

You are invited to a  
**FALL RETREAT FOR VIRGINIA UNITEENS**  
Hosted by Unity of Roanoke Valley



An Exploration of Unity's 12 Spiritual Powers  
**November 11-12**

11AM SATURDAY — NOON SUNDAY

**Unity of Roanoke Valley**  
3300 Green Ridge Rd, Roanoke, VA 24019

A retreat for Virginia Middle School Teens, Adult Leaders, Chaperons and Parents.  
Uniteens must be in grades 6, 7, 8 or equivalent, minimum age 11, maximum age 14.

During this retreat your Uniteens will experience:

- A warm & welcoming environment
- Fun & engaging large & small group activities
- An engaging activity relating to each of the 12 Spiritual powers
- Prayer and meditation
- Music with Nina Gibson
- Unity principles in action
- Spiritual growth & transformation
- A beautiful setting on Unity of Roanoke Valley's 27 acres

**Registration Fee: \$60.00**

To assure we have enough supplies and food for your Uniteens

**Please postmark Forms and Fees by Oct 30**

Details and Forms available at [www.unityeasternregion.org](http://www.unityeasternregion.org)

QUESTIONS??

Contact Jane Harden, jaharden@comcast.net or 540-598-9783

# MORE INFORMATION ABOUT UNITEEN RETREAT

## WHO MAY ATTEND?

Virginia Uniteens (6<sup>th</sup>- 8<sup>th</sup> grade or equivalent, minimum age 11, maximum age 14) Uniteen leaders, parents and chaperones are all invited to join in a weekend of fellowship, fun, and Spiritual growth!

**GENDER POLICY:** Please send an approved adult chaperon of the same gender as any child or teen attending.

**BACKGROUND CHECK POLICY:** Unity of Roanoke Valley Church Policy requires a copy of a National Background Check within the last 3 years be provided to us prior to the retreat for each adult attending.

## WHERE IS THE RETREAT?

The Uniteen Retreat is at Unity of Roanoke Valley, 3300 Green Ridge Rd, Roanoke, VA 24019

## GENERAL INFORMATION:

- Check in will be at 11:00am Saturday.
- **Meals Included** – Saturday lunch and dinner, Sunday breakfast and lunch, Snacks
- ALL PERSONS registering for the Uniteen Retreat are committing to be in attendance for the entire retreat arriving at check in on Saturday morning and staying through the closing on Sunday.
- The Uniteen Retreat will end at about Noon on Sunday.

## WHAT TO BRING?

Sleeping bag or bed linens, Air mattress or sleeping pad (Participants will sleep on the floor of the church) Pillow, Towel, Washcloth, Toiletries, Soap, Comfortable Casual Clothes, Appropriate Jacket and/or Raingear, Closed Toe Shoes, Flashlight & Batteries.

- Please leave Valuables, Skateboards, Squirt Guns, Electronic Games/Devices, Computers at home.
- Unity of Roanoke Valley will not be responsible for lost or stolen items.

## FEES, PAYMENTS AND DUE DATES:

- **Send completed forms and one Church Check for your group payable to Unity of Roanoke Valley**
- **Postmark Forms and fees (\$60.00 per participant) BY OCTOBER 30**
- **REFUND DEADLINE: October 30**
- **After due date: Contact Jane Harden for availability.**

**BEFORE MAILING:** Make copies of completed forms to travel with your Uniteens in case of emergency.

**QUESTIONS?** CALL / Email Jane Harden, Director, Unity of Roanoke Valley Youth and Family Ministry  
540-598-9783(C) jaharden@comcast.net

# FORMS CHECKLIST & DUE DATES

## SEND ALL FORMS TO:

Jane Harden,  
Youth Director, Unity of Roanoke Valley  
3300 Green Ridge Rd  
Roanoke, VA 24019  
[jaharden@comcast.net](mailto:jaharden@comcast.net)  
(540) 598-9783

## CHECKS PAYABLE TO:

(One church check for entire group)

Unity of Roanoke Valley

## REGISTRATION FORMS & FEES

- \$60.00 per participant

Postmark by October 30

**Mail the following COMPLETED forms and appropriate fees to Jane Harden  
Please send all forms in one mailing with one church check for all fees**

