

**SAYF Registration Form**  
(Berea Friends Meeting, April 26-28, 2019)

Name \_\_\_\_\_ Birthday mm/dd/yyyy \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Teen Phone # \_\_\_\_\_ E-mail address \_\_\_\_\_

Parent/Guardian Name (s) & Phone Number (s) \_\_\_\_\_

Parent/Guardian email \_\_\_\_\_

Parent/Guardian mailing address (if different from teen's mailing address) \_\_\_\_\_

Emergency name/phone # if parents/guardians cannot be reached \_\_\_\_\_

Any food restrictions (circle any that apply)

Vegetarian    Vegan    No dairy    Gluten-free    Other \_\_\_\_\_

Any special circumstances we should know about? \_\_\_\_\_ (If yes, please describe on the back of this sheet)

Retreat cost: \$35.00 (please make checks payable to "SAYF" and write teen's name in check subject line)

Scholarship available if requested  here \_\_\_\_\_

**Sleeping Arrangements:** There are at least 3 designated sleeping areas: all male, all female, and coed. FANs (Friendly Adult Nurturers) are assigned to all sleeping areas: a FAN is awake/available for assistance throughout the night. Young Friends are required to be in their own sleeping bag/bedroll, and SAYF Guidelines apply at night as they do in the daytime. We encourage parents to discuss with their child any sleeping requirements or concerns they have. If you have specific instructions about the sleeping arrangements, please discuss it with your child and verbally tell a FAN or contact the Lead FAN for the specific retreat. Unless notified, YFs are allowed to choose their sleeping area based on their own personal comfort levels and leadings.

**Guidelines & Accountability:** Throughout the weekend, the adults of the SAYF community try to balance our awareness of the activities of the Young Friends with the importance to Young Friends of being trusted by the adults. Our goal is to teach accountability through guidelines, behavioral expectations, and community eldering. Therefore, it is ultimately up to the individual teen to act responsibly and to desire to be a positive element in the community. If you feel that your child is not able and willing to uphold our community rules and expectations, he or she should not attend retreats at this time.

***\*\*If a teen must leave the retreat, the adult accompanying him/her must notify the Lead-FAN\*\****

**I give permission for my above named child to attend the SAYF Retreat at Berea Friends Meetinghouse, Berea, KY on April 26-28, 2019. 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 retreat, 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.**

Parent/Legal guardian Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

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

**Lead FANs: Beth Myers**

beth@schinhofen.net 859-302-1018

**Jon Saderholm**

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