

Theologicon

Fall Con 2009

Welcome to TheologiCON

October 16-18, 2009
Camp Cispus, Randle, WA

God made so many different kinds of people. Why would he allow only one way to serve him?

-Martin Buber

There are a countless number of beliefs and religious practices out in the world. As Unitarian Universalists it is our responsibility to respect the inherent worth and dignity of every person, no matter their religion.

This year's Fall Con will focus on experiencing parts of other religions as well as learning about yourself and your own theology.

We invite you, the youth of the BC and PNW districts, to bring your positive energy and sense of community to a weekend of fun, bonding, youth empowerment, and spiritual growth. In other words, Fall Con 2009 is gonna be awesome!

Things to keep in mind:

- o Weather permitting, we will be offering a **group hike**, bring appropriate clothes/ shoes.
- o It will be quite cold at night, prepare for that.
- o There is **absolutely no cell phone reception** at this site. However there is a phone on site for us to use if needed: 360-497-7131.

New stuff for Fall Con 2009:

What is it for the **Spirit Corps** to do? It is for **Spirit Corps** to uphold Con culture! This fall, the **Spirit Corps** will not be the patrolling police (but will still have candy)! It will be a youth-led army of inclusivity infused throughout Con. Come join our ranks (we might make you Major Cuddle) to help uphold the culture and covenant of Con... and get the green bandana. Circle "YES" on the registration form to join the RevolUUtion!

Touch groups will shift from using games to get to know people to activities that encourage both light-hearted and deeper sharing in a small group. **Touch groups** are at the heart of Con: a chance to meet new people, bond and learn, and grow as a person. Your participation leads not only to your own increased self discovery, but also leads those around you into deeper self-exploration.

Eligibility:

Con is for Unitarian Universalist high school youth ages 14-18 who are active in a BC or PNWD congregation. Adult sponsors must be at least 25 years old and must remain in the role of sponsor at all times.

Note that CUC and PNWD Guidelines require youth be associated with a UU Youth Group or a UU congregation to be permitted to participate in regional or national events.

Important Information:

- **Due Date: No forms will be accepted after October 6th.** And for the sake of the entire Con Planning Committee's sanity, **please get your registration in ASAP! Thanks!**
- **All youth, regardless of age, must have a sponsor.**
- **No Walk-ins** allowed. If you arrive without registering, you will be sent home at your expense.
- **Confirmation:** After the registrar receives your registration form, a confirmation email including site and con rules, directions, what to bring, contact information for the campsite and other useful reminders and information will be sent to you. If you do not receive a confirmation email by **October 8th**, please call or email the registrar and she will assist you.

Con Rules:

- No weapons, explosives, violence or threats of violence.
- No smoking, substance abuse, illegal drugs, illegal drug paraphernalia, or alcohol.
- All participants are to abstain from sexual activity.
- One body, one bag. Youth may be in puppy piles, either without sleeping bags, or one body, one bag. Clothed massages (within reason) are also allowed.
- No leaving the site except as part of an organized Con activity.
- All participants must follow site rules (will be reviewed at Orientation), including no swimming.

Questions, Comments, Concerns:

Lydia Philip (Registration Coordinator)
selectsmile@gmail.com

Marina Philip (Dean)
Fizzpop221@gmail.com

McKay Campbell (Dean)
mckayzle@yahoo.com

Costs:

- If received at the PNWD office by **September 21st**: \$85 USD (no cash)
- If received at the PNWD office by **Sept. 22nd – Oct. 6th**: \$100 USD (no cash)

*Make checks and money orders payable to: **PNWD** (please put "Youth Fall Con 2009" in the memo field.)
Please provide ample time for your packet to arrive in Bellevue, WA, or you may pay on-line at www.pnwd.org.*

Special Instructions for Canadians: Remember that forms from Canada need to go in an envelope with first-class postage for mailing to the USA. Groups from Canadian churches can send one money order for all attendees from individual churches, to save the cost of multiple money orders. Make sure that it is clear which attendees are covered by the money order. Ideally, all registrations and the one money order would be mailed together. **All funds must be in U.S. dollars.** (If you are absolutely unable to pay in U.S. funds, your registration payment **must include an additional \$15**: \$100 for registrations received by Sept. 21; \$115 if received Sept. 22-Oct. 6.)