**BEFORE MAILING:** Make copies of completed forms to travel with your Uniteens in case of emergency.

- |                                       |   |
|---------------------------------------|---|
| • Group registration form             | 1 per church  |
| • Registration form                   | 1 per participant   |
| • Adult Heart Agreement               | 1 for each adult participant  |
| • Uniteen Heart Agreement             | 1 for each Uniteen participant  |
| • Medical/Liability Release Form      | 1 for each participant signed by adult participants and parent/guardian of all Uniteen participants |
| • Talent Show Sign Up Form            | 1 for each talent show participant (optional)   |
| • <b>Copy of Background Screening</b> | <b>1 for each adult attending retreat</b>   |

## OTHER FORMS

- Spring Uniteen Retreat Flier (Please provide to all participants)
- More Information About Uniteen Retreat (Please provide to all participants)
- Forms Checklist and Due Dates (Registration information for group leaders)



# Fall 2017 Uniteen Retreat Registration Form

## Registering as:

       **Uniteen**  
(6 – 8 grade and 11-14)

       **Uniteen Leader, Parent**  
at least age 25 approved by a Unity  
Ministry to attend, Copy of background  
check (dated within last 3 years) submitted by Oct 30

       **NGU (19-24)**  
Age 21-24, Under Supervision of an  
Adult 25 or older at event Background  
Check required by Oct 30.

Participant Name \_\_\_\_\_ Name on Nametag \_\_\_\_\_

Participant Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Participant Home Phone \_\_\_\_\_ Participant Cell Phone \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_ F \_\_ M

Meal Preference: \_\_\_\_ Regular \_\_\_\_ Vegetarian \_\_\_\_ Vegan

T-shirt: \_\_\_\_\_ (S-XXL – Adult sizes) First Time at Uniteen Retreat or Camp? \_\_\_\_ Yes \_\_\_\_ No

Uniteen's Parent/Guardian Name \_\_\_\_\_

Uniteen Parent Cell Phone \_\_\_\_\_ Parent Email \_\_\_\_\_

Parent Address (If different than Uniteen) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Unity Church \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Adult participants: Would you be willing to serve as a Family Group Leader? \_\_\_\_ Yes \_\_\_\_ No

Number of past Uniteen Retreats attended \_\_\_\_\_

### **Ministry Approval:** (Signed by Minister or Board President of all participants)

I certify that this attendee (i) meets the eligibility requirements to attend this event (ii) demonstrates understanding and adherence to Heart Agreements, and (iii) is approved by our ministry to participate in this event. A Background Check for All Adults including NGUers has been submitted or is submitted with this Registration.

Signature of Minister or Board President \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

### **Parent Approval:** (Parents or Guardians of ALL Uniteens must sign)

\*My signature below indicates approval for my child to attend the above named event hosted by Unity of Roanoke Valley. I have reviewed the Heart Agreements for this event with my child and understand the consequence of inappropriate behavior by my child means he/she may be sent home at my expense. I believe my child understands the importance of keeping the heart agreements.

\*Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Youth & Adult Medical/Liability Release Eastern Region Youth of Unity

Complete form in **INK**. Original copy sent with Registration. One copy to be carried with participant to event.

Participant \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_  M  F Age \_\_\_\_\_  
Parent/Legal Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
Emergency contact(s) if parent cannot be reached \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

### **MEDICAL HISTORY**

I certify that the above named person is in good health and able to participate in all normal activities of the group.

