



Sat. Nov 11-1 PM – Sun. Nov. 12-8 AM
The Unitarian Church in Westport (TUCW)

\$30 cash (includes free ceramic mug) certified check or money order.

Adults/advisors: At least one adviser REQUIRED per congregation.

Eligible: 9th – 12th graders.

Mail form and check to: The Unitarian Church in Westport, 10 Lyons Plains Road, Westport CT 06880.

Limit: First 40 with form AND fee received.

WHAT TO BRING: Overnight provisions and clothes/shoes for movement and activity.

Special Notes: Event may include a short hike off TUCW property with walking return to TUCW.

I, _____ (Participant), have read the Spirit Committee Covenant attached hereto in its entirety. I understand the importance of the Spirit Committee rules. I agree to abide by these rules for the duration of this event. I understand that if I do not abide by these rules, the Spirit Committee and/or advisors reserve the right to take appropriate action, which may include my being sent home to my parent or guardian.

(Participant Signature) _____ Date: _____

I, _____ (Parent/Guardian), of the above youth, give my youth permission to attend this TUCW Youth Group Off-Site Event and at TUCW overnight.

I will allow the likeness of my youth to be used by the TUCW for internal or publicity purposes, so long as my youth is not named.

I, or another adult to whom I have conferred this responsibility, will be able to pick up my youth at the location of this event if the Spirit Committee or advisors deem it necessary because of a violation of the guidelines.

Name of Alternate Adult (if applicable): _____

Alternates Contact Information (if applicable): (_____) _____ - _____

EMERGENCY & MEDICAL INFORMATION

In an emergency you can reach me at: (_____) _____ - _____

Other Adult emergency contact: Name: _____ Phone: (_____) _____ - _____

Health Insurance Company and policy # _____

Allergies: _____ Can your youth take part in strenuous physical activities? Yes No

The following medication will be needed by him/her during the event: (If N/A, Initial Here _____)

Medication _____ Amount & Times _____

Medication _____ Amount & Times _____

I acknowledge I have signed over _____ dosage(s) of _____ medication(s) to TUCW staff or volunteers to administer to my youth at the above: _____ (Parent/Guardian initial)

(Parent/Guardian Signature) _____ Date: _____