

# SW Unity Region Registration Form

## for Uniteen/YOU Event: \_\_\_\_\_

NAME: \_\_\_\_\_

Unity Church: \_\_\_\_\_

Address: \_\_\_\_\_

Sex: M F      Grade: \_\_\_\_\_      Age: \_\_\_\_\_

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

Shirt Size: \_\_\_\_\_ (S, M, L, XL, XXL)  
*if shirt being provided at event.*

Phone #1\*: (\_\_\_\_\_) \_\_\_\_\_ home/cell

**Please describe any diet restrictions, special needs, or requests (e.g., meds, housing, arrival/depart times):**

Phone #2: (\_\_\_\_\_) \_\_\_\_\_ home/cell  
*\*Phone #1 will be listed on roster.*

E-mail: \_\_\_\_\_

**Review SW Uniteen/YOU Group Event Agreements or Adult Guidelines**  
(attached or at [www.swunity.org](http://www.swunity.org))

### \*\*\* IMPORTANT: Attach a copy of current Southwest Region Medical/Liability Release with this Event Registration Form, and also carry copy to/from event. \*\*\*

As the above-named participant (or legal guardian if participant is under age 18), I confirm that I am participating in this event of my own free will and have the appropriate permission to participate in and travel to/from this Youth Ministry activity. I knowingly and voluntarily assume all risks and dangers inherent and incidental to this event. I confirm that a separate Medical/Liability Release ('Release') is being submitted as part of the registration documents for this event, that the information on the Release is current and, should you accept me (my child) as a participant, that **I agree to all terms outlined in that Release document**, including indemnifying and holding harmless the group leaders, or any other representative of the Church, or the Church itself, or the Southwest Region of the Association of Unity Churches from all liability arising from participation in or attendance at this function. I understand and agree to the eligibility, fees, cancellation and refund terms outlined in the registration materials.

**I also agree to uphold all applicable Group Event Agreements (youth) or Adult Guidelines (sponsors), and to arrange/pay for immediate transportation home due to behavior or other situations.**

X \_\_\_\_\_  
Signature of Participant (participant must sign!)      Date

X \_\_\_\_\_  
Signature of Parent/Legal Guardian      Print name      Relationship      Date  
(NOTE: Parent/Guardian must ALSO sign if registration is for a Youth Participant)      Parent E-mail or phone:

### CHURCH AUTHORIZATION & RECOMMENDATION

# of classes/services since \_\_\_\_\_ = \_\_\_\_\_ (as of \_\_\_\_\_)  
Eligibility considerations:

(for youth) Who will be the on-site Adult Sponsor for this youth?  
\_\_\_\_\_ church: \_\_\_\_\_

**Any recommended assignments?**

Housing with: \_\_\_\_\_ not with: \_\_\_\_\_  
Groups with: \_\_\_\_\_ not with: \_\_\_\_\_

**Behaviors or challenges (health, learning, life situation) which staff should know, to better support participant:**

**Eligibility Verification:** I certify that this participant (i) is actively involved in our ministry, (ii) meets all eligibility requirements for this event, (iii) demonstrates an understanding of, and complete adherence to, all event agreements & regional policies, and (iv) is approved and sponsored by this ministry to attend this event as a youth participant or adult sponsor.

\_\_\_\_\_  
Signature of Minister, YE Director or authorized staff (YOU sponsor)