

Challenges Choices, Consequences...

The 2010 UCC Great Lakes Regional Youth Event ADULT REGISTRATION FORM

This registration form is for **all attendees 18 years and older** registering as chaperones/leaders of youth and/or workshop presenters and GLRYE planning staff. Thank you.

Participant Information

Name: _____
FIRST MIDDLE LAST

Home Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Home Cell Work (circle 1)

Second Phone: _____ Home Cell Work (circle 1)

Email Address: _____

Gender: M F Tee shirt size: S M L XL Sign language interpreter? Y N

Roommate preference: _____

Church Information Church Name: _____

Church City & State: _____

Number of Youth Attending with You: _____

Emergency Contact

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Preferred Phone: _____ Home Cell Work Other (circle 1)

Second Phone: _____ Home Cell Work Other (circle 1)

Insurance & Healthcare Provider Information (if you have no insurance, please write in "no insurance")

Health Insurance Co: _____

Policy / Member #: _____ Group / Policy #: _____

Physician's Name, phone contact _____

Special Needs

Please enter any and all special needs you may have. This would include medications*, both prescription and non-prescription*, medical conditions, mobility restrictions, and special dietary requirements. If you need additional space, please attach a separate piece of paper. *Sections may be left blank if deemed private.

_____ Wheelchair accessible room _____ Sign Language interpretation at worship and plenary

Medications:

Medical Conditions: _____

Mobility Restrictions: _____

Dietary Requirements: _____

Comments (Anything else we should know?): _____

Adult Background Check Information

We wish to continue our efforts to intentionally and consistently protect the young people and adults who attend our events. All of those who are working as Adult Leaders must complete these forms and send them in with their registrations.

1. Have you ever been found guilty of, or pled guilty or no contest to, a criminal charge alleging actual or attempted sexual harassment, exploitation, misconduct, physical abuse, or child abuse by you?

No Yes (Circle 1) If "Yes", give a short explanation of the charge: _____

2. Has a formal complaint in a civil, ecclesiastical, educational, or employment setting ever been made against you alleging actual or attempted sexual discrimination, harassment, exploitation, misconduct, physical abuse, or child abuse by you?

No Yes (Circle 1) If "Yes", give a short explanation of the complaint: _____

3. Is there any other fact or circumstance involving you or your background that would call into question your being entrusted with responsibilities in this youth event?

No Yes (Circle 1) If "Yes", give a short explanation of the charge: _____

Adult References

Please list three adult references who are not family members. These persons need to be familiar with your work and / or your volunteer activities.

If you are a Lay Person the list must include a church professional (Minister / Christian Educator / Youth Advisor).

If you are a Church Professional the list must include your Church Moderator or person serving in a similar capacity.

First Reference: Pastor / Director of CE / Church Moderator (circle 1)

Name: _____

Address: _____

City: _____ State: ____ ZIP: _____

Preferred Phone: _____ Home Cell Work Other (circle 1)

Second Phone: _____ Home Cell Work Other (circle 1)

Second Reference

Name: _____

Relationship: _____

Address: _____

City: _____ State: ____ ZIP: _____

Preferred Phone: _____ Home Cell Work Other (circle 1)

Second Phone: _____ Home Cell Work Other (circle 1)

____ I am a member of the GLRYE planning staff

Workshop Leaders

____ I am attending the entire event ____ I am attending only on the day I am presenting

____ I need a place to stay on campus ____ I will make my own arrangements for housing

After you have completed this form:

1. Make a copy to keep for your records.
2. *Make a check per participant for \$225 payable to *The Michigan Conference - UCC*
3. Send the original, signed form to and checks to:

The Michigan Conference
P.O. Box 1006
5945 Park Lake Rd.
East Lansing, MI 48826

*You may send one check for all in your group.

REGISTRATION DEADLINE IS MAY 15, 2010. PLEASE HONOR THIS DEADLINE.

We're looking forward to hosting Challenges, Choices, Consequences... - The 2010 Great Lakes Regional Youth Event at Defiance College.