

Registration Instructions for SUUSI 2004

Please read through the instructions carefully before starting to fill out these registration forms. Check the SUUSI Web site at www.suusi.org for more details before calling.

In some cases you may need to duplicate blank forms. For example, if you are registering more than one teen, make copies of teen required forms before you begin. You will need to submit the original signatures and notarized forms with the required information for each teen.

Feel free to duplicate copies of any of the SUUSI 2004 registration forms. You may download additional copies from www.suusi.org. **Please do not use old forms from previous years - the forms have changed.**

All registration forms must be completed, including forms for youth and teens. Incomplete forms will delay your registration. If you must spindle, fold, and mutilate - please abuse the editorial section of your local newspaper instead of these forms.

Finally, a reminder that SUUSI is an all-volunteer effort. Waive the signature requirement before sending anything by UPS, special delivery, or any service requiring a signature for delivery - our "offices" are our homes.

Deadlines and Late Fees

To avoid late fees, registration forms must be postmarked by May 20, 2004. However, early and complete registration is recommended. Space for General Workshops & Nature Trips is limited, and scheduled activities with low registration may be modified or cancelled.

We recommended you make a copy of all forms before mailing them.

Questions?

Please contact Registration if you have questions about registration or housing by emailing registration@suusi.org or by calling 302-234-8051 and speak to any of the adults.

Instructions for Completing Section I: Participant Information

- Fill out one line for each individual member of your family or group. Check the "First Time" column if this will be your first year at SUUSI.
- List each individual's name as it should appear on the participant's SUUSI nametag. If you want to be known as Fran, then use that name on the form - don't fill in "Francis" even if that's the name you use on your driver's license, tax return, or birth certificate.
- Check the "Alt Info" column and provide alternate address info for any individual whose address is different than the first address listed (i.e., college vs. permanent home address). Attach additional sheets if necessary.
- Indicate the Date of Birth (DOB) information - month, date and year - for each participant. This information will be kept confidential!
- The cook wants to know if you plan to eat vegetarian...
- Total the registration and meal (Reg+Meal) column to determine those costs for your family/group. Fees are determined by the participant's age on July 18, 2004.
- A registration and meals deposit is required for each participant (\$70 for ages 0-3, \$120 for 4-12, \$150 for 13-17, \$200 for those 18+)
- Add the individual registration and meal deposit fees for each person listed on this form to determine the total registration and meals deposit for your family/group. This amount will be listed on Line 9 in Section IV, and must be submitted with registration forms. It will be deducted from total costs when you pay the balance due on Registration Sunday at SUUSI...
- A key deposit of \$50 is required for each set of room keys you receive. Put \$50 next to each person's name who will be receiving keys at SUUSI. Put \$0 if that person will not receive keys. For example, a child sleeping on the floor would have \$50 if they are to receive keys or \$0 if they will not receive a set of keys. A separate check for each key deposit is preferred or you may authorize the use of your credit card for the key deposits.
- Complete the medical and emergency contact information. This will be kept confidential.

Emergency Contact/Medical Information

Please provide the name of someone, at SUUSI or not, to notify in case of emergency.

Name: _____ Relationship: _____
City: _____ Phone: _____

Medications, allergies, and special medical considerations:

To help you in case of a medical emergency, we need to know any medical problem you have and/or continuing medication that you are taking. Please provide this information for each individual on this form.

Name: _____ Medication(s): _____ Name: _____ Medication(s): _____
Problem: _____ Problem: _____

Name: _____ Medication(s): _____ Name: _____ Medication(s): _____
Problem: _____ Problem: _____

UU Ministers Only:

Name: _____ Congregation/Fellowship: _____

A registration discount is available for UU ministers. If you are an ordained UU minister, please contact Mina Greenfield at (718) 403- 9633.

