

# REGISTRATION PACKET

## MARYE 2010 Registration Process Information

For the MARYE, **Online Registration is encouraged.** If you have no access to a computer and the Internet, a hard copy suitable for photocopying is included in this packet.

Go to: [www.marye-ucc.org](http://www.marye-ucc.org). Click on the on-line registration button. After you complete and submit the online registration, you will receive an automated email response giving you further instructions to complete the registration process.

The Group Coordinator is responsible for submitting the entire group's registration information online and making payment either by credit card or by sending a check with a Master Participation List (page 7) within 10 days following online registration. If a person is registering without being part of a group, that particular individual is responsible for submitting his or her registration information and payment.

All checks should be made out to "PCC-RYE" and mailed to:

**Brenda Waleff**  
**Penn Central Conference, UCC**  
**900 South Arlington Avenue, Room 112**  
**Harrisburg, PA 17109-1560**  
**717-652-1560, FAX: 717-652-4769**  
**E-mail: [bwaleff@pccucc.org](mailto:bwaleff@pccucc.org)**

Any changes or additions to your group's registration information will need to be submitted in writing along with a **REVISED**, complete Master Participation List to Brenda Waleff.

In this packet is the information needed for each attendee before completing online registration  
**FOR ALL YOUTH ATTENDING MA-RYE:**

- Registration Form (see page 8 of this registration packet)
- Special Needs and Volunteer Form (see page 9)

The Youth Covenant and Medical Treatment Authorization Forms must be submitted as hard copies to the address above.

- Youth Covenant (see page 18)
- Medical Treatment Authorization Form (see page 10)

Please be sure to sign the Youth Covenant! A parent/guardian must sign the Medical Treatment Authorization form.

**FOR ALL ADULTS ATTENDING MA-RYE:**

- Registration Form (page 8 of this registration packet)
- Staff/Advisor Application (pages 11-15)
- Read "Statement of Policy for Protecting Youth" (pages 16-18)
- Special Needs and Volunteer Form (page 9)

The Adult Covenant (page 19) must be submitted as a hard copy to the address above.

*Without signatures, including your own, would-be participants may not attend the event.*

# **Take the Journey... Follow the Holy Brick Road**

## **MID-ATLANTIC REGIONAL YOUTH EVENT 2010**

### **GENERAL INFORMATION**

MARYE 2010 will be July 21-25, 2010 on the campus of the Susquehanna University, Selinsgrove, PA. Registration will begin at 12 p.m. on Wednesday, July 21. The event opens with dinner at 5 PM.

**On-line registration is encouraged.** REGISTER EARLY!! Discount rates apply for early registrations (see the next page for the deadline dates.)

Group coordinators should submit the Master Participation list and make sure that each participant is paid in full. If you, as an individual participant, are not part of a larger group, you are responsible for the completion of your forms and that your full payment is received by the MA-RYE registrar.

Please consider a ratio of 2 adults for every 8 youth, both male and female adults.

The Group Coordinator will act as the liaison between your group and the MARYE Office during registration and throughout the event.

Youth participants are defined as those who are at least 13 to 18 years old by the first day of the event.

Please note that all Staff/Advisors must register. For the MA-RYE event, the preferred minimum age for adult youth advisors is 21 years old. However, college students (18-21 years old) may serve as adult youth advisors at the discretion of their specific Group Coordinator.

Workshop materials and additional information will be sent out once your registrations have been processed, but no sooner than March, 31, 2010. Remember our deadlines!

**ALL PARTICIPANTS SHOULD READ THE EVENT SCHEDULE!!**

Conference Coordinators and representatives:

Penn Central, Galen Russell, GalenRusl@aol.com, 717-329-2938

Penn Central: Bruce Druckenmiller, Bruce@HartmanCenter.com, 717-994-3769

Penn Northeast, Nancy Azar, NancyA@pnec.org 610-826-3113

Penn Northeast, Marjorie Baltz, marjbaltz@rcn.com

Penn Southeast Conference, Rev. Josh Blakesley, Blakesley@psec.org, 610-489-2056 x301

Penn West, Matt Deal, jmdeal@gmail.com, 814-445-4534

New York; Deborah Brayton, DeborahDeeB@msn.com, 917-375-9846

Or Eric Falla, RocGem@aol.com 585-436-6503

Central Atlantic Conference, Kristen Curlee, kristen.curlee@gmail.com, 703-300-1245

## **Fees, Payments, and Cancellations**

The registration fee schedule for youth and adults (same price) is shown below. This fee covers all program access, housing the nights of July 21-25, and all meals beginning with dinner on July 21 through breakfast on July 25. The program begins with registration from 12 p.m. through 5 p.m. followed by dinner on July 21 and ends with Closing Worship on July 25. No additional meals will be available on either side of the event.

