

**Expectations:**

All participants will refrain from sexual activity during the weekend. Even those who are partners prior to the weekend indicate by their attendance that they agree to abstain from any sexual activity during the weekend, in order to participate on the same basis as others

We prohibit possession or use of illegal drugs, alcoholic beverages, or other intoxicants.

We encourage each participant to contribute to building community by welcoming other participants into activities and interactions during the weekend. Reach out to someone new.

We expect each participant to respect the sleep needs of themselves and others. We hope that each participant will feel free to make one's own needs known. Those driving home should consider carefully what sleep patterns will allow them to do so safely. Quiet hours will be set by the group on Friday. Those wishing to converse during these hours should do so quietly away from sleeping areas. Lights out/bedtime will be set by the group on Friday.

We expect each participant to treat all persons with respect, and to respect the property of others. Participants are reminded that vulgar language may be offensive to others and may reflect poorly on the group in public.

---

---

**Registration and Release Form**

I give permission for the teen named below to participate in the Lake Erie Yearly Meeting (LEYM)

Teen Retreat in Barnesville, OH, 25 March 2011 - 28 March 2011 and to participate in all planned program activities. I have reviewed the expectations with my teen participant. In the event of an emergency, I hereby authorize the event organizers to consent to any medical or surgical care advised by licensed health care providers. I hereby release LEYM and its volunteers from liability for any injury that my teen may experience during the event, and from any liability, legal or financial, for emergency care provided to the teen. In the event of emergency, I understand that event organizers will attempt to contact me as soon as possible.

Teen's name: \_\_\_\_\_ Grade (current) \_\_\_\_\_ Birthdate: \_\_\_\_\_ Cell: \_\_\_\_\_

Teen's email address: \_\_\_\_\_ Home Meeting: \_\_\_\_\_

Anticipated arrival day/date/time: \_\_\_\_\_ Anticipated departure day/date/time: \_\_\_\_\_

Activity restrictions/special needs/allergies/dietary concerns, etc, including medications, dosage and frequency. Please note that LEYM and its volunteers cannot be responsible for dispensing medications and that this is for informational purposes only. Use back if necessary:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Circle one: Omnivore Vegetarian Vegan

Circle one: I do I do not give permission for retreat photographs that include my teen to appear on the LEYM website.

Parent(s)/guardian(s): \_\_\_\_\_ Emergency alternate contact(s): \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Email(s): \_\_\_\_\_ Email(s): \_\_\_\_\_

Phone(s): \_\_\_\_\_ Phone(s): \_\_\_\_\_

Name of insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

*\*Please include a photocopy of insurance card if possible\**

Parent's or guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read and understand the expectations for this event, and agree to abide by them.

Teen Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit form via mail:** Cari Burke, 18783 W. Maple, Interlochen, MI 49643 **or via e-mail scan:** [cariupnorth@gmail.com](mailto:cariupnorth@gmail.com)