

Southern Appalachian Young Friends Registration Form
SAYF Nurturing Committee Meeting
February 24-26, 2012 W. Knoxville, TN Meetinghouse

Name _____

Address _____

City/State/Zip _____

Phone # & email 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)

I give permission for my above named child to attend the SAYF Nurturing Committee Meeting on February 24-26, 2012 at the W. Knoxville, TN Meetinghouse. 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 meeting, 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: _____

Printed Name: _____

YOU MUST BRING THIS FORM AND YOUR MEDICAL RELEASE FORM WITH YOU.
Also, please be sure that either yourself, someone from your Meeting, or the driver of your vehicle lets Wren know if you are coming and what your travel plans are. Thanks!
Note: There is no registration fee for this meeting retreat.

Steering Committee Co-Clerks:

Wren Hendrickson
919-602-1587
wrenhendrickson@aol.com

Mark Wutka
404-822-8604
mark@wutka.com