

Registrant's Name: _____

Family Name: _____

N Teen permission form

This form must be enclosed with the registration forms for **all Teens age 14-17**. We must have one form per participant. Please make copies of this form for each additional teen as needed.

Parent or legal guardian: _____

I do hereby give permission for my teen, listed below, to participate in all SUUSI activities (both on and off site) and release SUUSI from any liability associated with these activities. It is understood that my teen will either participate in the SUUSI programs or be under my care, supervision and responsibility. Photocopies of this document shall have the same force and effect as the original. SUUSI staff is authorized to obtain medical care as needed for this teen.

PROOF OF AGE REQUIREMENT: Each teen registering for the SUUSI Teen Program must provide, along with other enrollment forms, a photocopy of his or her driver's license, passport or birth certificate as proof that he or she is between 14 and 17 years of age as of July 18, 2010. Mail the proof of age along with your registration forms.

LIABILITY WAIVER: In consideration of the inherent potential for personal injury or property damage to any participant in sponsored programs and activities at SUUSI, to the extent permitted by law, I/we hereby release and indemnify SUUSI and its staff and volunteers from liability for their acts or omissions in good faith.

TRANSPORTATION: I/we give consent to SUUSI staff, volunteers and workshop leaders to transport my/our teen by van, bus or automobile.

I agree for this teen to be housed in the Teen Dorm on a: Same gender floor Co-ed floor

Teen's full legal name: _____

Date of birth: _____ Gender: _____

Name of parent/guardian who will be at SUUSI:

Primary contact: _____ Relationship: _____ Cell phone: _____

Alternate contact: _____ Relationship: _____ Cell phone: _____

Parent/legal guardian signature(s):

_____ Date: _____

_____ Date: _____

Please provide any additional information about which you think SUUSI staff should be aware in order to better care for this teen:



Rules for Teens form

Fill out one copy for **each teen** (age 14-17 as of July 18, 2010) registering for SUUSI. Photocopy this form as needed.

1. No weapons, violence, or destructive behavior.
2. No use or possession of alcohol or illegal drugs.
3. Teens may not leave the Teen Dorm between the hours of 1 am and 6 am except when accompanied by their parent/guardian or for a pre-approved scheduled activity. Pre-approved scheduled activities appear in the SUUSI catalog, confirmation newsletter, and/or Arrival packet in a published Teen Schedule.

Violation of Rules 1, 2, or 3 will result in expulsion from SUUSI.

4. No abuse of legal drugs.
5. Teens may not smoke at SUUSI.
6. Sexuality is something to be valued and developed in persons of all ages, and is an important and healthy part of young peoples' lives. The SUUSI Teen Program seeks to provide a community in which teens can express themselves in healthy ways. As part of this, we recognize both that exclusive relationships can detract from the goals of building community and also that it is essential that physical and emotional boundaries be respected. Thus, inappropriate behavior—including but not limited to sexual intercourse and sexual harassment—is not permitted. Parents/guardians are expected to discuss this policy and their expectations regarding healthy sexuality with their teens. Furthermore, the SUUSI Director shall ensure that education is provided about sexual identity, safer sex, and sexual violence. The goals of this education will be to assist in the healthy sexual development of teens and to encourage and empower teens to decline sexual intimacy of any kind.
7. The parent/guardian of each teen is responsible for damage done to the teen's room (including cleaning fees). Parents/guardians agree to personally check the condition of their teen's room for cleanliness and damage and to sign out with Teen Staff members before leaving SUUSI.
8. Parents/guardians will establish their own expectations for their teen and will maintain daily communication. Parents/guardians agree to inform Teen Staff prior to removing their teen from the campus. Parents/guardians are expected to post their schedules on their doors, in case they need to be contacted in an emergency.
9. If parents/guardians have expectations not covered above, including ground rules and room curfews during non-programmed time, they are asked to list them here as part of this agreement, with the knowledge that parents/guardians, and not Teen Staff members, are responsible for their enforcement.

Additional expectations: _____

By my signature below, I agree to the above rules, and I attest that:

I understand that bed checks will not be made by Teen Staff, though Teen Staff and security personnel will monitor the Teen Dorm and outside areas.

I understand that violation of Rules 1, 2, or 3 will result in the removal of the teen from SUUSI. Violation of other rules will result in disciplinary action in a manner to be determined by the Teen community, with the approval of the Teen Director. This action may include removal from the Teen Dorm or expulsion from SUUSI. I agree to abide by the decisions made, including leaving SUUSI or taking my teen home if necessary.

I understand that Teen Staff is responsible only for those teens who attend scheduled programming.

Name of teen: _____ Signature of teen: _____ Date of birth: _____

Name of parent: _____ Signature of parent: _____

SUUSI guardian: _____ Signature of guardian: _____

Are you now or have you ever been a member of a UU congregation? _____

Are you now or have you ever been a member of a YRUU group? _____

Have you ever attended a YRUU conference? _____

Registrant's Name: _____

Family Name: _____

M Guardianship form (for children **not** your own **and** under 18 years of age)

If you bring children to SUUSI for whom you are not the permanent legal guardian, this form must be signed by the child's legal guardian, notarized and submitted with registration forms. You may not serve as a guardian for more than two youth or teens for whom you are not the legal guardian

Parent/Legal guardian: _____

I do hereby authorize (SUUSI guardian) _____ to give permission for medical or surgical treatment and otherwise act as guardian for my child listed below.

Child's name: _____ Date of birth: _____

Signed: _____ Relationship: _____

Subscribed and sworn to before me this _____ day of _____, 2010

_____ My commission expires _____

I agree to serve as guardian at SUUSI for the child listed above:

Signed: _____ Relationship: _____

You must be 21 or older to be a guardian.