

**UUCDC YUCKI Lepre-CON March 12-14, 2010  
YOUTH AND ADULT REGISTRATION FORM**

After completing ENTIRE registration form, please mail the form with a check for the appropriate amount, payable to "UUCDC," to: UUCDC YUCKI Registrar, Kohji Lincoln, 145 W. Rose Tree Road, Media, PA 19063  
If you have any questions, contact the registrar at [kslincoln41293@gmail.com](mailto:kslincoln41293@gmail.com)  
Electronic submissions will be accepted by registrar up to the night before Con

Name \_\_\_\_\_ DOB: (MM/DD/YY) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_  
Email Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Congregation You Attend (full name please) \_\_\_\_\_  
Medical/Allergy Info: \_\_\_\_\_ Medical Ins. Co./Policy: \_\_\_\_\_  
In case of emergency contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Dietary Preferences:  Omnivore  Vegetarian  Vegan

**YOUTH:** Every youth must have an advisor from his or her congregation at the Con unless special arrangements have been made with the Registrar in advance.

**Name of Advisor attending the Con with you:** \_\_\_\_\_

**Parental Consent:** I, \_\_\_\_\_ (print) am the parent/legal guardian of the youth named above. I hereby give my consent and authority for the Con Staff to take any reasonable action to help ensure the safety, health and welfare of my child. I also give my consent for any necessary medical treatment, including emergency surgical care if needed. I will cover the costs incurred. I understand that my child is required to follow the rules of the Con, and that a breach of those rules may result in my child being sent home at my expense. I understand that some workshops will take place off-site and that only licensed, insured adult drivers 25 or older will transport participants. I give consent for my child to participate in off -site service activities and workshops. My child is also (please circle) **permitted / not permitted** to participate in an Our Whole Lives based workshop. (Please feel free to contact the presenter, Justine Marie Shuey, M.Ed., with any questions or concerns you have regarding the sexuality workshop. Justine can be reached by phone: 908-601-3626, or email: justine.shuey@gmail.com.)

**Signature of Parent/Guardian:** \_\_\_\_\_

**ADVISORS:** To ensure a maximum 5:1 Youth/Adult ratio, we ask that advisors list the youth they will accompany to the Con (up to 5). Please list the names of the youth in your group:

- |    |    |    |
|----|----|----|
| 1. | 3. | 5. |
| 2. | 4. |    |

Advisors must be currently approved by the JPD. To check your status, contact the registrar. The JPD Adult Advisor Application is available at [www.jpdydc.org](http://www.jpdydc.org) under the "Adult Advisors tab on the left"

**REGISTRATION FEES: Circle the Appropriate Fee**

*(Please bring CANNED GOODS and NONPERISHIBLES for a local food bank!)*

**First Time:** Con Participants: \$25                      **Regular:** \$35                      **Advisors:** \$10

**Add an extra \$10 for a white t-shirt! (Oh, and you can design AND tie-die it at CON too!!!)**

Make checks payable to UUCDC. Put a note on the memo line of: "Lepre-CON".

**Con Rules:**

- |  |                                 |                                     |
|--|---------------------------------|-------------------------------------|
| • Registration is required for all participants.   | • No violence or weapons        | • No visitors                       |
| • No possession or use of alcohol or illegal drugs | • No sexual activity            | • R-E-S-P-E-C-T people and property |
| • No use of tobacco if under 18                    | • One person per sleeping cover | • "NO" means NO!                    |
|  | • No leaving con grounds        |                                     |

**Sleeping Arrangements:** Male & Female sleeping rooms, Drivers' sleeping room, Supervised communal sleeping room.

**ALL PARTICIPANTS:** I have read the above rules and acknowledge them as my guide for participation in this Con. I will follow any additional rules established by the Con Staff and Host Church. I understand that if I break the rules I will be subject to the decision of the Conference Affairs Committee (CAC), including the penalty of being required to leave the Con, and possibly being excluded from future JPD-YSC sponsored YRUU events.

**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DRIVERS:** We ask that drivers take the responsibility to attain adequate sleep on Saturday night and to follow traffic regulations. If you are driving, please sign below as your commitment to follow these guidelines.

**Signature of Driver:** \_\_\_\_\_ **Date:** \_\_\_\_\_