

SUUSI '99 Enrollment Form

Please read pages 40-42 for important instructions. Print clearly. All registration correspondence will go to the first person listed. Print your name **exactly** as you want it on your SUUSI nametag. Complete both sides of this enrollment form. Incomplete forms will delay your registration. Mail completed forms to: Krista Meinersmann, Enrollment Coordinator, 1660 Kings Down Circle, Dunwoody, GA 30338. (770-512-8183)

For staff use only
Family # _____

Section I: Participant Information

Section II: Housing Cost

√ if 1st time	Last Name	First Name	sex	√ alt info #1	d.o.b. m/d/y #2	veg √ #3	reg+ meal #4	dep. #5	Housing Choices (See also Section V)						Quiet Loud #6	dorm bed \$65	child/ floor #7 \$24	A/C bed #7 \$140	No Hous. #8	
									adult dorm	child-care co-op	fam. w/o co-op	young adult	teen dorm							
Registration total to Section III, line 1											Deposit total to Section III, line 9									

Housing total to Section III, line 3

SUUSI '99 Enrollment Forms / duplicate as needed 43

- #1. Participants with different address, phone number, and/or e-mail address please check this column and provide alternate information as needed on the forms at the right. This will make correct MugBook information possible.
- #2. Date of birth. (Note: teens are required to provide notarized proof of age.)
- #3. Check this column if you intend to follow a vegetarian diet at SUUSI.
- #4. Registration and meals: \$120 (ages 0-3), \$186 (ages 4-12), \$205 (ages 13-17), \$295 (18 and over).
- #5. Deposit: \$100 (ages 0-12), \$125 (ages 13-17), \$195 (18 and over).
- #6. Indicate if you want quiet (Q) or loud (L) housing
- #7. Radford policy does not permit children or teens to sleep in AC dorms.
- #8. Check if you will be arranging off-campus housing.

Primary information (first name on form) _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ e-mail: _____
 Check here if you **do not** want your name shared with other UU lists

Roommate's name*: _____
 Alternate information for (name) _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ e-mail: _____
 Check here if you **do not** want your name shared with other UU lists
 Roommate's name*: _____

***Note: If you choose your own roommate, enrollment forms must arrive together.**

Section III: Your SUUSI Cost

- 1. Registration/Meal Fees [from Section I] \$ _____
- 2. Late Fees
 - May 31-July 1: \$35 per person \$ _____
 - After July 1: \$50 per person \$ _____
- 3. Housing [from Section II] \$ _____
- 4. General and Nature Workshop Fees \$ _____
- 5. Mug Book (optional) _____ at \$7 each \$ _____
- 6. Donation to SUUSI Scholarship Fund (optional) \$ _____
- 7. Donation to SUUSI Service Project (optional) \$ _____
- 8. Total Lines 1-7 \$ _____
This is your total SUUSI cost
- 9. Deposit Fees (From Section I) \$ _____
- 10. Credits (Attach Vouchers) - \$ _____
- 11. Amount due with enrollment forms \$ _____
[Line 9 minus line 10]
Please make a check payable to SUUSI for the amount on line 10, and submit with these enrollment forms.
- 12. Balance Due at Radford on July 25 \$ _____
[Line 8 minus lines 9 and 10]

Remember: Please do not send registration by UPS or other type of delivery that requires a signature for receipt. This will delay the process. If you must send enrollment forms by special delivery, be sure to waive the signature requirement. If mailing your registration after July 10, 1999, please call Krista Meinersmann before mailing enrollment packet.

Section IV: UU Ministers Only

Please check here if you are a UU minister

Name: _____

Church/Fellowship: _____

Section V: Special Room Needs/Requests

**Section VI: Emergency Contact/
Medical Information**

Please give us the name of someone **not at SUUSI** to notify in case of emergency.

Name: _____

City: _____ Phone: _____

Medications, allergies, and special medical considerations: We need to know any medical problem you have and/or continuing medication that you are taking. Provide information for each individual in your family.

Name: _____ Medication: _____

Problem: _____

Name: _____ Medication: _____

Problem: _____

For staff use only
 Family # _____

SUUSI '99 Workshop Enrollment

Before filling out this form, please refer to the important information on page 10 of this brochure as well as special requirements included in individual workshop descriptions. Each individual registering for General or Nature Workshops needs to complete a copy of this form. This means that both parent and child must register for parent-child trips. Please duplicate additional forms as necessary. We recommend that you keep a photocopy of completed enrollment forms for your reference.

If your first choice for a workshop is full, and your alternative is available, you will not be put on a waiting list for your first choice. You may sign up for additional workshops, or drop/add, at Sunday Registration in Radford.

