

RECOMMENDATION FORM – for all participants

Name of Participant: _____

Name of Unity Church Attending: _____

Emergency Contact Name, relationship to participant: _____

Emergency Contact Phone Number: _____

Parent/Guardian Email: _____

Uniteens: Who will be your on-site Adult? _____

PARENT RECOMMENDATION: Required for all Uniteens

I am confirming that my child:

- 1) Is actively involved in a Unity Church in the SW Region.
- 2) Independently follows directions and engages in group activities.
- 3) Demonstrates the ability to follow group agreements.
- 4) Is dedicated to their spiritual growth and learning, and respectful of others to do the same.
- 5) Will arrive on time (Saturday, February 18 3:00pm) and will stay throughout the scheduled event (Monday, February 20 at 11:30 am). I understand that I am responsible for my child's transportation to/from the event.

****** I understand that my child must be able to transition easily between activities, contribute to discussions, participate in group activities, and be independent in care, as the SW Region staff does not have 1:1 staff, special needs training or psychological personnel available. If teen is taking medication that interferes with participation in scheduled activities, or has recently had significant life events, I understand that this retreat may not be a good match at this time, and I will discuss this issue with my youth director and Regional Consultant before moving forward with registration.

Signature of Parent _____ **Date** _____

CHURCH Recommendation: Required for ALL participants.

I verify that this participant:

1) Is actively involved in our teen ministry. ***Please list # of classes they have attended between 11/14/2016 and 1/17/2017 Recommended attendance is 6 classes during this time. If less than 6, please give reasons why you feel this participant should attend.*** _____

2) Demonstrates an understanding of, and complete adherence to, all event agreements & regional policies.

3) Is approved by this ministry to attend this event as a youth participant or adult sponsor. This ministry agrees to work with Teen Consultant if any follow-up is needed regarding behavior(s), agreements, and/or issues that arise at this event.

Signature of Minister/Spiritual Leader/Youth Director _____ **Date** _____

About Payment & Cancellations: Payment is expected for anyone who is on group summary form as of Jan.31. Any no-shows or cancellations on this date forward will be able to apply \$55 to a 2017 event (see SW Region Program Calendars).

I have read and understand the payment & cancellation policy: _____ (Initial of parent or adult participant)