

# INSPIRING LEADERS

Unity Worldwide Ministries Eastern Region presents

**2019 YOUTH OF UNITY LEADERSHIP TRAINING**

**February 23<sup>rd</sup> to 24<sup>th</sup>, 2019**

**11:30am SATURDAY - NOON SUNDAY**

For any YOUer interested in personal growth or leadership, current or potential sponsors, chaperones and ministers.

**\*\*Regional Officer Candidates are encouraged to attend**

**Location:**

**Unity of Fairfax, 2854 Hunter Mill Rd, Oakton, VA 22124**

**Registration Forms and Fees postmarked by**

**Saturday, January 19, 2019**

**Registration Fee: \$65.00**

(Fee includes all supplies and meals from lunch Saturday to lunch Sunday)

During this event participants will:

- Gather with other teens from around the region interested in personal growth and leadership
- Explore the qualities and skills of a good leader
- Learn about different leadership styles and the value of teams
- Practice problem solving through creative thinking
- Sharpen interpersonal skills through fun, interactive activities
- Participate in prayer, meditation and activities inspiring personal growth
- Return home feeling renewed and inspired

Details and Forms available at [www.unityeasternregion.org](http://www.unityeasternregion.org)

QUESTIONS?? Contact Christine Harper,  
email: [yfmconsultant@unityeasternregion.org](mailto:yfmconsultant@unityeasternregion.org)

Or call 240-678-8189

## More Information about Leadership 2019

All YOUers must be accompanied to Leadership by an approved Adult from their ministry. Exceptions must be approved by Eastern Region Teen Consultant

### FORMS AND FEES REQUIRED

- One Chapter Registration Form for each Chapter
- Registration Form for each participant
- Youth & Adult Medical Liability Release for each participant
- Group Heart Agreement for each participant
- Copy of Background Screen mailed in or on file for all Adult Sponsors and Jr Sponsors
- One church check for all participants attending from your church (\$65.00 per person)

### \*\*\* Regional Policy regarding Background Screenings\*\*\*

A copy of background Screening (dated within the last 3 years and including a national criminal search) is required of all Adults attending Regional Events

### MAKE CHECKS PAYABLE TO:

UWMER (Unity Worldwide Ministries Eastern Region)

### SEND FORMS AND PAYMENT TO:

Christine Harper  
1947 WOODSHADE COURT  
MITCHELLVILLE MD 20721

### DUE DATE FOR FORMS / FEES

Postmark all forms and fees by SATURDAY, January 19, 2019  
After deadline contact Christine Harper for availability.  
(\$10.00 late fee added for forms accepted after January 19th).

### LOCATION OF EVENT

Unity of Fairfax  
2854 Hunter Mill Rd Oakton, VA 22124  
Phone: 703-281-1767

### WHAT TO BRING

Comfortable clothes, closed toe shoes, sleeping bag, pillow, toiletries, towel.  
Outer gear/rain gear appropriate to weather - Some activities will be outside  
Air mattress or sleeping mat recommended - We will be sleeping at the church  
Working flashlight and batteries  
Love offering for Sunday Service

### FOR MORE INFORMATION

Contact Christine Harper at 240-678-8189  
or email: [yfmconsultant@unityeasternregion.org](mailto:yfmconsultant@unityeasternregion.org)  
Check our website [ww.unityeasternregion.org](http://ww.unityeasternregion.org)



# Eastern Region Registration Form YOU / Sponsor Leadership Training 2019

**Registering as:**

\_\_\_ YOUer\*\*

Must be ACTIVE member  
of YOU Chapter or Church  
Supervision of an

\_\_\_ Adult Sponsor

at least age 25  
approved by a Unity Ministry to attend

\_\_\_ Jr. Sponsor

Age 21-24  
Under

Copy of background check (dated within last 3 years) Adult Sponsor at event  
Submitted with registration

**\*\*All YOUers must be accompanied to Leadership by an approved Adult from their ministry.**

Name \_\_\_\_\_ Name on

Nametag \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Phone for roster \_\_\_\_\_ Email \_\_\_\_\_

Birth date \_\_\_/\_\_\_/\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_ F \_\_\_ M \_\_\_\_\_ (Gender Neutral) Age: \_\_\_\_\_ Meal

Preference: \_\_\_\_\_ Regular \_\_\_\_\_ Vegetarian \_\_\_\_\_ Vegan \_\_\_\_\_ Gluten-free

Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Ministry Approval.** I certify that this attendee (i) meets the eligibility requirements to attend this event (ii) demonstrates understanding and adherence to YOUer/Adult Heart Agreements, and (iii) is approved by our ministry to participate in this event. A Background Check for All Adult Sponsors and Junior Sponsors has previously been submitted or is submitted with this Registration.

Signature of Minister or Authorized Staff \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Date: \_\_\_\_\_

**Parent Approval:** (Parents of ALL YOUers must sign)

\*My signature below indicates approval for my teen to attend the above named Eastern Region Youth of Unity event. I have read the Group Agreements for this event and understand the consequence of inappropriate behavior by my teen means he/she may be sent home at my expense.

\*Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Youth & Adult Medical/Liability Release Eastern Region Youth of Unity

Complete form in INK. Original copy sent with Registration. One Copy to be carried with participant to event.