### **Dates for completed registrations (online or regular mail) with full payment are as follows:**

BEFORE FEBRUARY 28, 2010	\$275.00 per person
AFTER MARCH 1, 2010, but BEFORE May 31 <sup>st</sup> :	\$300.00 per person
AFTER JUNE 1, but BEFORE July 1 <sup>st</sup>	\$325.00 per person
AFTER JULY 1 <sup>st</sup>	No Registrations will be received.

Our final deadline will be July 1st, 2010. Up until that point you can receive a full refund of your payment, less a \$25 processing fee. All applications must be in writing and postmarked no later than July 1.

Your group also has the option of substituting another participant if someone is not able to attend. Room assignments will be made immediately as registrations come in. Substitutions can be made accordingly, but after July 1, 2010 any substitution will have to be same gender and exchange adult for adult or youth for youth. **No participant substitutions will be allowed AFTER July 15<sup>th</sup>.**

Workshop assignments will be made as participant's choices are submitted from the second mailing. If a participant substitution is made, every effort will be made to place the new person in the workshop of their choice, however, no promises will be made that he/she will get their choice.

**REGISTRATION WILL NOT BE PROCESSED UNTIL FULL PAYMENT EITHER BY CREDIT CARD OR CHECK.**

### **Medical Authorization, Health Care Arrangements and other Special Needs**

Emergency medical personnel will be onsite 24 hours per day. Additional medical care will be available from area hospitals. Each youth and adult participant MUST complete and submit the Medical Authorization form or their registration will NOT be processed.

Please let us know if you have any special needs by indicating this during registration.

The cafeterias will serve a variety of foods that should be able to accommodate most diets. Please indicate special dietary needs on your "Special Needs" form (page 9).

The Susquehanna University is fully accessible. However, we need to know of the special needs you may have in order to better accommodate them. Please encourage those in your group who are able to help with special needs, like bilingual speakers, to volunteer to help meet these needs (see page 9).

**SECOND MAILING:** Once your registration is received and processed, a "confirmation" email will be sent. Included in this confirmation e-mail will be the following attachments:

- 1) A "What to Bring" list,

- 2) A "Transportation Arrangement" form,
- 3) An up-to-date workshop booklet (subject to revisions) describing what workshops will be available,
- 4) A workshop signup sheet.

These documents will only be sent via USPS if no e-mail address is given.

**MARYE 2010**  
**Master Participant List**

PLEASE PRINT CLEARLY

Name of Group: \_\_\_\_\_

Name of Group Coordinator: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

This Master Participant List is:                       Original                       Revised

Participant's Name	Gender	Youth/Adult	Amt. Paid	Roommate request
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
<b>TOTAL AMOUNT ENCLOSED</b>			<b>\$</b>	

*(Reproduce this sheet, if necessary.)*

The Youth Covenants and Medical Treatment Authorization Forms must be submitted as hard copies along with this master list.

