



The Art of the Universe

IYOU Event • July 7 - 11, 2019

2019 IYOU Event YOUer Registration

Name: _____
(Please Print Clearly)

Address: _____

City: _____ State/Province: _____ Zip: _____

Country: _____ Phone: (____) _____ Email: _____

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

I have attended: _____ IYOU Events _____ Regional YOU Events

EVENT SPONSOR: All YOUers must have a designated Event Sponsor in order to attend the IYOU Event. An adult attendee from another Unity ministry may serve as a YOUer's Event Sponsor.

Event Sponsor: _____

MINISTRY APPROVAL:

Unity Ministry: _____ City: _____

State/Province: _____ Region: _____

We certify that this YOUer meets the eligibility requirements to attend the IYOU Event, demonstrates understanding and adherence to the YOUer Heart Agreements, is approved by our Ministry to participate in the IYOU Event, and may attend with the Event Sponsor designated above.

Minister/Authorized Staff: _____

Print Name: _____ Title: _____

YOU Sponsor: _____

Print Name: _____

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>



YOUer (Ages 15-17) 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 the above-named minor is in good health and able to participate in all IYOU activities:

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

Is the minor allergic to any medication: ___ Yes ___ No *If Yes, specify:* _____

Is the minor 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): _____

All medications (except epi-pens and inhalers) must be held by the Wellness Staff or an adult Sponsor for the entire Event. All medication **MUST** be brought in their ORIGINAL containers, stored in a see-through Zip Lock bag with the YOUer's name listing (1) type of medication, (2) dosage and (3) when needed. **I hereby authorize my child to take the above listed medications as directed above. I understand that the Wellness volunteers do not dispense medication but hold the medication(s) listed above in a secure place for my child to take as directed. We cannot dispense ANY medication that they do not bring with them and without your written permission.**

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 child's Social Security number and/or insurance card (as proof of insurance) before treating or admitting him/her. Attaching a copy of the insurance card may be helpful.*

Over-the Counter Medication: Please check which over-the-counter medications you will allow to be dispensed to this participant:

- Yes ___ No ___ Acetaminophen (e.g., Tylenol)
Yes ___ No ___ Ibuprofen (e.g., Advil, Motrin)
Yes ___ No ___ Nasal decongestant (e.g., Sudafed)
Yes ___ No ___ Cough suppressant (e.g., Robitussin, menthol cough drop)
Yes ___ No ___ Stomach relief medication (e.g., Pepto Bismol, Tums)

Healing Energy Work:

- Yes ___ No ___ I give my consent for my child to receive healing energy work by Wellness Team volunteers that are trained in this skill. I understand this energy work will be performed in a manner without direct contact of hands by the provider.
Yes ___ No ___ I want to be contacted in the event that my child requests healing energy work.

PERMISSION/LIABILITY RELEASE

LIABILITY: As legal guardian of the above-named minor, I hereby give my permission for him/her to participate in the IYOU Event. 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.

Whenever it may be deemed necessary, I authorize the calling of a doctor and/or the providing of other necessary medical services and, unless covered by insurance, agree to pay for same. I understand that reasonable measures will be taken to safeguard the health and safety of the above-named minor and that I will be notified as soon as possible in case of emergency. 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 involving the above-named participant no matter how caused.

TRANSPORTATION: I understand that I am responsible for the mode of transportation for this Event. If the above-named minor needs to be sent home for any reason, including behavior problems 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 the above-named minor appears, 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 this youth.

Parent/Guardian Signature: _____ **Date:** _____

Printed Name: _____ **Relationship to Minor:** _____

Phone number(s) during Event: (____) _____ (____) _____

Sponsors: Please keep 2 copies of the Medical Release Form, 1 for travel and 1 for church records



YOUer Heart Agreements

The following YOUer Heart Agreements apply during the Event. To ensure the ultimate experience for all and as a participant attending this event, I AGREE:

