

Individual registration form for SUUSI 2007 (see instructions starting on page 60)

Please do not staple forms

IMPORTANT NOTE: Please complete a **separate copy** of sections A-F FOR EACH PERSON in your family group. This is person number ____ in your family group. How many total people in your family group? ____

Staff use only: Family # _____

A

Registrant's information

Please check here if this is your first SUUSI

Registrant's name _____ If primary registrant for this family group, please check here

Street _____ If address is same as primary registrant for family group, check here

City _____ State/Province _____ ZIP _____ Country _____

Daytime telephone _____ Evening telephone _____ Gender _____ Date of birth _____

E-mail address _____ Congregation or fellowship _____

B

Housing options

This person needs a key Yes No
A maximum of two keys per room are available

A/C A/C No A/C

Adult dorm Median (A/C only)

Childcare co-op Family (no co-op)

Young Adult

Teen same gender floor Teen co-ed floor

Quiet Loud No preference

Please check items below as needed:

Child sleeping on floor No housing

Paying for two beds in a non A/C dorm

Roommate _____

Suite-mates and/or group name _____

C

SUUSI cost

1. Registration and meals: \$125 (ages newborn-3), \$305 (ages 4-12), \$340 (ages 13-17), \$395 (18 and over) _____ 1

2. Housing costs: \$0 (child sleeping on floor), \$120/bed (non-A/C room), \$170/bed (A/C room) _____ 2

3. Workshop and nature trip total (from the bottom of Section E on reverse side of this page) _____ 3

4. Mugbook (\$7/each x number of books = \$ _____) _____ 4

5. SUUSIship donation (enter any amount you'd like to give) _____ 5

6. **TOTAL SUUSI FEES (add lines 1-5)** _____ 6

7. Credit vouchers (max \$465) - Enter the total amount of all credit vouchers for this person _____ 7

8. Enter \$50 if your registration is postmarked on or before May 19, _____ 8

OR enter \$25 if your registration is postmarked between May 20-June 19 _____ 8

9. **TOTAL SAVINGS (add lines 7-8)** _____ 9

10. **TOTAL SUUSI COST (line 6 minus line 9) [copy this amount to section G]** _____ 10

Partial payment (enter an amount either on line 11a OR line 11b)

11a. If you would like Express Check-in at SUUSI, please enter the amount from line 10 on line 11a _____ 11a

11b. Enter the minimum partial payment due now on line 11b using the amount corresponding to this person's age: \$75 (newborn-3), \$130 (4-12), \$165 (13-17), \$220 (18 & over) _____ 11b

12. **TOTAL AMOUNT DUE NOW** _____ 12

Enter the amount either from line 11a OR line 11b (copy this amount to section G)

D

Needs

Dietary needs

Non-vegetarian Vegetarian or vegan

Other dietary needs: _____

Accessibility needs: _____

Other needs: _____

Complete one copy of this page for each person

Please consider registering online at www.suusi.org instead of using these paper forms

G Family group registration form (also complete if registering alone)

	Name	Age	Total SUUSI cost (line 10 from Section C)	Total amount due now (line 12 from Section C)
1				
2				
3				
4				
5				
6				
7				
8				
TOTAL				
Total due at SUUSI (subtract total amount due now from total SUUSI cost)				

H Payment

Make checks payable to "SUUSI" (or indicate your credit card number) and submit with this form.

Total SUUSI cost for family group (from section G) _____ Total amount due now for family group (from section G) _____

Please check ONE item below:

- I want to pay my SUUSI balance in full now with the following credit card (enables Express Check-in at SUUSI)
- I want to use the following credit card for the total amount due now (partial payment)
- I am enclosing a check to pay either my SUUSI balance in full now or the total amount due now

Account # _____ (VISA or MasterCard) Expiration date (mm/yyyy) ____/____/____

Signature _____

Name on card (please print) _____

I Key deposit

This family group is requesting _____ keys. Each key requested requires a \$50 key deposit via separate check or credit card. *A maximum of two keys per room are available.*

Please check ONE item below:

- Please use the credit card number above (section H) for key deposits
- I am enclosing a separate check for all key deposits

All room key deposits are due in separate checks or credit card with your registration forms. Please submit separate checks for \$50 for each key deposit or provide your credit card number. Checks will be held until the end of SUUSI when you return your keys. If you use a credit card for the deposit(s), your card will not be charged unless you fail to return your key(s).

