



# Southeast Unity Youth Ministry

## Minister Endorsement Form

Program: UNITEENS     Retreat     Lock-In

**List all Youth and Adults below who are attending this SE Unity Youth Event. Once submitted, substitutions and additions must be approved by the Church Minister and the Uniteen Consultant.**

**Uniteen Consultant:** Ytonna Dyess Finnegan, Family Ministry & Uniteen Consultant, SE Unity Ministries, Inc.  
PO Box 172, Lake Worth, Florida 33460 561-379-8153 – [Ytonna@yahoo.com](mailto:Ytonna@yahoo.com)

Event: \_\_\_\_\_ Dates: \_\_\_\_\_

Church & Chapter: \_\_\_\_\_

*I, as the head Adult Leader/Sponsor, verify that the youth and adults listed below are spiritually and emotionally prepared for this youth event and have committed to, and are able to honor, the signed Heart Agreements and any additional rules or guidelines given at retreat.*

Adult Leader/Sponsor Name: *(please print)* \_\_\_\_\_

Adult Leader/Sponsor Signature: \_\_\_\_\_

*I, as minister, acting minister, Spiritual Leader or Board Leader, support each person listed below as a representative in good standing with this church and certify that each adult listed has a current federal approved background check on file at the church and has been an active Leader/Sponsor/Church Member for the past six months. **ALL ADULTS ATTENDING A SE UNITY YOUTH EVENT, MUST HAVE A CURRENT FEDERAL APPROVED BACKGROUND CHECK ON FILE BEFORE ATTENDING ANY EVENT. ANY ADOLESCENT/TEEN BEHAVIORAL OR HEALTH ISSUE MUST BE LISTED ON THE REGISTRATION FORMS.***

Minister Name: *(please print)* \_\_\_\_\_

Minister Signature: \_\_\_\_\_

Minister Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Total Number of Adults Attending Event: \_\_\_\_\_ *(list below – please bring one adult for every six youth)*

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Total Number of Youth Attending Event: \_\_\_\_\_ *(list below – list additional youth on back if more than 10)*

1. \_\_\_\_\_ 6. \_\_\_\_\_

2. \_\_\_\_\_ 7. \_\_\_\_\_

3. \_\_\_\_\_ 8. \_\_\_\_\_

4. \_\_\_\_\_ 9. \_\_\_\_\_

5. \_\_\_\_\_ 10. \_\_\_\_\_



# Southeast Unity Youth Ministry

## Registration /Medical & Liability Release

***This release is for all church and regional youth group events and is valid for one year after date of signature. Original to church file. Copy to parent. Copy when traveling. Copy submitted with every event registration form.***

Program: **UNITEEN**       Retreat       Lock – In      Participant (Circle one) – Uniteen / Adult Leader

First Retreat: Yes / No      Graduating: Yes/No      Age: \_\_\_\_\_      School Grade: \_\_\_\_\_

Fall Retreat/Spring Retreat/NC Celebration      Diet:  Vegetarian  Vegan  Gluten Free  Lactose Intolerant

Church or Chapter: \_\_\_\_\_

Participant Name: \_\_\_\_\_ Sex: M F      Birthdate: \_\_\_\_\_

Parent/Guardian (if under 18) \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Adult Phone: \_\_\_\_\_ Adult Email Address: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### **MEDICAL HISTORY**

YES    NO    The above-named participant is in good health and is able to participate in all event activities.

If NO, specify limits of participation: \_\_\_\_\_

YES    NO    Allergies to food or medicine (If YES, specify): \_\_\_\_\_

Participant is currently under a doctor's supervision for:    EPILEPSY    DIABETES    ASTHMA    ADD/ADHD

Other behavioral/ medical condition or special-care needs: \_\_\_\_\_

\_\_\_\_\_

Current Medications: \_\_\_\_\_

At youth events, prescription medications for minors must be turned over to adult leaders with clear usage instructions. If a medication is "as needed," your minor must understand the symptoms of his/her condition and be capable of asking for help from adult leaders.