PLEASE PRINT OR TYPE

MARYE 2010 REGISTRATION FORM

Last Name		First/Middle		Date of Birth	Age on 7/21/2010
Mailing Address					
City/Town		State		ZIP Code	
Cell phone:		Home phone ( )		Work phone (if applicable) ( )	
Email		Fax number if applicable ( )		Online application? <input type="checkbox"/>	Application by mail? <input type="checkbox"/>
Your Church			Church Street Address		
Church City/Town		State		ZIP Code	
Your UCC Conference			Your Signature ( <b>required</b> )		
Classification (check one please)				Gender (check one please)	
<input type="checkbox"/> Youth Participant		<input type="checkbox"/> Adult (Group Coordinator)		<b>Youth</b>	
<input type="checkbox"/> Adult Advisor		<input type="checkbox"/> Guest/Observer/Workshop leader		<input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> International Participant		<input type="checkbox"/> RYE Staff		<b>Adult</b>	
<input type="checkbox"/> Ecumenical Participant		<input type="checkbox"/> Other: _____		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Racial/Ethnic Background (Check One Please)					
<input type="checkbox"/> African American		<input type="checkbox"/> Latino/a		<input type="checkbox"/> Asian American	
<input type="checkbox"/> Native American		<input type="checkbox"/> Biracial/Multiracial		<input type="checkbox"/> European American	
		<input type="checkbox"/> Pacific Islander		<input type="checkbox"/> Other: _____	
T-Shirt Size (Please Choose One Size Only – All Sized Adult)			<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Ex Large		
Your Shirt is included in your registration cost			<input type="checkbox"/> Double Ex Large <input type="checkbox"/> Triple Ex Large		
Registration Amount Enclosed (Remember our deadline for early registration – February 28, 2010)					
<input type="checkbox"/> Before Feb. 28: \$275		<input type="checkbox"/> Before May 31: \$300		<input type="checkbox"/> Before June 30: \$325	
<b>Full payment must be included along with registration forms.</b> Please consider making one payment for all youth/adults registered in your group. Any cancellations received after your registration is processed but before July 1 will be subject to a \$25 per participant processing fee, if there is no substitute participant planning to attend. <b>NO REFUNDS or REGISTRATIONS AFTER July 1<sup>st</sup>.</b>					
<b>Parent/Guardian Permission</b>					
I am aware that my child, _____ (name) wishes to attend the 2010 Mid-Atlantic Regional Youth Event at the Susquehanna University, Selinsgrove, PA on July 21-25, 2010. He/she has my full permission to do so.					
Parent/Guardian Signature _____			Date: _____		
Contact Phone Numbers: _____					
Emergency Contact Names and Phone Numbers: _____					
Signature: Please insert an "X" into the box below and type in your name.					
<input type="checkbox"/> Type in your name _____					
<input type="checkbox"/> Roommate request: _____					

**MARYE 2010 SPECIAL NEEDS & VOLUNTEER FORM**

**PLEASE PRINT OR TYPE**

**SPECIAL NEEDS**

- Wheelchair Accessible Room
- Assistance to Move around Campus
- Large Print Worship Materials
- Sign Language Interpretation at Worship and Plenary
- Assisted Listening Device
- Alternative Language Translation: \_\_\_\_\_
- Medically Prescribed Dietary Restrictions (please attach specifics)  
(Vegetarian options will be available at each meal)
- Other Special Needs  
(Attach more space if needed): \_\_\_\_\_

**VOLUNTEER SIGN-UP**

- Campus Guide
- Youth Chaplain
- Adult Chaplain
- Usher for Communion/Offering
- Choir
- Liturgical Dancer for Worship
- Musician – Instrument? \_\_\_\_\_
- Coffee House Entertainer – Performance? \_\_\_\_\_
- Photographer
- Sign Language Interpreter
- Language Translator – Language? \_\_\_\_\_
- Emergency Medical First-Response Trained
- Workshop Leader – Topic(s)? \_\_\_\_\_

*(Please fill out a Workshop Leader’s form found in this packet.)*

Ages:  Jr. High  Sr. High  Adult  General

- Other Volunteer Positions: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Your Name: \_\_\_\_\_

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

Church/Conference: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell phone: (    ) \_\_\_\_\_

PLEASE PRINT OR TYPE

MARYE 2010
MEDICAL TREATMENT AUTHORIZATION

I hereby give permission to our Group's Coordinator to the Mid-Atlantic Regional Youth Event, or his/her designee, to seek routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I request and authorize hospitals and/or other emergency treatment facilities to have access to the information contained in this form in order to provide all necessary medical care for my child while he/she is in attendance at the MARYE, July 21-25 at the Susquehanna University in Selinsgrove, PA. I give permission to the Coordinator/designee to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Coordinator or his/her designee to secure and administer treatment, including hospitalization, for the person named below. I also agree to assume any financial responsibility for my child's care. I agree to the release of any records necessary for insurance purposes. And, under the new HIPPA code, I give permission to release information to the Coordinator/designee regarding diagnosis, treatment and necessary prescriptions. I acknowledge that no representations, warranties or guarantees as to results or cures will be made. I also understand that there are inherent risks to my child by participating at this event, even with the best of circumstance. With such knowledge I hereby accept such risks, and having read all of the above information, I hereby give permission for my son/daughter to attend this youth event

The information for the child covered by this authorization is:

NAME: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Business Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_

HEALTH CARE INFORMATION

Family Physician Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist/Orthodontist Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance Information (if applicable):

Carrier: \_\_\_\_\_

Policy/Group #: \_\_\_\_\_

Date of last Tetanus shot? \_\_\_\_\_

Is your child under the care of a physician for:

Epilepsy? \_\_\_\_\_ Diabetes? \_\_\_\_\_

Is there other medical information we should be aware of? If so, please write on reverse of this sheet.

