

# Southeast Unity Youth Ministry

Date: \_\_\_\_\_

## Minister Endorsement Form

Program:             Youth of Unity             Uniteens             Unikids             Adult

**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 Event Coordinator.**

**Event Coordinator:** Rev. Ytonna Dyess Finnegan, Youth & Young Adult Ministries, 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.*

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

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

*I, as minister or acting minister, support each person listed below as a representative in good standing with this church and certify that each adult listed has an approved background check on file at the church and has been an active Leader/Sponsor/Church Member for the past six months.*

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

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

Minister Phone/Cell: \_\_\_\_\_ 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 Date: \_\_\_\_\_

## Event 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:     Youth of Unity     Uniteens     Unikids     Adult Event    Age: \_\_\_\_\_

Participant: Teen/ Adult Leader/Sponsor/ Jr. Sponsor    Event Name: \_\_\_\_\_

Church/ Chapter: \_\_\_\_\_    First Retreat/Rally: Yes/No    Graduate: Yes/No

Participant Name: \_\_\_\_\_    Gender \_\_\_\_\_    Birthdate: \_\_\_\_\_

**Y.O.U. teen Phone#** \_\_\_\_\_    Email \_\_\_\_\_

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

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

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

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

### **DIETARY & 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: \_\_\_\_\_

DIETARY PREFERENCE: Omnivore    Vegetarian    Vegan    Gluten Free    Lactose Intolerant (Circle)

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

YES    NO    Allergies to medicine (if yes, specify): \_\_\_\_\_

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

Does your child use a:    Epi-pen    Inhaler    Birth control (please circle)

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

Participant Name: \_\_\_\_\_

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

At youth events, prescription medications for minors must be turned over to adult leaders with clear usage instructions. This means a prescription bottle for that individual with their name, medication, and dosage. 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: \_\_\_\_\_

### **INSURANCE INFO & TREATMENT AUTHORIZATION**

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

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

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

Participant/Guardian Social Security Number (OPTIONAL...read below): \_\_\_\_\_

*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.

**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.

YES/NO \_\_\_\_\_ Initial.

**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, social media, etc.

YES/NO \_\_\_\_\_ Initial.

**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.

YES/NO \_\_\_\_\_ Initial.

**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 Region 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.

YES/NO \_\_\_\_\_ Initial.

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

## FOR Y.O.U. EVENTS ONLY

What Grade are in? \_\_\_\_\_ How many Y.O.U. Rallies have you attended? \_\_\_\_\_

T-Shirt Size:  Small  Medium  Large  X Large  XX Large

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### Questions? Contact:

Rev. Ytonna Dyess Finnegan, Youth & Young Adult Ministries, SE Unity Ministries, Inc.

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# Southeast Unity Youth Ministry

## Family Group Leader Form – Uniteen or Y.O.U. (circle one)

***Family Group Leaders are chosen based on numerous criteria, and there are often more applicants than positions available. If you aren't selected this time, please apply again next retreat or rally.***

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

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

How many Uniteen/Y.O.U. retreats/rally's have you attended? \_\_\_\_\_ How old are you? \_\_\_\_\_

I have served as a Family Group Leader before.  I have not served as a Family Group Leader before.

I would like to be a Family Group Leader because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

One idea I have to involve everyone in the group is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*My signature below indicates that, if chosen as a Family Group Leader, I will read through the Family Group material in advance, commit to follow the material as written, and strive to seek opinions and participation from everyone in the group.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*My signature below indicates my agreement that the above named YOUer has the maturity and leadership skills to be an excellent Family Group Leader.*

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDITIONAL VOLUNTEER SELECTIONS FOR Y.O.U. RALLY:**

**Y.O.U. is teen led throughout Rally, so it is important that we have teen volunteers for a variety of positions throughout the entire Rally weekend. By volunteering, it will assist our Regies and aid in preparing for leadership roles in the future.**

**MEAL BLESSING –**

FRIDAY PM MEAL BLESSING \_\_\_\_\_

SATURDAY MORNING MEAL BLESSING \_\_\_\_\_

SATURDAY LUNCH MEAL BLESSING \_\_\_\_\_

SATURDAY DINNER MEAL BLESSING \_\_\_\_\_

SUNDAY MORNING MEAL BLESSING \_\_\_\_\_

**VESPERS – It can be one person or a church group**

CLOSING PRAYER FRIDAY NIGHT \_\_\_\_\_

CLOSING PRAYER SATURDAY NIGHT \_\_\_\_\_

**JOY SONG TEAM – A church group or multiple people can sign up**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Southeast Unity Youth Ministry

## Spirit Sharing Sign-Up

Program:                     Youth of Unity                     Uniteens                     Unikids

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 prepared. Bring everything you need for your act, including music selection. We will have a complete sound system.

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 or negative connotation, or refers to drug use or sexual activity.

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: \_\_\_\_\_