Mail Registration Packet to:

Janis Anable, PNWD Registrar
12700 SE 32nd Street, Suite E-101
Bellevue, WA 98005-4317
registrar@pnwd.org / (206) 299-7070 (voice or fax)

Cancellations:

Cancellations received prior to October 9 will be refunded minus a \$15 handling fee. After that is dependent on funds available. No refund will be given for cancellations after October 14.

AGREEMENT FORM – YOUTH PARTICIPANTS

Name of youth: _____

Ethics Statement:

Sexuality is a healthy and important part of young people's lives. However, each person's (youth or adult) sexual development and comfort with sexuality varies, and sexual behavior is by nature an exclusive activity. As part of respecting the physical boundaries of community members, all levels of sexual behavior and public nudity are not permitted.

Code of Ethics for Youth:

To keep EVERYONE feeling included and a strong sense of community, I will abide by the following:

- I agree to do my best to contribute to the welcoming atmosphere and do my utmost to respect those around me, as well as those not around me.
- I agree to respect others' boundaries--physical, sexual, emotional, or other.
- I agree not to tolerate abuse and harassment, of myself or of others.

Conference Release:

- I understand that alcohol, tobacco, drugs, drug paraphernalia, weapons/explosives, sexual activity, leaving the site, disrespecting the site and its property, disrespect for others and others' property are all disruptive to the building of community. I will therefore not engage in such activities.
- I will abide by the Code of Ethics.
- I agree to abide by the rules of the site and the laws of the city and state where the conference is being held.
- I understand that if I violate these rules I may be asked to leave the conference at my own expense and/or may not be allowed to participate in future PNWD YRUU events.

I, _____, have read, understand, and agree to abide by the code of ethics and the rules of this conference. I agree that if I break the rules I may be asked to leave at my own or my parent's/guardian's expense.

Signed (youth) _____ Date _____

Printed Name: _____

Congregation: _____

AGREEMENT FORM – ADULTS & YOUTH LEADERSHIP

Sponsors, Con Planning Staff, YES Team

Name: _____

*Sponsors/Advisors: You will be contacted prior to Con to confirm the youth you are sponsoring.
*** The Youth/Adult ratio is 8:1 ****

Ethics Statement:

Adults and youth in leadership are in a position of stewardship and play a key role in fostering the spiritual development of both individuals and the community. It is, therefore, especially important that those in leadership positions be qualified to provide the special nurture, care, and support that will enable youth to develop positive sense of self and responsibility. The relationship between young people and adults must be one of mutual respect if the positive potential of their relationship is to be realized.

There are no more important areas of growth than those of self-worth and the development of a healthy identity as a sexual being. Leaders play a key role in assisting youth in these areas of growth. Wisdom dictates that youth and adults suffer damaging effects when leaders become sexually involved with young persons in their care. Therefore, leaders will refrain from engaging in sexual, seductive, or erotic behavior with youth. Neither shall they sexually harass or engage in behavior with youth, which constitutes verbal, emotional, or physical abuse. **Leaders shall be informed of the code of ethics and agree to it before assuming their role. In cases of violation of this code, appropriate action will be taken.**

Code of Ethics for Adults & Youth in Leadership Positions:

- I agree to do my best to contribute to the welcoming atmosphere and do my utmost to respect those around me, as well as those not around me.
- I agree to respect others' boundaries--physical, sexual, emotional, or other.
- I agree not to engage in sexual, seductive, or erotic behavior with youth.
- I agree not to tolerate abuse and harassment, of myself or of others.

Conference Release for Adults and Youth in Leadership Positions:

- I understand that alcohol, tobacco, drugs, drug paraphernalia, weapons/explosives, sexual activity between the neck and the knees, leaving the site, disrespecting the site and its property, disrespect for others and other's property are all disruptive to the building of community. I will therefore not engage in such activities.
- I will abide by the Code of Ethics.
- I agree to abide by the rules of the site and the laws of the city and state where the conference is being held.
- I understand that if I violate these rules I may be asked to leave the conference at my own expense and/or may not be allowed to participate in future PNWD YRUU events.

I, _____, have read, understand, and agree to abide by the rules and code of ethics of this conference. I agree that if I break the rules I may be asked to leave at my own expense.