Please check which over-the-counter medications you do **NOT** want dispensed to this minor:

ASPIRIN       ACETAMINOPHEN (eg: Tylenol)       NASAL DECONGESTANT (eg: Sudafed)

PEPTO BISMOL       IBUPROFEN (eg: Advil, Motrin)       COUGH SUPPRESSANT (eg: cough drops)

Participant Name/Social Security #: \_\_\_\_\_

**INSURANCE INFO & TREATMENT AUTHORIZATION**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Phone to Submit Claim: \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_

*A hospital WILL require the participant’s Social Security number, or the Guardian’s if the participant is a minor, before treating or admitting the participant. You should make sure the participant or adult leader has that information, or you can provide it above.*

**PARENTAL CONSENT & LIABILITY RELEASE**

*As legal guardian of the above-named minor, I hereby give my permission for him/her to be involved with SE Unity Youth Ministries. I am familiar with the general goals and purpose of the Unity youth program and have read the “Youth Heart Agreements” for this event and understand that the consequence of inappropriate behavior by my child may mean he/she will be sent home at my expense. Parent initial: \_\_\_\_\_.*

**Transportation:** I understand I will be notified of any special activities and trips away from church, including location, form of travel, and cost. Should my teen choose to attend such activities, I agree to send him/her with the appropriate clothes, personal items, and money needed. Unless I have made special arrangements with an adult leader, transportation to/from group activities, or to a common drop point for group travel, is my responsibility. If my child is sent home for behavior or medical reasons, I agree it will be at my expense.

**Photography:** I hereby grant the church, SE Region, and its representatives permission to use, without compensation or restriction, photographs and videotaped images (from local, regional, and international Unity events) in which the participant appears, in any manner whatsoever, such as but not limited to: publication, display, advertising, slide shows, etc.

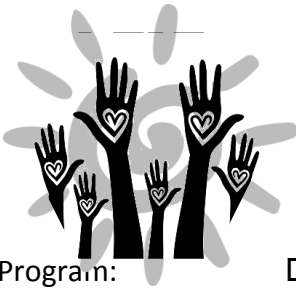
**Confidentiality:** I understand that health information on this form will be secured and will only be shared, as needed, with adult leaders, church staff, and medical professionals to safeguard and support the participant. This information will not be publicly disseminated or released to any outside organization.

**Liability:** As the above-named participant (or legal guardian if participant is under 18), I hereby attest that I have read this complete document; all information is complete and true; I have legal standing to make decisions which affect the rights of the above-named participant; and I understand and consent to all terms outlined on both pages of this document. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to Youth Ministry activities and travel, understanding that some activities may pose a risk of injury. I will not hold liable the church, SE Unity Ministries, Inc., their employees, agents, or adult leaders for any injury, illness, or property damage involving the above-named participant. Whenever deemed necessary by group leaders, I authorize the calling of a doctor and/or the providing of other medical services and, unless covered by insurance, agree to pay for the said services. If the above-named participant is incapacitated or under 18, I do hereby authorize an adult leader as agent for the undersigned, to consent with respect to such participant to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, or hospital care which is deemed advisable by a state-licensed physician or surgeon.

Print (Parent/Guardian): \_\_\_\_\_ Date \_\_\_\_\_

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

**Uniteen Consultant:** Ytonna Dyess Finnegan, Family Ministry & Uniteen Consultant, SE Unity Ministries, Inc. PO Box 172, Lake Worth, Florida 33460 561-379-8153 – [Ytonna@yahoo.com](mailto:Ytonna@yahoo.com)



# Southeast Unity Youth Ministry

## Youth Heart Agreements

Program:

Youth of Unity

Uniteens

Unikids

Event: \_\_\_\_\_ Dates: \_\_\_\_\_

Church & Chapter: \_\_\_\_\_

*I choose to attend the above listed SE Unity Youth Ministry Event of my own free will, and I commit to the following heart agreements to ensure a safe and deeply spiritual experience for all participants:*

1. I agree to represent my highest self and to respect others, including adults and camp staff at all times during retreat or any SE Unity Youth event.
2. I agree to create through my words and actions a loving, sacred, harassment free atmosphere. The use of profanity or "put-downs" is not allowed at anytime
3. I agree to attend and remain at all required activities at the scheduled time, and to remain within boundaries and designated areas at all times, including during free time.
4. I agree to give my loving support, cooperation, and attention to all speakers and facilitators.
5. I agree to abstain from the use of energy drinks, alcohol, tobacco, and drugs without a prescription.
6. I agree to abstain from any sexual behavior or discussion of sexual behavior, out of respect for others and the program.
7. I agree not to alter my body in any long-lasting way (tattoos, piercings, cutting, haircuts, hair dye, etc.).
8. I agree to leave cell phones, mp3 players, laptops/tablets with designated Adult leadership during retreat/lock-in.
9. I agree to leave at home: skateboards, rollerblades, electronic games, cameras and knives/weapons.
10. I agree to look for the highest good in all people and situations and for ways I can both give and receive to make this event a special and unique experience for myself and others.