Yes  No If no, specify limits of participation. \_\_\_\_\_

Allergic to any substance, food or medication?  Yes  No (If Yes, specify) \_\_\_\_\_

Is the participant currently under a doctor's supervision for:  Epilepsy  Diabetes  Asthma or  ADD/ADHD

Any other medical conditions: \_\_\_\_\_

List **ALL** current medications with dose and frequency \_\_\_\_\_

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

*Group leaders must be informed of any prescription medication brought by participant with clear information as to proper use and dosage. If medication is "as needed," the participant must understand the symptoms of their condition and know when to ask for help.*

### **INSURANCE INFORMATION, MEDICAL CONSENT & LIABILITY RELEASE**

**Family Physician** (name & phone number) \_\_\_\_\_

**Medical Insurance** Company \_\_\_\_\_ ID Number \_\_\_\_\_

Group Number \_\_\_\_\_ Policy Holder Name \_\_\_\_\_

Phone # to verify coverage or submit claim \_\_\_\_\_

**As the above-named participant (or legal guardian if the participant is a minor under the age of 18),** I hereby attest that I have read this complete document; all information provided is complete and true; I have legal standing to make decisions which affect the rights of the above named participant; and I understand and consent to all terms outlined on both pages of this document (including release of photographic images & personal information as described herein).

**I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to Youth Ministry activities and travel understanding that some activities may pose a risk of injury.** I will not hold liable Unity of Roanoke Valley, their employees, agents and event group leaders for any injury, illness or property damage involving the above-named participant no matter how caused. Whenever deemed necessary by group leaders, **I authorize the calling of a doctor and/or the providing of other medical services and, unless covered by insurance, agree to pay for same.** If the above-named participant is incapacitated or under age 18, I do hereby **authorize group leaders as agent for the undersigned, to consent with respect to such participant to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment, and hospital care** which is deemed advisable by a licensed physician or surgeon.

**MEDICAL/LIABILITY RELEASE (Continued) (page 2 of 2) Name of Participant \_\_\_\_\_**

**Photography Release:** I hereby grant Unity of Roanoke Valley and Unity Eastern region, its representative permission to use, without compensation or restriction, photographs and videotape images (from local and regional Unity events) in which the participant appears, in any manner whatsoever, such as, but not limited to: publication, display, Website, advertising, slide shows, etc.

**Confidentiality Release:** I understand that health information on this form will only be shared, as needed, with group leaders, church staff and medical professionals to safeguard and support the participant. This information will not be publicly disseminated or released to any outside organization. However, since it is common practice for the Church (or Unity Eastern Region) to publish a participant's phone and email if they actively participate in the group (or attend a regional event), I authorize the Unity of Roanoke Valley (and Eastern Region) to publish such information on a local (or event) roster **EXCEPT** for the following (*please specify*):

**I understand it is my responsibility to notify group leaders if any information changes.**

\_\_\_\_\_  
Signature (*Participant, or Parent/Guardian if under age 18*)

\_\_\_\_\_  
Printed Name

Date \_\_\_\_\_

# ADULT HEART AGREEMENT

**As an Adult/ Uniteen Leader attending the Uniteen Retreat or Camp, I understand I am making a great impact on the future spiritual life of the teens I lead. I therefore agree that I will:**

## **Prior to Retreat:**

Promote a prayerful Consciousness ready for spiritual growth and enthusiastic participation. Prepare my Uniteens for participation by reviewing the heart agreements with my Uniteens prior to sending in their registration forms.

## **During Retreat:**

- ◆ Be a role model for Uniteens of the behavior I wish from the Uniteens, which includes refraining from the use of all alcohol and non-prescription drugs—including cigarettes.
- ◆ Circulate and Participate with youth in activities.
- ◆ Promote attention to Group activities.
- ◆ Check regularly to make sure my Uniteens are accounted for.
- ◆ Be responsible for the Uniteens in my group. **Note:** I will advise the Youth Consultant or member of Leadership team **immediately** if I am unable to locate one of my Uniteens.
- ◆ Be aware of special medical needs of my Uniteens and see that wellness needs are met.
- ◆ Be available for emotional and physical support and any disciplinary issues of my Uniteens.
- ◆ Remain on the grounds during Retreat at all times
- ◆ Lock automobiles securely: (See that my Uniteens leave CD players, computers and Computer games locked in the car.)
- ◆ Handle discipline with a loving, firm, encouraging approach. If misbehavior persists or is serious, I will report immediately to Youth Director or leadership team.
- ◆ Be available to Uniteens for emotional and physical support.
- ◆ Be prepared to sleep in rooms with Uniteens.
- ◆ Check rooms during Retreat to confirm that only those that belong there are present.
- ◆ Promote the cleanup after meals, activities, and on Sunday morning.

