUA, 4100 Redwood Road #344, Oakland, CA 94619.

Questions? Contact Jeanelyse Doran Adams at the Pacific Central District office. jeanelyse@pcd-uua.org, 925-381-3250.

We don't want money to be a barrier; if you need scholarship assistance, please contact your Religious Educator or Jeanelyse at the Pacific Central District.



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MEDICAL RELEASE

Medical Information: Please list any health problems and/or allergies and/or medical history helpful in an emergency, including dietary and mobility needs:

Physician name _____ Phone _____

Location _____

Health Plan name _____ Health Plan ID # _____

Adults who can pick up my child in an emergency:

Name _____

Phone _____

Name _____

Phone _____

I give my permission for appropriate medical attention to be provided for my child(ren) in the event of an emergency:

Parent(s) signature(s): _____

Parent 1 _____

Parent 1 Address _____

Parent 1 Phone _____

Parent 1 Email _____

Parent 2 _____

Parent 2 Address (if different) _____

Parent 2 Phone _____

Parent 2 Email _____



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PHOTO/VIDEO RELEASE FORM

During the Pacific Central District's Coming of Age Retreat Program, staff and/or advisors may take pictures of the youth engaged in various aspects of the programming.

These pictures/videos may be used in PCD or UU congregational promotional materials for the Coming of Age, YRUU, or MUUGs Programming. This may include:

- PCD Currents (a e-newsletter published by the district)
- Youth programming brochures or videos
- On the PCD website. (www.pcd-uuu.org)
- UU congregation web sites (congregations in the PCD)

I hereby grant to the Pacific Central District –Unitarian Universalist Association the right to photograph my child and use the photo and or other digital reproduction of him/her for promotion or celebration of PCD-UUA youth programming. I certify that I am a custodial parent/guardian of

Child's Printed Name: _____

Address: _____

Signature of Parent or Guardian:

Printed Name of Parent or Guardian

Address: _____

Date: _____