

CinCON de Mayo

May 5-7 at UUCT

PLEASE

*pre-register
if you can!*

Food!

Fun!

*Wild and crazy
shenanigans!*



Registrar:

Kathleen Brindley

405 Columbia drive

Tampa, FL 33606



home: 813-259-9091

cell: 813-817-3114

April 2006 Packet

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CinCON de Mayo

Florida District All-Age Con - Ages 12-20
Unitarian Universalist Church of Tampa
(813) 988-8188

11400 Morris Bridge Road – Tampa, Florida 33637-1902

May 5th midnight – May 7^h 9:30 am, 2006

Cost: \$20

This form must be completed and mailed in its entirety along with a check made out to:
FLORIDA DISTRICT UNITARIAN UNIVERSALIST ASSOCIATION(or FDUUA)

Registrar & Contact Person:

Kathleen Brindley
405 Columbia Drive – Tampa, FL 33606
Home: 813-259-9091
Cell: 813-817-3114
None (fax)
brindlecat@tampabay.rr.com

Full Legal Name: _____ Nickname: _____

Age: _____ Date-of-birth: _____ Sex: _____ T-Shirt Size: S M L XL XXL XXXL

Email Address: _____ Phone: _____

Address: _____

City: _____ IM Name: _____

Church/Fellowship: _____

Advisor (Please observe our 8-to-1, youth/advisor ratio) _____

Food Needs (Circle one): Omnivore Vegetarian Vegan Other: _____

Additional Information (Please include medical needs): _____

Florida District Young Religious Unitarian Universalist (FDYRUU) Conference Rules:

- Community breaking behaviors, such as sexual activity, destructive actions or attitudes are prohibited.
- No tobacco products, alcohol, illegal drugs, weapons or fireworks are allowed.
- If a youth is taking prescription drugs or has a medical condition, he or she must inform his or her advisor.
- Quiet same gender and coed sleeping must be made available at all conferences, and an advisor must stay in any sleeping area where there are two or more people.
- All advisors attending an FDYRUU conference must have completed Advisor Training. In special cases, the youth council co-chairs may waive this requirement.
- All attending an FDYRUU conference must remain onsite. In order to leave the premises, one must receive permission from his or her advisor and inform a designated advisor from the hosting church.
- All attending an FDYRUU conference, regardless of age, must abide by these rules, understanding that they may have to forego some of their usual privileges.
- Additional rules may be set by the hosting group.

The purpose of these rules is to ensure a safe and peaceful environment, which is conducive to community building.

I, _____, have read the FDYRUU Rules. I understand the importance of community and the role that the rules play in the support of our intentional, weekend gatherings. I wish to preserve our right to have these gatherings and, therefore, I will follow those rules, and any others set by the hosting congregation, and encourage others to do so.

Conference attendee (signature): _____

I give permission for my youth, _____, to attend **CinCON de Mayo**, UUCT, 11400 Morris Bridge Road – Tampa, Florida 33637-1902, May 5 - May 7, 2006

I give permission for my youth, _____, to travel and attend off-site service projects and/or activities associated with **CinCON de Mayo**, UUCT, 11400 Morris Bridge Road – Tampa, Florida 33637-1902, May 5 - May 7, 2006.

I request the advisor accompanying my youth or any adult advisor from the Florida District Young Religious Unitarian Universalist seek medical attention for my youth in the event of an emergency.

I can be reached at: _____ (daytime), _____ (evening), _____ (Other contact: _____). I have informed my youth's advisor of any medical or emotional conditions that may affect his or her or others well-being.

Medical Release / Insurance Billing:

•Permission to release information to insurance:

By signing this form, I hereby assign payment from all insurance carriers with whom I have coverage or from whom benefits are, or may become, payable to me, directly to the hospital and physicians who render services covering the admission/period of treatment, and past and future treatment if related to the incident or condition giving rise to this admission. This assignment shall include settlements or judgments flowing from the incident for which the registrant is receiving treatment and/or master medical benefits otherwise payable to me, but shall not exceed the regular charges for this and any other period of treatment.

•Treatment authorization:

I hereby give consent for _____ to receive diagnostic procedures, hospital care, medical treatment and the taking of photographs that do not reveal identity, which in the judgment of the attending physician may be considered necessary or advisable while they are a patient.

Insured Parent's/Guardian's Information and Notarized Signature:

Insured Parent's/Guardian's Name (please print): _____.

Place of Employment: _____ Phone: _____.

Address: _____
_____.

Insured Parent's/Guardian's Signature: _____.

Subscribed to before me this _____ day of _____, _____, by _____.

Who has produced _____ as identification / who is personally known to me.

Notary's signature: _____.

Seal/Stamp:

THIS FORM MUST BE NOTARIZED!
A COPY OF YOUR INSURANCE CARD MUST BE ATTACHED!!
Copies of this form are as valid as original.