Participant: _____

Phone: _____ Age : _____

Participant: _____

Phone: _____ Age : _____

	#	Abbreviated Workshop Title	Day & Time	Fee
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$
8.				\$
9.				\$
		Total Workshop Cost		\$
<i>Please list alternate workshop choices below</i>				
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$
8.				\$
9.				\$

	#	Abbreviated Workshop Title	Day & Time	Fee
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$
8.				\$
9.				\$
		Total Workshop Cost		\$
<i>Please list alternate workshop choices below</i>				
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$
8.				\$
9.				\$

Volunteers

For staff use only
Family # _____

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ If under 21, please indicate age: ____
e-mail: _____

I am available to volunteer some time on the following days and times:

day(s) of week	morning/afternoon/evening
----------------	---------------------------

1. _____
2. _____
3. _____

Registration

- welcoming newcomers
- assisting registrants
- tour guide (Sun or Mon)
- staff relief
- SUUSI Information Office

Star Cart Driver

- License # _____
State _____ Exp. date: _____
(21+, no DWIs or reckless driving, fewer than 3 moving violations in past 3 years)

Newsletter

- typing contributing
- reporter gofer

Mug Book

- photography (Sun) sales (Sun)
- pasteup (Mon) delivery (Th)

Denominational

- banner hanger Ingathering
- am usher (Daily Ingathering)
- pm usher (Evening Worship)

Workshops

- general helper

Receptions

- Sun Mon Tues Wed Th

Youth

- group activities
- arts & crafts nursery

Teen Program

- evening desk staff relief (21+)
- TWOB usher

Bookstore

- setup (Sun)
- sales
- breakdown (Sat)

Special Events

- Community Time Walk/Run

Nightlife

- Serendipity setup (Sun)
- CACHE security (21+)
- Cabaret breakdown (Sat)

Equipment

- setup
- Sun Mon
- breakdown/walk through
- Fri Sat

Other: _____

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ If under 21, please indicate age: ____
e-mail: _____

I am available to volunteer some time on the following days and times:

day(s) of week	morning/afternoon/evening
----------------	---------------------------

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- Sun Mon
- breakdown/walk through
- Fri Sat

Other: _____

Youth/Teen Permission Form

This form must be enclosed with the Enrollment Forms for all children, youth, and teens age 0 to 17. Be sure to indicate any medical information on Section VI of the Enrollment Form.

Parent: _____

I do hereby give permission for my child/children 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 child/children 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. The SUUSI first aid liaison is authorized to obtain medical care as needed for this/these child/children. I have provided medical information in Section VI regarding medicine, allergies, and/or special medical considerations for each child if applicable.

1. _____ Age: _____
2. _____ Age: _____
3. _____ Age: _____
4. _____ Age: _____

Signed: _____

Print Name: _____

Relationship: _____

You must be 21 or older to be a guardian.

Guardianship Statement

(For children not your own and under 18 years of age.) If you bring children who are not your own to SUUSI, this form must be signed by the children's legal guardian, notarized, and submitted with Enrollment Forms. You may not serve as a guardian for more than two youth/teens who are not your own.

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/children listed below.

1. _____ Age: _____
2. _____ Age: _____

Signed: _____

Relationship: _____

Subscribed and sworn to before me this ____ day of _____, 1999

My Commission expires _____

I agree to serve as guardian at SUUSI for the child/children listed above.

Signed: _____

Date: _____

You must be 21 or older to be a guardian.

Rules for Teens

Fill out one copy for each teen (14-17 as of July 25, 1999) registering for SUUSI. Photocopy form as needed.

1. No weapons, violence, or destructive behavior.
2. No use or possession of alcohol or illegal drugs.
3. There will be no leaving the teen dorm between 1 a.m. and 6 a.m. unless accompanied by your parent or guardian, or for a pre-approved, scheduled activity. A pre-approved, scheduled activity is one that appears in the SUUSI brochure and/or confirmation newsletter and/or Sunday newsletter.

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

4. No abuse of legal drugs.
5. No smoking in the teen dorm.
6. Parent/guardian will be responsible for damages done to individual teen's room.
7. Parents/guardians will establish their own expectations for their teen and will maintain daily communication. Also, they will inform Teen Staff prior to removal of their teen from the campus.
8. The SUUSI Director shall provide information to encourage and empower teens to decline sexual intimacy of any kind, and further, that education shall be provided about sexual identity, violence, and safe sex.
9. The Board recommends that parents/guardians of SUUSI teens discuss sexuality with their teen prior to SUUSI.

Bed checks will not be made by Teen Staff. However, after curfew Security Personnel will patrol the Teen Dorm and Quad area. Parents and/or guardians will need to establish ground rules and room curfews with their teens during non-programmed time. Teen Staff is responsible only for those teens who attend scheduled programming. **Parents and/or guardians are urged to post their schedules on their doors. Teens and parents and/or guardians should sign out at the front desk in the Teen Dorm when leaving the campus.**

I, (Teen) _____ understand that the violation of any of these rules will result in my immediate removal from the Teen Dorm.

I, (Parent/guardian) _____ understand that if my child or I fail to comply with any of these rules, I will have to take my teen out of the Teen Dorm. If rules 1, 2, or 3 are violated, I will take my child home.

Signature of Teen _____ Age: _____

Signature of Parent _____

SUUSI Guardian _____

Notarized Proof of Age

Each new teen registering for the SUUSI Teen Program must provide, along with other enrollment forms, a notarized driver's license or birth certificate as proof that they are between 14 and 17 years of age as of July 25, 1999.

1. Make a photocopy of birth certificate or driver's license.
2. Take the photocopy and the original document to a notary.
3. Have the notary sign the copy affirming that it is a unaltered copy of the original document.
4. Mail the notarized copy along with your registration forms.

Teen name: _____

Age on July 25, 1999: _____

Notarized form attached