

BCDYRUU – General Youth Registration Form

“The Peter Jackson’s: King Con” ...tee hee

Name _____ Church or Society _____

Street Address _____ Phone Number (____) ____ - _____

City _____ State _____ Zip _____ Birth date ____/____/____

Name of advisor _____

I am in grade: (circle one) 9th 10th 11th 12th Other

I am a (circle one): vegetarian vegan neither

Allergies to food/medication _____

Personal Health Information

Health Insurance: Name of Policy/Group _____

Number _____

Medication I will be using during the CON _____

Date of my last tetanus shot (I remember because it really hurt...) _____

Contract (please see flyer or for rules)

I, _____, hereby declare that I have read the rules and agree to follow them. I understand that there will be consequences, should I break the rules, and I agree to accept them like the strong person that I am.

Signature _____ Date _____

IF UNDER 18, PARENT OR GUARDIAN MUST SIGN THE FOLLOWING:

I, _____, am the parent or legal guardian of _____, who will be attending the youth conference at UU church in Westminster, from February 10-12, 2005. I hereby give my consent and authority for the staff of said conference to take any reasonable action to help ensure the safety, health and welfare of my daughter/son. I also give my consent for any necessary medical treatment, including surgical care if it is needed. I understand that my child will be required to follow the rules of the conference and site. A breach of those rules may result in my child being disallowed to participate in the remainder of the program.

Parent/Guardian's Signature _____ Date _____

In case of emergency during February 10-12, you can call me at:

Home (____) ____ - _____ work (____) ____ - _____

Return this form no later than **February 7th** to:

Jamie Worthington
57 Knollwood Ave
East Greenwich, RI 02818

For Questions, or to register by phone call him at: (401) 787-4357