SAYF Registration Form (Asheville Friends Meetinghouse, Asheville, NC November 10-12, 2023)

Name	Pronouns	Birthday mm/dd/yyyy	
Address:	City	StateZip	
Teen Phone #	Teen email address		
Parent/Guardian Name (s) & Phone Num	mber (s)		
Parent/Guardian email			
	ifferent from teen's mailing address)		
Emergency name/phone # if parents/	guardians cannot be reached		
	Gluten-free Other (If yes, please d		
payable to "SAYF" and write teen's	00/family for families with 3 or n name in check subject line) Sc	hore youth participants (please holarship available if requested •	
arranged by FANs and Nurtures at any rare assigned to all sleeping areas: a FAN their own sleeping bag/bedroll, and SAY their child any sleeping requirements or discuss it with your child and verbally te choose their sleeping area based on their Guidelines & Accountability: Through activities of the Young Friends with the through guidelines, behavioral expectatives ponsibly and to desire to be a positive	designated sleeping areas: late-night and etreat at the request of young Friends or partial is awake/available for assistance through Friends apply at night as they do in concerns they have. If you have specificell a FAN or contact the Lead FAN for the rown personal comfort levels and leading through the weekend, the adults of the SAYF importance to Young Friends of being true ons, and community eldering. Therefore, we element in the community. If you feel the rather should not attend retreats at this times.	parents/guardians. FANs (Friendly A hout the night. Young Friends are rethe daytime. We encourage parents instructions about the sleeping arrare especific retreat. Unless notified, Y. gs. community try to balance our aware asted by the adults. Our goal is to teat it is ultimately up to the individual that your child is not able and willing	adult Nurturers) equired to be in to discuss with ngements, please Fs are allowed to eness of the ach accountability teen to act
If a teen must leave the	retreat, the adult accompanying	him/her must notify the Lead-	-FAN
Asheville, NC November 10-12, 2 above-named child, and I hereby r staff, and volunteers from liability being transported before, during, of treatment. In the event that my so my permission for an adult to adm Covid-19 Guidelines and I understate connection with retreat attendance. I household, who are not fully vaccinate.	med child to attend the SAYF Retree 023. I give SAYF and its volunteers release the Southern Appalachian Y for any injuries or illness that my cor after the retreat. I will be responded ughter needs special medication inister the medications. Furthermore and that despite SAYF's precautions, the am willing to accept this risk, understated, may secondarily be at greater risk.	permission to obtain emergence fearly Meeting and Association while may sustain during this remaible for costs incurred for any one and is unable to administer e, I have read and understand there is still risk of contracting Cottanding that with attendance, other k than the teen who is fully vaccing the still read to the still risk of contracting Cottanding that with attendance, other k than the teen who is fully vaccing the still risk of contracting that with attendance, other k than the teen who is fully vaccing the still risk of contracting that with attendance, other k than the teen who is fully vaccing the still risk of contracting that with attendance, other k than the teen who is fully vaccing the still risk of contracting that with a tendance of the still risk of contracting that we have the still risk of contracting the still	cy help for my (SAYMA), its etreat, or while y medical them, I give the SAYF ovid-19 in ters in our
Parent/Legal guardian Signature		_Printed Name	

This form and a current medical release form must accompany you to the retreat.

Lead FAN:

Layla Wagner

919-605-4954 kimberlylwagner@gmail.com