*(Adult Sponsor/Leader: write in any additional chapter-specific agreements in the space below.)*

**I acknowledge that breaking any of the above heart agreements may preclude me from attending any future SE Unity Youth events per discretion of the Uniteen Consultant.**

*My signature below indicates that I have read and commit to follow the agreements listed above for this SE Unity Youth Ministry event.*

Youth Name: *(please print)* \_\_\_\_\_ Date: \_\_\_\_\_

Youth Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_



# Southeast Unity Youth Ministry

## Adult Heart Agreements

Program: **Uniteens** Event: \_\_\_\_\_ Dates: \_\_\_\_\_

Church: \_\_\_\_\_

*I choose to attend the above listed SE Unity Youth Ministry Event of my own free will, and I commit to the following heart agreements to ensure a safe and deeply spiritual experience for all participants:*

1. I have read and discussed the Youth Heart Agreements in detail with my chapter attendees.
2. I have read and understood the Uniteen Leader/YOU Sponsor Code of Ethics and will be in alignment with it during this event.
3. I agree to represent my highest self and to respect others, including youth, adults, and camp staff; and to create through my words and actions a loving, profanity free, sacred, harassment-free atmosphere.
4. I agree to attend and remain at all required activities at the scheduled time, and to remain within boundaries and designated areas at all times. If I need to take some personal time, I will consult with the Event Leader to ensure my absence is noted and covered by other adults.
5. I agree to give my loving support, cooperation, and attention to all speakers and facilitators, and to lovingly support youth participants in doing the same.
6. I agree to work in harmony with the Event Leaders and understand I am here as an adult willing to lovingly correct youth if they break a Heart Agreement or exhibit behavior that is dangerous or disrespectful to themselves or others. I will try to resolve issues on the spot, and will seek assistance from an Event Leader when necessary. The breaking of Heart Agreements will be reported to the Event Leader immediately.
7. I will respect a youth's expectation of confidentiality when sharing, but I will not take on the responsibility for keeping a secret that should be shared with the Event Leader. I will ensure youth understand my obligation to report any threat of physical harm to oneself or others. I will discuss my suspicion of abuse or suicidal tendencies immediately with the Event Leader.
8. I agree to abstain from the use of alcohol, tobacco, and drugs without a prescription, and to not engage in any sexual behavior or discussion of sexual behavior out of respect for others and the program.
9. I agree to use cell phones, only at times designated by leadership teams, and to leave at home: mp3 players, laptops/tablets, skateboards, rollerblades, electronic games, and knives/weapons.
10. I agree to look for the highest good in all people and situations and for ways I can both give and receive to make this event a special and unique experience for myself and others.

**I acknowledge that breaking any of the above heart agreements may preclude me from attending any future SE Unity Youth events per discretion of the Uniteen Consultant.**

*My signature below indicates that I have read and commit to follow the agreements listed above for this SE Unity Youth Ministry event.*

Adult Name: *(please print)* \_\_\_\_\_ Date: \_\_\_\_\_

Adult Signature: \_\_\_\_\_



# Southeast Unity Youth Ministry

## Spirit Sharing Sign-Up

Program: Uniteens

If you would like to perform in the Spirit Sharing talent show, please complete the form below and submit it with your retreat registration form. The only rehearsal at the retreat will be during free time, so come well-rehearsed. Bring everything you need for your act. We will have a complete sound system. If using a CD or mp3 player, label it with your name and track number.

As you prepare for Spirit Sharing, please remember the underlying essence of every act should be a celebration of the Spirit of Christ within each of us. Please refrain from using material that contains profanity, refers to drug use or sexual activity or is negative in any way. You will be asked to leave the stage immediately if this occurs.

Spirit Sharing is an opportunity for youth to express themselves and shine. **To ensure the spotlight remains focused on the youth, Adult Sponsors/Leaders, Junior Sponsors, and Adult Chaperones are asked to enthusiastically support the youth and to refrain from participating in Spirit Sharing themselves.**

Name: \_\_\_\_\_ Chapter: \_\_\_\_\_

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

Please describe your talent: \_\_\_\_\_

\_\_\_\_\_

What equipment will you need to perform your act (mics, piano, chair, etc.)? \_\_\_\_\_

\_\_\_\_\_

*My signature below indicates that my act is appropriate for a church youth retreat setting.*

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*My signature below indicates I am aware of what this act entails and believe it to be appropriate for this youth retreat setting.*

Adult Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_