



REGISTRATION FORM

Northern New England District Spring Conference
April 13-April 14, 2012 Red Jacket Inn, North Conway, NH

ADULTS - Please list each attendee's name separately.

Congregation Name, Town, State: _____

Name: _____ Role(s) in congregation: _____

Telephone: (_____) _____ E-mail: _____

Workshop Preference: Session 1 _____ (1st choice) _____ (2nd choice) Session 2 _____ (1st choice) _____ (2nd choice)

Name: _____ Role(s) in congregation: _____

Telephone: (_____) _____ E-mail: _____

Workshop Preference: Session 1 _____ (1st choice) _____ (2nd choice) Session 2 _____ (1st choice) _____ (2nd choice)

YOUTH (12 – 18 yrs.)- Youth have the option of staying with their families at the Red Jacket or attending with an adult sponsor and sleeping in a shared space with either Junior Youth (ages 12-14) or Senior Youth (ages 14-18). These shared spaces will be offered at no additional cost and will include cots. Youth attending with an adult sponsor must have the approval of their DRE or minister. Adult sponsors must also have a background check on file with the NNED. Please contact Kim Paquette for more information (multigen@comcast.net).

Congregation Name, Town, State: _____

Name: _____ age _____ circle one: Jr. Youth Sr. Youth

Workshop Preference: Session 1 _____ (1st choice) _____ (2nd choice) Session 2 _____ (1st choice) _____ (2nd choice)

Name: _____ age _____ circle one: Jr. Youth Sr. Youth

Workshop Preference: Session 1 _____ (1st choice) _____ (2nd choice) Session 2 _____ (1st choice) _____ (2nd choice)

I will be staying with my family. I will be attending with an adult sponsor. (Please fill out additional registration)

CHILDREN -This conference is FREE for CHILDREN under 12, but they must be registered by March 11.

Child Name: _____ age _____ Child Name: _____ age _____

Workshop Preference: Session 1 _____ (1st choice) _____ (2nd choice) Session 2 _____ (1st choice) _____ (2nd choice)

Child Name: _____ age _____ Child Name: _____ age _____

Workshop Preference: Session 1 _____ (1st choice) _____ (2nd choice) Session 2 _____ (1st choice) _____ (2nd choice)

Please advise us of any dietary restrictions, allergies, special considerations your children may have:

MUSICIANS: Would like to sing in the NNED Choir or play an instrument

Name _____ Voice part _____ Specify instrument: _____

Name _____ Voice part _____ Specify instrument: _____

DISPLAY SPACE needed?

Space Title: _____

Contact Name: _____ Email: _____ Phone: _____

Description of space needed: _____

TABLE DISCUSSIONS LUNCH SATURDAY: Include your interest in a topic and whether you are willing to facilitate the discussion. Would like to participate in a Table Discussion on Topic: _____

I would be willing to facilitate the discussion (name of person if more than one registering on this form: _____)

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Registration for Youth and Adult Sponsors

Mail to:

NNED
10 Ferry Street # 318
Concord, NH 03301
By: MARCH 23, 2012

Make checks payable to: NNED

I am a (circle one) Jr. YOUTH (12-14) Sr. Youth (14-18) ADULT SPONSOR

My name _____

My grade (Y only) _____

My congregation (full name) _____

My address: _____ City _____ State _____ Zip Code _____

My phone number _____

My email _____

For youth: the name of my adult sponsor who is coming with me

Covenant: I agree to abide by the conference rules as stated in the event registration information. I understand that violating this covenant could lead to my dismissal from the event. I will do my best to ensure a safe community that upholds our Unitarian Universalist principles.

Youth's Signature (if a youth) _____

Parent/Guardian's Signature _____

Adult Attendee's Signature (if adult) _____

Signature of DRE or Minister _____

YOUTH MEDICAL RELEASE FORM AND COMMUNICATION CONSENT

Name: _____ Date of Birth _____

Parent(s) Name(s) (for youth) or Emergency contact (for adults)

Parent/Contact Phone Number(s) _____

Contact Persons: in case of emergency ad parents/guardians/partners can't be reached, the following may be contacted:

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

Name of health insurance carrier

Policy # _____ Effective Date _____

Physician's Name _____ Phone _____

Allergies/Medical Conditions _____

Medical Permission/Waiver: Please sign and date the appropriate section below.

Attendees age 18 or older: I hereby give consent to the event staff to seek emergency medical treatment for me including related transportation, ordering x-rays, routine tests, anesthetic, medical and surgical diagnosis or treatment, or hospital services.

Signature _____ Date _____

Attendees under age 18: In the event that I, the custodial parent or guardian, cannot be reached in an emergency, I hereby give permission to the physician selected by the event staff to secure an administer treatment including hospitalization for the participant named in this form. I agree to the release of any records necessary for insurance purposes.

Signature of Custodial Parent/Guardian _____ Date _____

Communication Consent for Youth and Adults

Parents/Guardians of Youth: YES _____ NO _____ Do you give consent for your child's photo & video image to be taken during activities in our youth program?

Parents/Guardians of Youth: YES _____ NO _____ Do you give permission for these images (photos without name) to be used on bulletin boards, newsletters, and on our congregations or district's website?

Adult Participants: YES _____ NO _____ Do you give consent for your photo & video image to be taken during activities in our youth program and used on bulletin boards, newsletters, and on our congregations or district's website?