**I have read and understand my role as an adult participant at the Uniteen Retreat.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**YOU ARE A BLESSING!**

**Thank you for your help in creating a safe and wonderful Retreat experience for all.**



# UNITEEN HEART AGREEMENT

**Because our purpose as Uniteens is to help each other develop a stronger connection with God and learn how to use Truth principles in our everyday lives, I make this 'Heart Agreement' between myself and all other event participants.**

1. I agree to look for the highest good in all and to fully participate with the group in all scheduled activities.
2. I will attend the Retreat to be with the entire group as a friend. I will support and show proper respect for myself, my fellow teens, and the group leaders. Specifically I agree:
  - ❖ To listen while others are talking
  - ❖ To practice centering during meditation and prayer.
  - ❖ To NOT take part in put downs, pranks, or judgments of others or myself.
  - ❖ To use only language, jokes, or music that will NOT offend others.
3. I agree to respect the facilities, vehicles, equipment, environment, and everyone's personal belongings. I agree to follow directions and remain in the designated areas unless authorized for special leave by a group leader.
4. I agree to seek 'natural highs' only, and will abstain from alcohol, tobacco, and artificial stimulants and non-prescription drugs.
5. I agree to refrain from aggressive rough-housing, fighting, and other inappropriate physical contact. Even if I am dating another Uniteen, I recognize that intimate behavior is inappropriate at group events.
6. I agree not to bring any articles that would interfere with the space and safety of others or that would cause a disturbance such as skateboards, water pistols, computer games, etc.
7. I will refrain from using my cell phone during the Uniteen Retreat unless I have received permission to do so by a Leader for a specific reason. I understand that this includes texting.
8. If I show that I do not understand what is 'appropriate behavior' in this group setting, I will respect the authority of the group leaders to lay out more specific guidelines for me or remove me from the group until I understand am ready to honor all agreements.

I understand that these agreements are necessary for everyone's benefit, including my own, and I recognize my responsibilities as a Uniteen group participant.

**Uniteen's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's Agreement:** I have gone over the above agreement with my child. Should he/she continuously or seriously violate this agreement, I will cooperate with the event leaders to arrange immediate transportation home for my child at my expense.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SPIRIT SHARING TALENT SHOW FORM**  
**Uniteen Fall Retreat at Unity of Roanoke Valley**

If you would like to perform in the Talent Show, please fill in the form below and attach it to your Retreat registration.

The underlying essence of every act should be a celebration of the Christ Spirit within each of us. Acts must show support for all people and reflect our love and support of each other and the consciousness of ONENESS. Specifically, this means no inappropriate sexual content, put-downs to any group, gender, or individual, even in the name of "humor".

Please examine your talent and/or music for compatibility with this requirement. Your Act must be reviewed by your Uniteen Leader before inclusion in the Talent Show.

The Talent Show will be held on Saturday night. Come well rehearsed. The only rehearsal time will be during free time on Saturday. Bring everything you will need for your act except a CD player. We will have a sound system for use during the Talent Show.

**Sign up early – the number of acts will be limited on a first come first serve basis to fit the time allotted for the talent show.** Acts should be limited to 4 minutes maximum. Final approval of all acts will be made by Event Leaders and/or the Leader coordinating the Talent Show.

Name \_\_\_\_\_ Church \_\_\_\_\_

Describe your talent (no lip-syncing) \_\_\_\_\_

\_\_\_\_\_

How long is your act (Please time your act and be exact) \_\_\_\_\_

What (who) do you need to perform your act? (CD player, people, space, chair, etc.)

\_\_\_\_\_

List names of other people in your act \_\_\_\_\_

\_\_\_\_\_

Please provide us with any other information that we might need to support you.

My act supports the Spiritual Consciousness of Rally. \_\_\_\_\_

Uniteen Signature

I have observed or reviewed this talent on \_\_\_\_\_ (date reviewed) and I believe that it supports the spiritual consciousness of the Uniteen Retreat.

\_\_\_\_\_

Uniteen Leader