Recommendations and Restrictions while at MARYE, July 21-25, 2010

Medications (please include information on dosages):

\_\_\_\_\_

Allergies (drugs, foods, indoor and outdoor allergens)

\_\_\_\_\_

Are there any over-the-counter medications that you DO NOT want administered to your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MID-ATLANTIC REGIONAL YOUTH EVENT 2010 YOUTH COVENANT

Because God calls us to be a community of faith and leaders in Christ's church, I covenant with God and others to conduct our life together at the Mid-Atlantic Regional Youth Event in a manner that promotes a positive community of faith.

- I will participate in all activities, working together to learn and grow from my MARYE experience.
- I will treat all people with dignity and respect.
- I will respect the property of all people.
- I will use the facilities made available to us with care. If I hurt or accidentally damage campus property, I will take responsibility for the damage done and inform my advisor and a member of the MARYE Planning Committee right away.
- I will not smoke if it is prohibited by state law. If the law allows, I will smoke only in designated outdoor areas, except at outdoor group activities.
- I will not bring or use alcohol and/or illicit drugs, realizing that such behavior is destructive to the Christian community and would result in my immediate dismissal. Prescribed drugs must be left with the Group Coordinator and will not be abused.
- I will not engage in ANY sexual activity.
- I will observe the following guidelines for visiting the rooms of others. Doors must stay open at all times. Visitation is limit to females on female floors and males and male floors.
- I will be mindful of my roommates' right to privacy, understanding that I can expect the same treatment from them.
- I will honor the MARYE curfew and I will be in my room for "lights out."
- I WILL NOT TRAVEL ALONE AT NIGHT.
- I will not leave campus unless for an organized MARYE event and only with the permission of my adult advisors and with proper adult supervision.

Remember, while you are at this event you are a representative of your family, your local church and the entire United Church of Christ. Please keep this in mind and behave accordingly.

Violation of this Covenant could mean returning home at your own (family's) expense before the conclusion of the event.

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Youth Signature

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Date

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Parent's Signature

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Date

## **MID-ATLANTIC REGIONAL YOUTH EVENT 2010 ADULT COVENANT**

Because God calls us to be a community of faith and leaders in Christ's church, I covenant with God and others to conduct our life together at the Mid-Atlantic Regional Youth Event in a manner that promotes a positive community of faith.

- I will participate in all activities, working together to learn and grow from my MARYE experience.
- I will treat all people with dignity and respect.
- I will respect the property of all people.
- I will use the facilities made available to us with care. If I hurt or accidentally damage campus property, I will take responsibility for the damage done and inform a member of the MARYE Planning Committee right away.
- I will smoke only in designated outdoor areas, except at outdoor group activities.
- I will not bring or use alcohol and/or illicit drugs, realizing that such behavior is destructive to the Christian community and would result in my immediate dismissal. Prescribed drugs will not be abused.
- I will not engage in ANY sexual activity.
- I will observe the following guidelines for visiting the rooms of others. Doors must stay open at all times. Visitation is limit to females on female floors and males and male floors
- I will be mindful of my roommates' right to privacy, understanding that I can expect the same treatment from them.
- I will honor the "lights out" curfew.
- I will not leave campus after dark unless there is an emergency need for me to do so.
- I WILL NOT TRAVEL ALONE AT NIGHT.

Please realize that your role as an Adult Advisor is an important one. You are responsible for your group members 24 hours a day. Please be conscious of your role as a model for your group's behavior.

Remember, while you are at this event you are a representative of your family, your local church and the entire United Church of Christ. Please keep in mind that your positive leadership skills and modeling are imperative for the success of our venture.

I have read and will abide by the Statement of Policy for Protecting Youth.