Signature _____ Date _____

Printed Name: _____

Congregation: _____

Sponsors: I have a clear background check on file with my congregation.

CONGREGATIONAL APPROVAL – ADULTS & YOUTH

Please have the appropriate congregational official sign the part of the form that applies to you.

Youth Congregational Approval:

By signing this form, I hereby acknowledge that this individual has attended at least 3 Youth Group or program meetings at our Congregation within the last six months or is involved in the wider denomination as a whole in other ways.

Signature _____ Date _____
Printed Name: _____ Role (DRE, Minister, Advisor): _____

Sponsor Congregational Approval:

CUC and PNWD Guidelines require Sponsors to be **at least 25 years of age** and **attending their local congregation for at least six months** in order to serve as an advisor at a regional or national event. All advisors attending any CUC or PNWD conference will have been vetted through their local congregation, including personal reference checks, and must have a background check, Criminal Records check or Police Records Check completed and on file with their local congregation or the Director of Lifespan Learning/Program Consultant **prior** to attending this youth conference.

It is acknowledged that this check is valid only on the day it is completed and it is therefore incumbent on the volunteer to inform the CUC or PNWD if there is a change in the status of their compliance. To value the youth community, a new PRC should be renewed every 2 years.

By signing this form, I hereby acknowledge that this adult has been:

- Screened through our congregation, including personal reference checks and a police record check (PRC), and
- Has been attending our congregation for at least six months.

If PRC has not been done, the sponsor should have one completed and confirmation sent to the CUC Director of Lifespan Learning or PNWD Program Consultant.

Signature _____ Date _____
Printed Name: _____ Role (DRE or Minister): _____
<input type="checkbox"/> Sponsor has a clear background check on file with this congregation.

Medical/Parental Release - **EVERYONE**

Parental Signatures Required if under 18

Name of CON Participant: _____

Please circle: Adult Youth

Medical Conditions:

Describe any physical limitations and/or restrictions, disabilities, medical or food allergies, etc. Please list all medications you are currently taking. (Use back of sheet if necessary)

Restrictions/allergies: _____

Date of last Tetanus shot: _____

Emergency Contact Info: List two individuals in your family/community whom we may contact.

1. Name: _____ Relationship _____
Telephone: Home (____)_____ Work: (____)_____ Cell: (____)_____

2. Name: _____ Relationship _____
Telephone: Home (____)_____ Work: (____)_____ Cell: (____)_____

Participants 18 years or older:

- **Medical Release:** I hereby give consent to the camp staff to seek emergency medical treatment for me including related transportation, ordering x-rays, routine tests, anesthetic, medical and surgical diagnosis or treatment, or hospital services. I agree to the release of any records necessary for insurance purposes.
- **Photo release:** I grant permission for Pacific Northwest District of the Unitarian Universalist Association to use any quotations, photographs, or videotapes of me during this event for promotional purposes.

Signature _____ Date _____

Printed Name _____

Participants under the age of 18 (custodial parent/guardian release required):

- **Medical Release:** I am the parent/guardian of _____, who will be attending the Con. I hereby give my consent and authority for the staff of the program to take any reasonable action to ensure the safety, health, and welfare of my son/daughter. In the event that I, the custodial parent or guardian, cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment including hospitalization and surgical care if needed for the camper named in this registration.
- **Rules release:** I understand that my youth will be required to follow the rules of the PNWD Con and the site used and that a breach of those rules may result in my youth being sent home at my expense. I expect to be contacted to arrange travel home if it becomes necessary.
- **Photo release:** I grant permission for Pacific Northwest District of the Unitarian Universalist Association to use any quotations, photographs, or videotapes of my child during this event for promotional purposes.
- **Activity release:** I understand that my youth may be taking part in activities that involve risk. These activities include, but are not necessarily limited to, hair dyeing, *Our Whole Lives* workshops with a trained facilitator, or other activities as detailed below. By my signature below, I give my permission for my youth to take part in these activities. Any activities I do not wish my youth to participate in, I have crossed out below:

- Hair dyeing
- OWL Workshop
- Henna body art

Parent/Guardian signature _____ Date _____

Printed Name of Parent/Guardian _____