1. To attend and remain at all scheduled activities at designated times, giving my loving support, cooperation and attention to all speakers and group leaders
2. To stay within designated boundaries at all times, remain in assigned groups and housing, not enter housing of the opposite gender, and stay in my room after lights out.
3. To honor other people's need for sleep by honoring lights out times.
4. To demonstrate honest, responsible, trustworthy behavior by extending courtesy to the facility & staff, and to be a good steward of the facilities and grounds.
5. To look for the highest good in all people and situations and look for ways I can contribute to making this time a meaningful experience for all.
6. To create with my words and actions a loving, sacred and safe atmosphere.
7. To engage in natural highs only. I will not have in my possession or use alcohol, tobacco (including e-cigarettes and/or other vaping devices), illegal drugs or other restricted substances.
8. To honor physical boundaries and use only safe touch, being respectful of each individual's personal boundaries. I will abstain from any sexual behaviors and act in a non-provocative manner at all times.
9. To be conscious of appropriate dress and refrain from wearing clothing that is offensive or disrespectful.
10. To refrain from operating or riding in a vehicle except with the Event Agent's approval.
11. To respect the property of others by asking permission before using anything that does not belong to me.
12. To refrain from lighting of candles or incense while on Unity Village property.
13. To not use any electronic device other than one that plays music only and can be used with headphones.
14. That I will not have in my possession a cell phone. If I bring a cell phone with me to the Event, I will turn it in at registration and it will be kept in a secure location and returned on the last day of the Event. Our intention is to focus on our spiritual path and consciousness, and to take a break from our everyday responsibilities and distractions.
15. I am responsible for my own choices and behavior. If my conduct is detrimental to the spirit or intent of the Event, I understand I may be sent home at my expense or that of my parent/guardian or sponsoring ministry.

YOUer AGREEMENT:

I understand that these Agreements are necessary for everyone's benefit, including my own, and recognize my responsibilities as an IYOU participant. To support the consciousness of this Event, I agree to uphold these Agreements throughout my entire experience.

YOUer _____ Date: _____

PARENT'S/GUARDIAN'S AGREEMENT:

I have read the above Agreements and understand that, should his/her conduct become detrimental to the spirit or intent of the Event, I will cooperate with Event leaders to arrange immediate transportation home for my teen at my expense.

Parent/Guardian Signature: _____ Date: _____



YOUer Application for Family Group Facilitator (Optional Form)

Complete this form if you are interested in serving as a Family Group Co-Facilitator.

To qualify as a Family Group Facilitator you need to have attended (2) IYOU or Regional Events and previously served as a Family Group Facilitator.

Name: _____
(Please Print Clearly)

Email: _____

Age: _____ Grade: _____ I have been in YOU since _____ (year)

I have attended: _____ IYOU Events _____ Regional YOU Events

I have previously been a Family Group Facilitator at _____ IYOU or Regional Events.

Why would you like to be a Family Group Facilitator? _____

What would you do to get full participation of your family group? _____

How would you handle someone that is dominating the conversations? _____

How would you handle someone that was consistently negative? _____

As a Family Group Facilitator, would you be willing and capable to work through a problem if it concerned an adult in your family? How would you do it? _____

YOUer's Signature

Sponsor's Signature
(Sponsor's signature indicates support of the applicant)

Family Group Facilitator Agreement

Name: _____

If I am selected to serve as a Family Group Facilitator, I AGREE:

1. To contact my co-facilitator before the event and discuss how we will share responsibilities. Effective families have co-facilitators that work together.
2. To follow the Family material. All of the material is essential for the family members' understanding and experience of the Event.
3. Present the Bible Verse, Quote, Affirmation, Activities, Discussions, Prayers and Meditations. These are not optional activities.
4. To keep the family on topic and to keep the focus.
5. To redirect undesired behavior such as a person who monopolizes the conversation. You could possibly say, "we appreciate your contribution but we need to let everyone share".
6. To allow enough time and encourage sharing and feedback – give family members time to collect their thoughts before expecting them to share. Be comfortable with quiet!
7. To come to the IYOU Event Leadership Team with questions or concerns and seek advice if not sure of what to do in a situation.
8. To be willing to ask the sponsors in the family for assistance if there is a challenge with keeping the family on focus, unwillingness to participate or unacceptable behavior. If there are still challenges, then it is necessary to come to the IYOU Event Agent.
9. To understand the role of the sponsors in the family. They are part of the group and expected to share but not to give advice, lecture or share extensively with regard to their personal situations. If there is a challenge in this area, talk with the IYOU Event Agent.
10. To come to the Event completely prepared knowing that the success of the family is dependent upon the willingness and readiness of the facilitators—this includes practicing the material, especially meditations, and being very clear on how to present it, as well as contacting your co-facilitator before the event and bringing a watch to keep track of time.

YOUer's signature: _____ Date: _____