

## SAYF at SAYMA Registration Form – June 11-14, 2009

DO NOT mail this form

**Register at SAYMA, then bring this form, the Medical Release Form,  
sponsorship form (if needed) and your SAYMA badge  
that you get when you register to the SAYF dorm.  
(The SAYMA registration fee covers the cost of this retreat.)**

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 (circle any that apply)  
Vegetarian Vegan No dairy Other \_\_\_\_\_  
Any special circumstances we should know about? \_\_\_\_\_ (If yes, please describe on the back of this sheet)

**Sleeping Arrangements:** There will be dorm rooms and a co-ed sleeping room. FAPs (Friendly Adult Presence) are assigned to all sleeping areas: a FAP/adult is awake/available for assistance throughout the night. Young Friends (YFs) 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 listed below. Unless we are 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 at Southern Appalachian Yearly Meeting and Association from June 11-14, 2009. 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.

Signature of parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_  
Please print your name \_\_\_\_\_

**To attend, you must be registered at SAYMA, and then bring this form, your medical release form (attached), and your SAYMA badge to the registration table at the SAYF dorm. Thanks!**

**LEAD FAP:Wren Hendrickson 919-490-8950 wrenhendrickson@aol.com**