Participant \_\_\_\_\_ Birth Date \_\_\_ / \_\_\_ / \_\_\_  M  F Age \_\_\_\_\_  
Parent/Legal Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work/cell (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
Emergency contact(s) if parent cannot be reached \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

### MEDICAL HISTORY

I certify that the above named person is in good health and able to participate in all normal activities of the group.  Yes  No If no, specify limits of participation. \_\_\_\_\_

Allergic to any substance, food or medication?  Yes  No (If Yes, specify) \_\_\_\_\_

Is the participant currently under a doctor's supervision for:  Epilepsy  Diabetes  Asthma or  ADD/ADHD

Any other medical conditions: \_\_\_\_\_

List ALL current medications with dose and frequency \_\_\_\_\_  
\_\_\_\_\_ Date of last Tetanus shot \_\_\_\_\_

**Group leaders must be informed of any prescription medication brought by participant with clear information as to proper use and dosage. If medication is "as needed," the participant must understand the symptoms of their condition and know when to ask for help.**

### INSURANCE INFORMATION, MEDICAL CONSENT & LIABILITY RELEASE

Family Physician (name & phone number) \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ ID Number \_\_\_\_\_

Group Number \_\_\_\_\_ Policy Holder Name \_\_\_\_\_

Phone # to verify coverage or submit claim \_\_\_\_\_

**As the above-named participant (or legal guardian if the participant is a minor under the age of 18), I hereby attest that I have read this complete document; all information provided is complete and true; I have legal standing to make decisions which affect the rights of the above named participant; and I understand and consent to all terms outlined on both pages of this document (including release of photographic images & personal information as described herein).**

**I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to Youth Ministry activities and travel understanding that some activities may pose a risk of injury. I will not hold liable the Church, the Unity Worldwide Ministries Eastern Region and/or the Unity Worldwide Ministries or/their employees, agents and event group leaders for any injury, illness or property damage involving the above-named participant no matter how caused. Whenever deemed necessary by group leaders, I authorize the calling of a doctor and/or the providing of other medical services and, unless covered by insurance, agree to pay for same. If the above named participant is incapacitated or under age 18, I do hereby authorize group leaders as agent for the undersigned, to consent with respect to such participant to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care which is deemed advisable by a licensed physician or surgeon.**

**Photography Release:** I hereby grant the Church, Eastern Region, Association and Unity its representative permission to use, without compensation or restriction, photographs and videotape images (from local and regional Unity events) in which the participant appears, in any manner whatsoever, such as, but not limited to: publication, display, website, advertising, slide shows, etc.

**Confidentiality Release:** I understand that health information on this form will only be shared, as needed, with group leaders, church staff and medical professionals to safeguard and support the participant. This information will not be publicly disseminated or released to any outside organization. However, since it is common practice for the Church (or Eastern Region) to publish a participant’s phone and email if they actively participate in the group (or attend a regional event), I authorize the Church (and Eastern Region) to publish such information on a local (or event) roster. I understand it is my responsibility to notify group leaders if any information changes.

\_\_\_\_\_  
Signature (Participant, or Parent/Guardian if under age 18)      Printed Name

Date\_\_\_\_\_

**ABOUT INSURANCE CARDS - IMPORTANT** A hospital may require a Social Security number and/or insurance card (as proof of insurance) before treatment or admittance. Make sure the participant carries that information to events, or you can provide that information here: Above-named minor’s SS# \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

# Group Heart Agreements

To be Signed by All Participants

CHAPTER \_\_\_\_\_

1. I will represent my highest self, and respect others at Rally including Adults and Church Staff. I will create through my words and actions a loving, sacred and harassment-free atmosphere.
2. I will attend and remain at all scheduled activities at the designated times. I will give my loving support, cooperation and attention to all speakers and leaders, and facilitators.
3. I will remain within the boundaries assigned to me at the campgrounds at all times. I will obey all rules set by the camp and/or Unity Worldwide Ministries Eastern Region
4. I will take part in Leadership with a clear mind and heart. I will abstain from the use of alcohol, tobacco and non-prescription illegal drugs during Leadership and en route to and from Leadership..
5. I will maintain a positive, spiritual intention in all of my personal relationships. I will not engage in sexual activity, unwanted physical contact or any physical contact or displays of affection which causes others present to feel uncomfortable.
6. I will stay out of the sleeping areas of the opposite sex.
7. I will leave at home any articles that would interfere with the purest retreat experience such as skateboards, water pistols, roller blades or electronic game systems.
8. I will use MP3 players, CD players, iPods, and Cell Phones only at times designated by the leadership team. I will use only MP3, CD players or iPods that have headphones and not speakers. I will not allow my use of these items to disturb others.
9. I will only wear clothing that is modest and respectful of myself and others.
10. During group meditations I will practice centering. I will do nothing to distract others from their time of prayer and meditation.
11. I will honor lights-out and quiet time and cooperate fully with my room sponsors.
12. I agree to do my part to make this weekend a special and unique experience for myself and everybody at the Leadership. I am enthusiastic about this Leadership and I will have FUN!!!

## Participant

My signature below indicates that I understand these agreements are necessary for the group's highest experience and I accept the responsibility to follow these agreements during Leadership. I understand my willingness and ability to uphold these agreements are required to participate in YOU activities. If I choose not to uphold these agreements during an event, I understand my participation at this and future YOU activities may need to be restricted, any event related fees forfeited, and I can be sent home early at parent/chapter expense.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

## Sponsor

I have fully discussed these group heart agreements with the above YOUers and his/her parents or guardian and I approve this YOUer to represent this Chapter at the Eastern Region YOU Leadership Training.

Sponsor's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_