Mail completed forms to:

Kate Hofmann
665 Linville Road
Kernersville, NC 27284-8004

Want to register online?
Go to www.suusi.org
All paper registration forms are also available on the SUUSI web site.

Please do not send your 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 7, 2007, please call Kate Hofmann at (336) 788-4639 (8 am to 8 pm please) before mailing your enrollment forms.

Complete one page per family group

J Participation form: Liability waiver and assumption of responsibility

Every SUUSI participant must read carefully, understand, sign, and submit this form when registering themselves or any minor children or wards (under the age of 18) to participate in SUUSI, July 15-21, 2007. Please make additional copies of this form as needed.

In consideration for my, or my minor child or ward, being permitted to participate in SUUSI, I agree to:

1. Follow and observe all instructions provided by SUUSI program leaders and all safety rules and precautions required for program participants, and to wear proper protective and safety equipment when required of program participants.
2. Assume all risks associated with my participation in SUUSI.
3. Be responsible for any loss, damage or injury occasioned by or arising out of my, or my minor child's or ward's, participation in SUUSI.
4. Act in a responsible, reasonable, and safe manner while participating in SUUSI so as not to endanger others or their property, and to indemnify and hold harmless SUUSI, its officers, agents, volunteers, and employees from all liability, claims, causes of action or demands of any kind or nature as a result of my failure to do so, and to indemnify and hold SUUSI, its officers, agents, volunteers and employees harmless from any claim for injury to myself, my minor child or ward, or damage to my property or that of my minor child or ward incurred while participating in SUUSI.
5. Grant permission to SUUSI to transport me or my minor child or ward to and from activities when transportation is provided, and to hold harmless those providing the transportation.
6. Permit transportation of me or my minor child or ward to the nearest physician or medical facility for proper medical treatment, if deemed necessary by SUUSI.
7. Permit my minor child or ward named below to participate in SUUSI activities for which they are eligible.

Please complete the form below for up to two participants:

Adult participant's name (please print): _____

Adult participant's signature : _____

Date: _____

Name of minor child or ward (please print): _____

Adult participant's name (please print): _____

Adult participant's signature : _____

Date: _____

Name of minor child or ward (please print): _____

K Youth permission form

This form must be enclosed with the registration forms for **all youth age newborn to 13**. We must have one form per participant. Please make copies of this form for each additional child as needed.

Parent or legal guardian: _____

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. SUUSI staff is authorized to obtain medical care as needed for this child.

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.

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

Child's full legal name: _____

Date of birth: _____ Age as of July 15, 2007: _____ Gender: _____

Name of parent/guardian who will be at SUUSI:

Primary contact: _____ Relationship: _____ Cell phone: _____

Alternate contact: _____ Relationship: _____ Cell phone: _____

Parent/legal guardian signature(s):

_____ Date: _____

_____ Date: _____

Please provide any additional information about which you think SUUSI staff should be aware in order to better care for this child:

L Rules for Youth form

This form must be enclosed with the Registration forms for **all youth age newborn to 13**. We must have one form per participant. Please make copies of this form for each additional child as needed.

1. No weapons, violence or destructive behavior.
 2. No use or possession of alcohol, tobacco or illegal drugs.
 3. There is a 9:30 pm curfew for all youth. No youth are permitted to be outside of the dorm of their parent/guardian after curfew; unless: a) the youth is accompanied by their parent/guardian, or b) the youth is participating in scheduled Youth programming.
 4. No throwing or dropping objects out of or from any window in any building at SUUSI. Ever.
- VIOLATION OF RULES 1, 2, 3 OR 4 MAY RESULT IN EXPULSION.
5. Youth must be appropriately supervised at all times. If a youth elects not to participate in scheduled programming, they must be under the supervision of their parent/guardian during programming hours. Exceptions to this (illness, workshops, etc.) must be approved by the Youth Director or SUUSI Director.
 6. No abuse of legal drugs or stimulants.
 7. Parent/guardian will be responsible for damages caused by youth.
 8. The Board's position is that all youth continue any scheduled medication programs during SUUSI.

I have read the above rules. I understand that violation of rules will result in disciplinary action.

