**CER Default Youth Permission Form for Youth Cons**

**This form to be used if you have lost your confirmation email**

Youth Name:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Congregation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Name & Location & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian cell phone (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's Home street address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent's E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternative Emergency name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(if only one parent listed)

Alternative Emergency phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Youth's Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician's phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Youth's Heath Insurance Provider and Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical issues, needs, and allergies:

Accessibility needs:

**CER Rules for Youth events:**

I agree:

* **No violence, weapons or dangerous items** – This includes physical violence, verbal threats or harassment, or possession of weapons or explosives such as fireworks.
* **Respect property/No vandalism** – respect local facilities and the community’s possessions, and no theft.
* **No drugs, alcohol, marijuana or illegal substances** – this includes requirement to use medication as prescribed, and turn prescription medication over to an adult if required for that event.
* **No smoking, vaping, or use of tobacco products.**
* **No harassment** on the basis of sex, race, national origin, religion, disability or any other protected status.
* **No sexualized conduct or sexual activity**, including open mouth and/or prolonged kissing. In general, includes any touch meant to arouse, sharing sexually explicit material such as videos, apps or games.
* **No unwanted, uninvited touch** – only a clearly expressed “yes” means yes – e.g. ask before hugging.
* **Rule of Three** - All excursions off-site must include a minimum of three, multigenerational participants. No youth or adults are to ever be alone in a closed space with another youth participant.
* **No leaving the event location without proper permission** – what constitutes permission may vary by event but must require permission by the adult responsible for supervising the youth.
	+ For CER events this includes pre-approval by event leaders and written permission from the youth's parent/guardian.
* I **will** follow the event sleeping policies.
* I **will** not bring peanuts or tree nuts.
* I **will** follow additional site rules set by the host.

I have disclosed to the UUA any past and will disclose any new child welfare agency investigations or any criminal or juvenile delinquency arrests, charges, or convictions particularly those involving abuse, violence, sexual misconduct, domestic violence, child abuse, driving while intoxicated, firearms or dangerous weapons or similar matters against me.

Youth Signature: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental Consent - your parent must sign this form:**

**Liability and Medical release:**

PARENTAL CONSENT: I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print your name) am the parent/legal guardian of ­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I have fully disclosed all pertinent facts about my child and acknowledge full responsibility for any omission or misstatement regarding such matters

I grant permission for my child to participate in this Central East Region of the UUA’s youth event. I hereby do release and hold harmless the UUA, the Central East Region, the hosting member congregation, other affiliated organizations, and/or any and all adult supervisors for the activity, from and for any and all liability which may arise for damages, loss or injuries, either to person or property, which my child may sustain while engaged in the activity conducted, including, but not limited to, any damages, loss or injuries that may be sustained through transportation to and from the activity. I further agree to assume responsibility for any liability which may arise for damages, loss or injuries, as described herein which may be caused or contributed to by my youth to the person or property of others.

In the event that an emergency should arise while my child is participating in this event, I hereby grant my permission to any responsible adult to do whatever is deemed necessary to insure the safety and well-being of my child.

In the event I cannot be reached, I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

If my child violates site rules, event expectations, or covenant, I agree to be responsible for their transportation home. I understand I may be required to pick up my child at the conference. If my child participates in any illegal activity, I realize the proper authorities will be contacted. This consent may be photocopied, with photocopies authorized to be as binding as the original.

**Sleeping and Supervision:** I understand I have access to the sleeping and supervision policies (<https://www.uua.org/central-east/youth/forms/sleeping-policy>) and that at this event all night youth and adult supervision is provided. I understand my youth must have their own bedding and there must be visible floor space between sleepers. After the end of programming, youth will be expected to be in the “awake” hangout room or in a youth sleeping space except for trips to the bathroom, or to attend to personal necessity. Not being in one of these spaces will be considered a violation of covenant.

**Medications:** Medication must be transported in original prescription bottles. All medications (over the counter and prescription) will be held by an adult who will give the bottles to the youth when they need them. Controlled substances must always be held by an adult in a secure location. Epipens, inhalers and birth control pills can always be held by the youth.

**Video and photos may be taken during conference and used in regional or UUA publications including the website.** Unless you indicate so below, your youth's likeness may appear in regional publications including the website and Facebook. Your youth *will not* be identified by name.

\_\_\_\_I give permission for my youth's likeness to appear in regional or UUA publications.

\_\_\_\_I DO NOT give permission for my youth's likeness to appear in regional or UUA publications.

\_\_\_\_I give permission for my youth's likeness to appear in regional or UUA publications with these limitations:

Parent/Guardian Signature & Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Adult Advisor/Sponsor Signature:**

I will be attending this youth event with the youth named on this form in the capacity of their con advisor/sponsor. I am over 25, approved for this role by my congregation. I have registered online for this event.

Sponsor/Advisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Sponsor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_