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Adult's Signature

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Date

UNITED CHURCH OF CHRIST  
MID-ATLANTIC REGIONAL YOUTH EVENT 2010  
**Statement of Policy for Protecting Youth**

*Prohibition of Sexual Exploitation and Harassment*

The United Church of Christ (UCC) and the Mid-Atlantic Regional Youth Event (MARYE) is committed to creating and maintaining a worship and work community in which members, friends, staff and volunteers can worship and work together in an atmosphere free of all forms of discrimination, harassment, exploitation or intimidation. Specifically, all persons associated with the UCC and the MARYE should be aware that the church is strongly opposed to sexual exploitation and harassment, and that such behavior is prohibited by church policy. It is the intention and the responsibility of the church to take whatever action may be needed to prevent and correct behavior which is contrary to this policy, and if necessary, discipline those persons who violate this policy.

*Care-Givers Conduct Policy*

Ministers, adult advisors, and other employees or volunteers engaged in the ministries of the church are responsible for knowing the possible impact of their words and actions in caring for the emotional, mental and spiritual needs of persons who come to them for help or over whom they have any kind of authority. Sexual harassment or sexual exploitation of a participant or other individual, with whom a minister, advisor, employee or volunteer engaged in the ministries of the church has a care-giving relationship, is unethical and unprofessional behavior and will not be tolerated during this event.

Because ministers, adult advisors and other church employees or volunteers engaged in the ministries of the church often deal with individual who are emotionally and psychologically fragile or otherwise personally vulnerable, it is imperative that the care-givers be healthy psychologically, emotionally and spiritually, and that the care-givers have adequate preparation and education for helping those individuals under their care. It is the policy of the UCC and the MARYE to encourage its ministers, staff and volunteers to nurture safety within care-giving relationships by being attentive to self-care, education and the importance of referring those in need. It is also expected that ministers, adult advisors and other employees or volunteers engaged in providing ministry will complete and submit the disclosure document as included in the registration packet.

*Youth Protection Policy*

The UCC and the MARYE are committed to creating a safe and healthy environment in which young people can learn about and experience God's love. In order to ensure this, we expect that all people applying to be volunteers who work with minors will have been members for at least six months or friends for at least one year of the UCC. It is the policy of the UCC to provide adequate supervision for all youth activities. We also expect **ALL** ministers, advisors, employees or volunteers who work with minors to complete and submit the disclosure document.

MARYE 2010

### **Definitions**

Sexual exploitation is sexual activity or contact (not limited to intercourse) in which a minister, advisor, or other church employee or volunteer engaged in the work of the church takes advantage of the vulnerability of a participant or allowing the participant to engage in any sexual behavior with the church worker/volunteer.

Sexual harassment includes repeated or coercive sexual advances toward another person contrary to his or her wishes. It also includes behavior directed at another person's sexuality or sexual orientation with the intent of intimidating, humiliating or embarrassing the other person, or subjecting the person to public discrimination. Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- submission to such conduct is made either explicitly or implicitly a term or condition or circumstance of instruction, employment or participation in this or any other church activity or;
- submission to, or rejection of, such conduct by an individual is used as a basis for evaluation in making personnel or church-related decisions affecting an individual or;
- such conduct has the purpose or effect of unreasonably interfering with an individual's performance of participation in church activities, or creating an intimidating, hostile or offensive work or church environment.

Prohibited sexual harassment includes unsolicited and unwelcome contact that has sexual overtones. This includes:

- written contact, such as sexually suggestive or obscene letters, notes, invitations;
- verbal contact, such as sexually suggestive or obscene comments, threats, slurs, epithets, jokes about gender-specific traits or sexual orientation, sexual propositions;
- physical contact, such as intentional touching, pinching, brushing against another's body, impeding or blocking movement, assault, coercing sexual intercourse, and;
- visual contact, such as leering or staring at another's body, gesturing, displaying sexually suggestive objects or pictures, cartoons, posters or magazines.

Sexual harassment also includes continuing to express sexual interest after being informed directly that the interest is unwelcome, and using sexual behavior to control, influence or affect the career, salary, work, learning or worship environment of another. It is impermissible to suggest, threaten or imply that failure to accept a request for a date or sexual intimacy will affect a person's job prospects, church leadership or their comfortable participation in the life of the church. For example, it is forbidden to either imply or actually withhold support for an appointment, promotion, or change of assignment, or suggest that a poor performance report will be given because a person has declined a personal proposition. Also, offering benefits, such as promotions, favorable performance evaluations, favorable assigned duties or shifts, recommendations or reclassifications in exchange for sexual favors is forbidden.