Signed:

Parent _____

Youth _____

M Guardianship form (for children not your own and under 18 years of age)

If you bring children to SUUSI for whom you are not the permanent legal guardian, 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 for whom you are not the legal guardian

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: _____ Date of birth: _____

Signed: _____ Relationship: _____

Subscribed and sworn to before me this _____ day of _____, 2007

_____ 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.



N Teen permission form

This form must be enclosed with the registration forms for **all Teens age 14-17**. We must have one form per participant. Please make copies of this form for each additional teen as needed.

Parent or legal guardian: _____

I do hereby give permission for my teen, 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 teen 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. SUUSI staff is authorized to obtain medical care as needed for this teen.

PROOF OF AGE REQUIREMENT: Each new teen registering for the SUUSI Teen Program must provide, along with other enrollment forms, a photocopy of his or her driver's license, passport or birth certificate as proof that he or she is between 14 and 17 years of age as of July 15, 2007. Mail the proof of age along with your registration forms. Please check one:

- My teen has previously been in the SUUSI Teen Program and proof of age has been provided
- My teen is new to the SUUSI Teen Program, so I am enclosing proof of age

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.

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

I agree for this teen to be housed in the Teen Dorm on a: Same gender floor Co-ed floor

Teen's full legal name: _____

Date of birth: _____ Gender: _____

Name of parent/guardian who will be at SUUSI:

Primary contact: _____ Relationship: _____ Cell phone: _____

Alternate contact: _____ Relationship: _____ Cell phone: _____

Parent/legal guardian signature(s):

_____ Date: _____

_____ Date: _____

Please provide any additional information about which you think SUUSI staff should be aware in order to better care for this teen:

O Rules for Teens form

Fill out one copy for **each teen** (14-17 as of July 15, 2007) 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. Teens may not leave the Teen Dorm between the hours of 1 am and 6am except when accompanied by their parent/guardian or for a pre-approved scheduled activity. Pre-approved scheduled activities appear in the SUUSI catalog, confirmation newsletter, and/or Arrival packet in a published Teen Schedule.

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

4. No abuse of legal drugs.
5. Teens may not smoke at SUUSI.
6. Sexuality is something to be valued and developed in persons of all ages, and is an important and healthy part of young peoples' lives. The SUUSI Teen Program seeks to provide a community in which teens can express themselves in healthy ways. As part of this, we recognize both that exclusive relationships can detract from the goals of building community and also that it is essential that physical and emotional boundaries be respected. Thus, inappropriate behavior—including but not limited to sexual intercourse and sexual harassment—is not permitted. Parents/guardians are expected to discuss this policy and their expectations regarding healthy sexuality with their teens. Furthermore, the SUUSI Director shall ensure that education is provided about sexual identity, safer sex, and sexual violence. The goals of this education will be to assist in the healthy sexual development of teens and to encourage and empower teens to decline sexual intimacy of any kind.
7. The parent/guardian of each teen is responsible for damage done to the teen's room (including cleaning fees). Parents/guardians agree to personally check the condition of their teen's room for cleanliness and damage and to sign out with Teen Staff members before leaving SUUSI.
8. Parents/guardians will establish their own expectations for their teen and will maintain daily communication. Parents/guardians agree to inform Teen Staff prior to removing their teen from the campus. Parents/guardians are expected to post their schedules on their doors, in case they need to be contacted in an emergency.
9. If parents/guardians have expectations not covered above, including ground rules and room curfews during non-programmed time, they are asked to list them here as part of this agreement, with the knowledge that parents/guardians, and not Teen Staff members, are responsible for their enforcement.

Additional expectations: _____

By my signature below, I agree to the above rules, and I attest that:

I understand that bed checks will not be made by Teen Staff, though Teen Staff and security personnel will monitor the Teen Dorm and outside areas.

I understand that violation of Rules 1, 2, or 3 will result in the removal of the teen from SUUSI. Violation of other rules will result in disciplinary action in a manner to be determined by the Teen community, with the approval of the Teen Director. This action may include removal from the Teen Dorm or expulsion from SUUSI. I agree to abide by the decisions made, including leaving SUUSI or taking my teen home if necessary.

I understand that Teen Staff is responsible only for those teens who attend scheduled programming.

Name of teen: _____ Signature of teen: _____ Date of birth: _____

Name of parent: _____ Signature of parent: _____

SUUSI guardian: _____ Signature of guardian: _____

Are you now or have you ever been a member of a UU congregation? _____

Are you now or have you ever been a member of a YRUU group? _____

Have you ever attended a YRUU conference? _____