

That 70's CON!

November 10 – 12, 2006

**Sponsored by
River of Grass UU
Congregation
and
UU Church of
Fort Lauderdale**

**Registration forms at
www.FDRYUU.org**

That 70's CON

Florida District All-Age Con (Ages 12-20)
UU Church of Fort Lauderdale / River of Grass UU Congregation
954-484-6734 / 954-474-2007
November 10 – 12 Midnight - 10:30
Cost: \$15 T-shirt: \$10

This form must be completed and mailed in its entirety to the Con registrar.
A check for \$15, the cost of the Con, should be made out to: **FLORIDA DISTRICT UNITARIAN UNIVERSALIST ASSOCIATION (or FDUUA)**
If you want a T-shirt, a check for \$10 should be made out to: **RIVER OF GRASS UU CONGREGATION.**
T-shirt orders must be placed by Nov. 6

Registrar & Contact Person:

Caitlin Lundell
(954) 349-4805
1152 Cedar Falls Drive
Weston, Fl. 33327
membership@riverofgrass.org

Please mark one:

_____ Con Registration Only
_____ Con & T-shirt Registration

Full Legal Name: _____
Nickname: _____
Age: _____ Date-of-birth: _____ Sex: _____ AIM Name: _____

T-Shirt Size: S M L XL XXL XXXL

Email Address: _____
Phone: _____
Address: _____

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): _____

Attendance Permission:

I give permission for my youth _____ to attend
**That 70's CON @ Unitarian Universalist Church of Fort Lauderdale,
Nov. 10-12, 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)
_____ (mobile) _____ (other)

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 he/she is 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.**