

**SAYF Registration Form
Atlanta, GA, Jan 15-17, 2010**

Name _____

Address: _____ City _____ State _____ Zip _____

Phone # _____ E-mail address _____

Parent's address/phone if different _____

Emergency name/phone # if parents cannot be reached _____

Any food restrictions (please circle) Vegetarian Vegan No dairy Other _____

Any special circumstances we should know about? _____ (If yes, please describe on the back of this sheet)

Retreat cost: \$25.00 (please make checks payable to "SAYF") Scholarship request _____

If you wish to make an additional contribution to our SAYF Yearly Meeting Adjunct Scholarship Fund ,please indicate on your check the portion that is for this fund.

Sleeping Arrangements: There are 4 designated sleeping areas: all male, all female, coed, and second coed with later lights-out time. FAPs (Friendly Adult Presence) are assigned to all sleeping areas: a FAP is awake/available for assistance throughout the night. Young Friends are required to be in their own sleeping bag/bedroll, and SAYF Guidelines apply at night as they do in the daytime. Immediate separation will occur and a clearness committee may result from violating the guidelines. We encourage parents to discuss with their child any sleeping requirements or concerns they have. If you have specific instructions about the sleeping arrangements of your YF, please discuss it with your child and verbally tell a FAP or contact the Lead FAP for the specific retreat. Unless notified, YFs are allowed to choose their sleeping area based on their own personal comfort levels and leadings.

Throughout the weekend, the adults of the SAYF community try to balance our awareness of the activities of the Young Friends with the importance to Young Friends of being trusted by the adults. Our goal is to teach accountability through guidelines, behavioral expectations, and community eldering. Therefore, it is ultimately up to the individual teen to act responsibly and to desire to be a positive element in the community. If you feel that your child is not able and willing to uphold our community rules and expectations, he or she should not attend retreats."

I give permission for my above named child to attend the SAYF Retreat in Atlanta, GA. Meetinghouse from Jan. 15-17, 2010. I give SAYF and its volunteers permission to obtain emergency help for my above-named child, and I hereby release the Southern Appalachian Yearly Meeting and Association (SAYMA), its staff, and volunteers from liability for any injuries or illness that my child may sustain during this retreat, or while being transported before, during, or after the retreat. I will be responsible for costs incurred for any medical treatment. In the event that my son/daughter needs special medications and is unable to administer them, I give my permission for an adult to administer the medications.

Parent/legal guardian Signature _____ Printed Signature _____

Bring this form, the medical release form, and payment with you to the retreat. Also, it is important that someone from each Meeting communicate with the Lead FAP at least 3 days before the retreat regarding travel plans and the number of people attending. Thanks!

Lead FAP: Laura Norlin
 404-762-3540
 laura.norlin@gmail.com