Hints for Completing Section I - Participant Information

Add the individual deposit fees (submit a deposit for each participant listed on this form) to determine the total deposit for your family/group. This amount must be submitted with enrollment forms and will be deducted from total costs. [You'll pay for housing and Workshop/Nature fees at SUUSI on Registration Sunday.]

New this year - All room key deposits are due with your enrollment forms. Please submit a separate checks for \$50 for each key deposit due. These checks will be held until the end of SUUSI when you return your room keys. If you wish to use a credit card for your room key deposit, your credit card will not be charged unless you fail to return your room key at the end of SUUSI.

Please be sure to indicate primary and alternate address (college vs. "home" address, for example).

Section II: Workshop/Nature Trip Registration Form:

Before filling out this form, please review the registration and other information, especially the special requirements included in individual Workshop and Nature Trip descriptions. Each individual registering for Workshops or Nature trips (even the FREE ones) needs to complete a copy of this form; both parent and child must register if participating together.

For Staff Use Only:
Family # _____

Please duplicate additional forms as necessary.

If your first choice for a Workshop or Nature trip is full, and your alternative is available, you will be registered for the alternative you identified. You may sign up for additional workshops and trips at the "drop/ add" table during on-site registration on July 18th in Blacksburg.

THERE WILL NOT BE A WAITING LIST. YOU MAY CHECK AT SUUSI IF ANY OF THE WORKSHOPS/NATURE TRIPS HAVE SPACE AVAILABLE.

Participant:				Participant:			
Age:				Age:			
WS #	Workshop/Trip Title	Day/Time	Cost	WS#	Workshop/Trip Title	Day/Time	Cost
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
9				9			

Subtotal: _____

Subtotal: _____

Grand total for Workshops/Nature Trips: _____ [include grand total in Section IV, Line 4]

Alternate Workshops are listed below:

Alternate Workshops are listed below:

Instructions for Section IV

- On line 1, write your family/group's total registration/meal fees (from Section I).
- On line 2, note any late fees, if applicable. These fees are per participant. Registration forms postmarked after May 20 will be assessed a \$35/person late fee; forms postmarked after June 30 will be assessed a \$50/person late fee.
- On line 3, write your total housing fee from Section III.
- On line 4, write your family/group's total workshop fees (general and nature) from Section II.
- On line 5, indicate how many Mug Books you would like to order at \$7 each.
- On lines 6 and 7 designate any donations you wish to make. This is optional, of course.
- On line 8, add up lines 1 through 7. This amount reflects your total SUUSI cost.
- On line 9 write your total deposit fee from Section I. (You will SUBTRACT this number at Line 11.)
- On line 10, list the amount of your staff credit, scholarship, or ministerial credit. You will SUBTRACT this number in the next step. NOTE: all staff registration forms must have a SUUSI Credit Voucher and signed Code of Behavior form attached. These forms will be provided to staff by SUUSI "core staff" or the SUUSIship Committee (max credit is \$430 per person).
- If Line 10 < Line 9 then Line 11= Line 9 - Line 10, otherwise Line 11 = 0. This is the total amount due with registration forms now. Make check payable to SUUSI. Use separate checks for key and Young Adult deposits. If you wish to use a credit card, fill out the credit card information section and sign.
- On line 12 indicate the approximate balance due at Virginia Tech (line 8 minus line 11). The amount might need to be adjusted if you change Workshops, Nature trips, etc. at Registration on July 18.

Section IV: Your SUUSI Cost

1. Registration/Meal Fees (Section I, #5) \$ _____
2. Late Fees (May 21 - June 30: \$35/person \$ _____
After June 30: \$50/person) \$ _____
3. Housing (from Section III) \$ _____
4. Workshop/Nature Trip Fees (from Section II) \$ _____
5. Mug Book(s) (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, #6) \$ _____
10. Less Credits (Attach Vouchers) \$ _____
11. Registration & Meal Deposit Amount due with these registration forms \$ _____ If Line 10 < Line 9 then Line 11= Line 9 - Line 10, otherwise Line 11 = 0 (attach check or sign credit card statement below)
12. Balance due at Virginia Tech on July 18 \$ _____ Line 12 = Line 8 - (Line 10 + Line 11)
13. Total Key Deposit (From Section I, #7) \$ _____ (Please write separate check for each key deposit)
14. Total YA Deposit (\$25 each) \$ _____

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 8, 2004, please call Linda Sanders (302-234-8051) before mailing your enrollment forms.

