



The Art of the Universe

IYOU! Event • July 7-11, 2019

2019 IYOU Event Sponsor Registration

Name: _____
(Please Print Clearly)

Address: _____

City: _____ State/Province: _____ Zip: _____

Country: _____ Phone: () _____ Email: _____

Birth Date: ___/___/___ Gender: M F T T-shirt size: S M L XL XXL
(circle one)

As a Sponsor, I have attended: _____ IYOU Events _____ Regional YOU Events

MINISTRY APPROVAL:

Unity Ministry: _____ City: _____

State/Province: _____ Region: _____

I certify that this Event Sponsor meets the eligibility requirements to attend the IYOU Event, including having a background check that was done within the last two years on file with this ministry.

Minister/Authorized Staff: _____

Print Name: _____ Title: _____

SPECIAL VOLUNTEER OPPORTUNITIES:

- Wellness: I have the following training/credentials: _____
- Audio-Visual (provides support for the musician, assist with Spirit Sharing, etc.)
- Photography
- Other gift I would like to share if needed: _____

REGISTRATION FEE:

Registrations postmarked by April 30, 2019 - \$600
Registrations postmarked May 1 through 31, 2019 - \$625

Mail to: Rev. Diane Venzera
Unity Worldwide Ministries
PO Box 610
Lee's Summit, MO 64063

All registration materials must include signatures and checks made out to Unity Worldwide Ministries.
Sponsors – Please mail all registrations for your chapter together.
Questions about registration? Contact Julie Core at jcore@unity.org

2019 IYOU Event Meal Information

Name: _____
(Please Print Clearly)

Meal Preference: Vegetarian Vegan Gluten Free Dairy Free

Food Allergies (specify): _____

This year, lunches will be box lunches prepared by the Unity Banquet and Dining Facility. Lunches include a sandwich, fruit, chips/fries, cookie/brownie and beverage. Food allergies and meal preferences will be accommodated.

Mark your lunch choices below (Please include your name – the Inn will use these as labels.):

<p>Name: _____</p> <p><u>Monday, July 8</u> SUB SANDWICH – Choose one (lettuce, tomato and condiments on the side)</p> <p> <input type="checkbox"/> Turkey w/cheese <input type="checkbox"/> Turkey no cheese <input type="checkbox"/> Ham w/cheese <input type="checkbox"/> Ham no cheese <input type="checkbox"/> Vegetarian w/cheese <input type="checkbox"/> Vegan no cheese </p> <p>FRUIT: <input type="checkbox"/> Apple <input type="checkbox"/> Banana <input type="checkbox"/> Orange</p> <p>CHIPS and COOKIE included</p>	<p>Name: _____</p> <p><u>Wednesday, July 10</u> BURGER – Choose one</p> <p> <input type="checkbox"/> Hamburger <input type="checkbox"/> Veggie Burger </p> <p>FRUIT: <input type="checkbox"/> Apple <input type="checkbox"/> Banana <input type="checkbox"/> Orange</p> <p>FRIES and COOKIE included</p>
<p>Name: _____</p> <p><u>Tuesday July 9</u> SANDWICH – choose one</p> <p> <input type="checkbox"/> Chicken Salad on croissant <input type="checkbox"/> Chicken Salad on hoagie <input type="checkbox"/> Ham on hoagie w/ cheese <input type="checkbox"/> Ham on croissant w/ cheese <input type="checkbox"/> Ham on hoagie no cheese <input type="checkbox"/> Ham on croissant no cheese <input type="checkbox"/> Vegetarian wrap w/ hummus w/ cheese <input type="checkbox"/> Vegan wrap w/ hummus no cheese </p> <p>FRUIT: <input type="checkbox"/> Apple <input type="checkbox"/> Banana <input type="checkbox"/> Orange</p> <p>CHIPS and BROWNIE included</p>	<p>Name: _____</p> <p><u>Thursday, July 11</u> SANDWICH – choose one</p> <p> <input type="checkbox"/> Italian Sub w/ cheese <input type="checkbox"/> Italian Sub no cheese <input type="checkbox"/> Southwest wrap w/ cheese <input type="checkbox"/> Southwest wrap no cheese <input type="checkbox"/> Turkey w/ cheese <input type="checkbox"/> Turkey no cheese <input type="checkbox"/> Veggie wrap w/ cheese <input type="checkbox"/> Vegan wrap no cheese </p> <p>FRUIT: <input type="checkbox"/> Apple <input type="checkbox"/> Banana <input type="checkbox"/> Orange</p> <p>CHIPS and COOKIE included</p>



Event Sponsor Medical/Liability Release

Last Name: _____ First Name: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Home Phone: (____) _____ Cell: (____) _____

MEDICAL HISTORY: *(Please attach an additional sheet explaining any specific or special needs)*

I certify that I am in good health and able to participate in all IYOU activities:

___ Yes ___ No *If NO, specify limits of participation* _____

Are you allergic to any medication: ___ Yes ___ No *If Yes, specify:* _____

Are you currently under a doctor's supervision for: Epilepsy Diabetes Asthma Allergies

Other condition or special-care needs *(specify):* _____

Date of last Tetanus shot: _____

Current Medications (Prescription or Over-the-Counter): _____

INSURANCE INFORMATION:

Personal Physician (name and phone number): _____

Medical Insurance Company _____ Policy Number _____

ID Number _____ Policyholder's Name _____

Phone number to verify coverage or submit claim _____

About insurance cards—important! Please note: *A hospital may require your Social Security number and/or insurance card (as proof of insurance) before treating or admitting you. Attaching a copy of the insurance card may be helpful.*

LIABILITY RELEASE

LIABILITY: I attest that I have read this complete document, I understand and consent to all terms contained herein, and all information I have provided is complete and true.

