

# Non-CON-forming Youth CON

*A gathering of YRUU youth from around the MidAmerica Region of the UUA*

**November 2 - 4, 2018**

at First Unitarian Church of Des Moines

## Registration Fees

To pay fees on-line, click on the Give link from our web site: [www.ucdsm.org](http://www.ucdsm.org)

OR mail your check to **First Unitarian Church of Des Moines, 1800 Bell Ave, Des Moines, IA 50315**

Please make checks out to First Unitarian Church and write ***Non-CON-forming in the memo line***. Thank you!

- NO WALK-INS!
- Registration postmarked by **October 21, 2018: \$35/youth**
- Late registration postmarked by **October 28, 2018: \$40/youth**
- Sponsor Registration: ***no cost***

## General Information

- To register a youth for this CON, complete and mail in the attached registration, OR go to [www.ucdsm.org/non-con-forming-registration](http://www.ucdsm.org/non-con-forming-registration)
- To register as a sponsor for this CON, complete and mail in the attached sponsor form, OR go to [www.ucdsm.org/non-con-forming-sponsor](http://www.ucdsm.org/non-con-forming-sponsor)
- Beginning of CON: Friday, Nov. 2, 7:30 – 9:30 pm
- End of CON: Sunday, Nov. 4, 8:30 am
- Food: We will provide breakfast, lunch and dinner on Saturday, as well as breakfast on Sunday. Dinner Friday night is NOT included.
- Sleeping arrangements: Co-ed sleeping with supervision by chaperones\*

***\*Sexual behavior by youth or adults at lock-ins is not allowed. This includes the following guidelines: All clothing should remain on unless changing in a designated area. No sleeping bags or blankets should be shared at any time (one body per bag or blanket).***

## Rules

- No Drugs/Alcohol/Smoking
- No Fireworks/Pyrotechnics
- No Sexual Activity/One person Per Sleeping Bag
- Respect for the Church Property
- No Weapons
- Respect for each other
- Respect for Church Property
- NO WALK INS!!!!
- MUST HAVE SPONSOR!!!

*(continued on page 2)*

## **Sponsor's Role**

The general role of the sponsor is to chaperone the youth, support the community, and participate in conference activities. The purpose of the 1:7 adult:youth ratio is to ensure a safe environment for the weekend's activities. The goal for sponsors is to help foster a fun community, to encourage all of the youth to participate in con activities, and to meet other great UU adults.

We thank you for your participation – we could not have this event without your support! We will ensure that there are additional sponsors available to chaperone the lock-in Saturday evening, so sponsors needing to drive Sunday will have ample time to sleep. If you have any questions, please feel free to contact Dana Stuehling or Tracy Beck (see below for contact info). You may also register as a sponsor on-line:

[www.ucdsm.org/conspiracty-theory-con-sponsor](http://www.ucdsm.org/conspiracty-theory-con-sponsor)

## **What to Bring**

- Sleeping bag and pillow
- Change of clothes
- Toiletries
- Talents for Coffee House
- Sponsor (at least 25 years old; one sponsor per 7 youth)

## **Questions / Registration Contacts:**

- Tracy Beck, Director of Faith Formation: 515-244-8603 ext. 104 or [tbeck@ucdsm.org](mailto:tbeck@ucdsm.org)
- Devon McClurken, Youth Coordinator: 515-244-8603 ext. 119 or [reassistant@ucdsm.org](mailto:reassistant@ucdsm.org)

# YOUTH REGISTRATION FORM *(pg 1 of 2)*

## Non-CON-forming Youth CON

November 2 - 4, 2018

at First Unitarian Church of Des Moines

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### Parent/Guardian Consent

Print (legibly) full name of youth: \_\_\_\_\_

I give permission for my child to attend the Youth Conference at the First Unitarian Church of Des Moines, November 2-4, 2018. I give my consent and authority for the conference staff to take any reasonable action to help ensure their safety, health and welfare, including any necessary medical treatment or an emergency surgery. I understand that my child will be required to follow rules established by the conference committee, and that any breach of these rules may result in my child being disallowed to participate in the remainder of the conference. Should this happen, I understand that my child may be sent home at their own expense.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Name of Parent/Guardian (print)

\_\_\_\_\_  
Phone number where you can be reached during the event

***I have read the rules listed above, and agree to abide by them:*** \_\_\_\_\_

\_\_\_\_\_  
Signature of con-attende

# YOUTH REGISTRATION FORM *(pg 2 of 2)*

**Non-CON-forming Youth CON**  
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## Basic Information

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Phone Number (con attendee) \_\_\_\_\_ Phone Number (guardian/parent) \_\_\_\_\_

Email (con attendee) \_\_\_\_\_ Email (guardian/parent) \_\_\_\_\_

## Con Details

Congregation (if applicable) \_\_\_\_\_

Congregation Location (if applicable) \_\_\_\_\_

Adult Sponsor: \_\_\_\_\_

Eating habits: \_\_\_ Omnivore \_\_\_ Vegetarian \_\_\_ Vegan Other: \_\_\_\_\_

## Emergency Info

Emergency Contact: Phone: \_\_\_\_\_ Family Physician: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_

Allergies or Dietary Restrictions: \_\_\_\_\_

Medications: \_\_\_\_\_

Other Needs/Information: \_\_\_\_\_

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## Basic Information

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Con Details

Congregation (if applicable) \_\_\_\_\_

Congregation Location (if applicable) \_\_\_\_\_

Eating habits: \_\_\_Omnivore \_\_\_Vegetarian \_\_\_Vegan Other: \_\_\_\_\_

## Sponsorship

Please list the youth you are sponsoring. *Please do not agree to sponsor more than 7 youth.*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_