Make a check payable to SUUSI for the amount on line 11 and submit with this form. Separate checks are required for the key and Young Adult deposits.

New this year - you can use a credit card for your registration deposit and key/YA deposits

____ I want to use the following credit card for amount due on Line 11

____ I want to pay my SUUSI balance in full with the following credit card

____ I want to use the following credit card for Key deposits and/or YA deposits on Line 13 & Line 14

Account # _____ (VISA or MasterCard)

Expiration date (mm/yyyy) ____/____

Signature _____

Name on Card (please print) _____

Volunteers

Please provide information for each person volunteering.
Star Car volunteers: provide driver's license number and expiration date in "Comments" section. Duplicate form and attach additional pages if necessary.

For Staff use only:
Family # _____

Name _____
Address: _____

City: _____
_____ State _____ Zip _____
Phone _____ If under 21, please indicate age: _____
e- mail: _____
I would prefer (check a few)
___ STAR CAR ___ HEALTH OFFICE ___ Registration
___ Newcomers ___ Communications ___ Community Time
___ Denominational Affairs ___ Teens ___ SUUSI Store

Other _____

I am available to volunteer
(check several)
___ Sun ___ M ___ A ___ E
___ Mon ___ M ___ A ___ E
___ Tues ___ M ___ A ___ E
___ Wed ___ M ___ A ___ E
___ Thurs ___ M ___ A ___ E
___ Fri ___ M ___ A ___ E
___ Sat ___ M ___ A ___ E
___ Any day ___ M ___ A ___ E
*Please indicate morning (M) afternoon (A)
or Evening (E)

Comments

Name _____
Address: _____

City: _____
_____ State _____ Zip _____
Phone _____ If under 21, please indicate age: _____
e- mail: _____
I would prefer (check a few)
___ STAR CAR ___ HEALTH OFFICE ___ Registration
___ Newcomers ___ Communications ___ Community Time
___ Denominational Affairs ___ Teens ___ SUUSI Store
Other _____

I am available to volunteer
(check several)
___ Sun ___ M ___ A ___ E
___ Mon ___ M ___ A ___ E
___ Tues ___ M ___ A ___ E
___ Wed ___ M ___ A ___ E
___ Thurs ___ M ___ A ___ E
___ Fri ___ M ___ A ___ E
___ Sat ___ M ___ A ___ E
___ Any day ___ M ___ A ___ E
*Please indicate morning (M) afternoon (A)
or Evening (E)

Comments

Name _____
Address: _____

City: _____
_____ State _____ Zip _____
Phone _____ If under 21, please indicate age: _____
e- mail: _____
I would prefer (check a few)
___ STAR CAR ___ HEALTH OFFICE ___ Registration
___ Newcomers ___ Communications ___ Community Time
___ Denominational Affairs ___ Teens ___ SUUSI Store
Other _____

I am available to volunteer
(check several)
___ Sun ___ M ___ A ___ E
___ Mon ___ M ___ A ___ E
___ Tues ___ M ___ A ___ E
___ Wed ___ M ___ A ___ E
___ Thurs ___ M ___ A ___ E
___ Fri ___ M ___ A ___ E
___ Sat ___ M ___ A ___ E
___ Any day ___ M ___ A ___ E
*Please indicate morning (M) afternoon (A)
or Evening (E)

Comments

YOUTH & TEEN FORM

Parent's Authorization for Medical Treatment and Travel

This form must be completed for each participant who will be under 18 years of age at the beginning of SUUSI week, particularly if a guardian is bringing the youth/teen. We need one form per Youth or Teen. Make copies as needed.

