

Adult Leaders Registration Form for Fall Fest 2009

October 10, 2009 – San Francisco Zoo

Please fill out both sides (6 items). Adult Leaders must be 21 or older, and return this form with payment as indicated below)

All forms are available at www.ncnucucc.org.

1 Who are you? *NOTE: We must receive a registration form for each youth and adult adviser, even if they are from the same family or church.*

Name: _____ Phone: _____

Street Address: _____ Gender: M _____ F _____

City: _____ State: _____ ZIP _____

E-mail: _____

Church: _____ City where located: _____

2 Authorization All adults who attend Fall Fest must have a Criminal Background Check clearance on file at the Conference Office and authorization from an event leader or local church leader. If you are not sure whether you have a background check on file, please contact Sara Steenhouse sara@ncnucucc.org or 510-435-1967. **Background Check** forms are available online.

This is to acknowledge that _____ (name of chaperone) is serving as the agent of the above named church at Fall Fest 2009, to chaperone and lead youth affiliated with this congregation and other attending youth as needed. I affirm that this person is known to me and I am aware of no reason why this person should not be placed in a position of leadership and responsibility for junior high school aged youth.

Signature of Pastor, Youth Ministry, Christian Ed. Staff or Event Leader Title Date

Printed Name

3 Youth Event Transportation Policy

NOTE: All persons transporting youth to and from Fall Fest must be 21 years of age or older.
Youth under 18 years of age are not permitted to drive themselves to Fall Fest.

If someone besides a parent or guardian is transporting a minor, the **Youth Transportation Release** must be completed. The signed form must be in the possession of the driver.

4 Youth Event Covenant (All participants are required to sign the covenant – youth and adults. If you break the covenant, you may be required to leave the event immediately and/or complete a Process of Reconciliation in order to participate in future conference Youth Events.)

I agree to participate in scheduled activities, sharing my gifts, my enthusiasm, and my concerns.
I agree to help create a community of love, acceptance and caring for all persons attending this event.
I will care for and respect my body by not using alcohol or other drugs, and I agree not to bring those items to this event.
I agree not to take part in inappropriate sexual behavior.
I will love and respect the world God created, caring for it and avoiding any activity that would hurt the environment.
I agree to respect the property of others.
I agree to observe the specific rules of the Fall Youth Event.

Signature of Participant Date

5 Registration (To pay by credit card, fill out the Credit Card Payment Form and mail with registration.)

Cost: Adult Leaders: \$14 pre-registered or on-site.

Pre-registration is requested for adequate planning. On-site registration will be accepted at this event.

Registration is non-refundable, but transferable.

Please make checks payable to: "NCNC UCC" with "Fall Fest 2009" on the memo line and mail to:

Fall Fest
NCNCUCC
21425 Birch St.
Hayward CA 94541

Fax to 510-247-8992
with credit card info
or call 510-247-8995

6 Health Form

Name: _____ Gender: _____ Age: _____ Birth Date: _____

Doctor's Name & Phone: _____

Dentist's Name & Phone: _____

Eye Doctor's Name & Phone: _____

Date of Last Tetanus Shot: _____

Do you have any condition or limitation the leaders should know about to assure your well-being at this event?

Please explain: _____

Have you had any major illness at any time, which will affect your ability to participate in any activity?

Please explain: _____

Allergies: Type, description of symptoms, etc. _____

Insurance Carrier: _____ **Policy or Group No.:** _____

Insurance Carrier Telephone Number: _____