I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to IYOU activities and travel, understanding that some activities may pose a risk of injury. I understand that reasonable measures will be taken to safeguard my health and safety. Whenever it may be deemed necessary, I authorize and consent to the calling of a doctor and/or the providing of other medical services and, unless covered by insurance, agree to pay for same. I agree to indemnify and hold harmless from responsibility, the Association of Unity Churches Inc. (d/b/a Unity Worldwide Ministries) (hereinafter "UWM"), its designees, employees, agents and event/youth group leaders for any injury, illness or property damage no matter how caused.

TRANSPORTATION: I understand that I am responsible for the mode of my transportation for this Event. If I need to be sent home for any reason, including breach of the Event Sponsor Heart Agreements or medical reasons, I agree it will be at my expense.

PHOTOGRAPHY: I grant permission to UWM to use photographs and videotaped images from this Event in which I appear in any manner whatsoever such as, but not limited to, publication, display, advertising, slide shows, etc.

PRIVACY: I understand that information on this form will only be shared, as needed, with group leaders, UWM staff and medical professionals (such as hospital staff) to safeguard and support me.

Event Sponsor Signature: _____ **Date:** _____

Printed Name: _____

Please keep 2 copies of the Medical/Liability Release Form, 1 for travel and 1 for church records.



Event Sponsor Heart Agreements

By choosing to attend this IYOU Event, I agree to do my part to help create a fulfilling spiritual experience for all. I understand my choices not only affect my own experience, but others' in the group as well. My commitment is to support an environment that creates opportunities for spiritual self-discovery, and maintains physical and emotional safety for all. The following Event Sponsor Heart Agreements apply during the Event:

1. Unless otherwise authorized by Event leaders, I will arrive during the designated registration time and stay through the Event closing. I am willing to accept a role of responsibility assigned by the IYOU Leadership Team during the Event. If I am unable to fulfill my Event responsibilities, I will notify the Leadership Team of my situation and ensure my responsibilities will be covered by others.
2. I agree to stay within designated boundaries at all times, remain in assigned groups and housing, and not enter housing of the opposite gender. I am open to being assigned to whatever rooming situation best serves the Event.
3. I understand that I am there to facilitate the YOUers' experience. I am not there to be one of them, serve as their parent, or "fix" anyone. I will not use the YOUers as my support group, but will seek out a minister or my peers for advice and counseling on personal matters.
4. I will adhere to all UWM policies, Event agreements and state laws. I will work in harmony with the Event Agent, Leadership Team, and fellow Sponsors. Should I disagree with their plans, decisions or leadership style, I will address the issue directly with them. I will promptly report any agreement violation or medical situation to the Leadership Team, and will discuss with the Event Agent any concerns about a fellow sponsor's decision or conduct.
5. I will create with my words and actions a loving, sacred and safe atmosphere. I will not be a part of character assassinations, put-downs or judgments of other people. I will use appropriate language and look for ways to create a special experience for myself and others.
6. I will teach Unity Truth principles and help teens explore and understand their own beliefs. I will be honest with YOUers about my spiritual understanding but will not preach my own personal value system.
7. I will respect a YOUer's expectation of confidentiality when sharing; however, I will make sure YOUers understand my obligation to report any threat of physical harm to oneself or others. I will discuss any suspicion of abuse or suicidal tendencies, or requests for help processing overwhelming situations, immediately with the Event Agent.
8. I will honor risk-management guidelines, and be above reproach in my behaviors with teens and other adult leaders. I will maintain appropriate physical boundaries and avoid compromising situations. I will:
 - not tell offensive jokes, use sexual innuendoes, or share about my sexual experiences.
 - not pursue a romantic or intimate relationship with a YOUer or another adult, and remember that others may not always interpret my intentions accurately. I will abstain from all sexual activity and honor the personal boundaries of others. I will not touch anyone on the genitals, breasts or buttocks.
 - not have in my possession or use alcohol, tobacco (including e-cigarettes and/or other vaping devices), illegal drugs or other restricted substances.
9. I will not use any electronic device during the Event, other than one that plays music only and can be used with headphones.
10. I will not use a cell phone during the Event other than to take photos or to contact a member of the Leadership Team in case of an emergency. Our intention is to focus on our spiritual path and consciousness, and to take a break from our everyday responsibilities and distractions.
11. I understand that I am responsible for my behavior and, if my conduct is detrimental to the spirit or intent of the Event, I may be pulled from continuing to participate and may be sent home at my expense.

I have read, understand and agree to comply with these Agreements. I will contact the Event Agent if I am unclear about an Agreement or its application to a situation.

Event Sponsor Signature: _____ **Date:** _____



2019 IYOU Event Sponsor Agreement

To be eligible to attend the IYOU Event, an adult must be an Event Sponsor. This means that you are designated as the adult responsible for one or more YOUers at the Event. You can be the Event Sponsor for YOUers from another chapter.

Event Sponsor Name: _____
(Please Print Clearly)

I agree to serve as the Event Sponsor at the 2019 IYOU Event for the following YOUer(s):

	<u>Name</u>	<u>Chapter</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____

Event Sponsor Signature: _____ **Date:** _____