Participant's Full Legal Name: _____

Date of Birth: _____ Gender: M / F

Name of parent/guardian who will be at SUUSI:

PRIMARY CONTACT: _____ RELATION: _____

ALTERNATE CONTACT: _____ RELATION: _____

1. **MEDICAL INSURANCE:** It is recommended that each minor at SUUSI have continuing insurance coverage for medical costs, whether arising from illness or injury. Applicable medical insurance for this participant is in effect with:

COMPANY NAME: _____ POLICY #: _____

NAME OF POLICY HOLDER: _____ GROUP NAME OR #: _____

2. **AUTHORIZATION FOR MEDICAL TREATMENT:** In the event of accident or illness, I/we hereby authorize SUUSI, through its staff and volunteers, to seek and obtain such medical advice, care, and treatment of my/our child and hereby authorize such treatment, as if I/we were personally present. If I/we cannot be contacted directly to give my/our consent, this form may be used as a medical power of attorney on my/our behalf from July 18, 2004 through July 24, 2004.

3. **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.

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

5. **MEDICATIONS:** I/we give permission to the SUUSI staff to give this participant the following over-the-counter analgesics or antihistamines if necessary. Please include any specific instructions below on this Form.

_____ Ibuprofen _____ Acetaminophen _____ Aspirin _____ Benedryl

Other (explain): _____

6. **ALLERGIES/MEDICAL PROBLEMS:** Please list any known allergies, medical problems or current medications for this participant. Include prescription and over-the-counter medications, food and insect allergies:

FAMILY PHYSICIAN/PEDIATRICIAN'S NAME: _____ PH# _____

PARENT'S (GUARDIAN'S) SIGNATURES:

_____ Date: _____

_____ Date: _____

Additional comments as needed:

2004 Youth Permission Form

This form must be enclosed with the Registration forms for all youth age 0 to 13. **We must have one form per participant. Please make copies of this form for each additional child.** Be sure to indicate any medical information on Section I of the Registration forms.

Parent:

I do hereby give permission for my child, 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 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 child. I have provided medical information in Section I regarding medicine, allergies, and/or special medical considerations if applicable.

Child's Name

Age: _____

Signed:

Print Name:

Relationship:

Guardianship Statement Form

(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 child's legal guardian, **notarized**, and submitted with Registration forms. You may not serve as a guardian for more than two youth or 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 listed below.

Child's Name

Age: _____

Signed: _____

Relationship: _____

Subscribed and sworn to before me this

_____ day of _____, 2004

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.

2004 Teen Permission Form

This form must be enclosed with the Registration forms for all Teens age 14 to 17. *We must have one form per participant. Please make copies of this form for each additional teen.* Be sure to indicate any medical information on Section I of the Registration forms.

Parent:

I do hereby give permission for my child, 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 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 child. I have provided medical information in Section I regarding medicine, allergies, and/or special medical considerations if applicable.

Child's Name

Age: _____

Signed:

Print Name:

Relationship:

Guardianship Statement Form

(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 child's legal guardian, notarized, and submitted with Registration forms. You may not serve as a guardian for more than two youth or 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 listed below.

Child's Name

Age: _____

Signed: _____

Relationship: _____

Subscribed and sworn to before me this

_____ day of _____, 2004

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.

2004 Rules for Teens Form

Fill out one copy for each teen (14-17 as of July 18, 2004) 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. There will be no leaving the teen dorm between 1am and 6am 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. In keeping with the UUA guidelines, Article 4, Section 1.6a, sexual intercourse and patently sexual behavior between participants under 18 is prohibited at SUUSI. 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 Form

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 18, 2004

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 an unaltered copy of the original document.
4. Mail the notarized copy along with your registration forms.

Teen name : _____

Age on July 18, 2004: _____

___ Notarized copy of birth certificate or driver's license attached