

Long Island Area Council (LIAC) COMING OF AGE Application 2024

Make sure all 5 sections are filled out neatly and signed

1. Applicant (participant)

Name _____ Date of Birth _____ Grade _____

Complete address _____

Email _____ Phone number _____ Cell (y / n) _____

I have chosen to take part in the Coming-of-Age Program. I understand that I will agree to sign a covenant that will require expected behavior while I am attending the program

Signature _____ Date _____

2. Parent/Guardian *(YOU MUST BE ABLE TO BE CONTACTED DURING PROGRAM SESSIONS)*

I believe my child is ready to assume the responsibilities required for the Coming of Age Program. I also understand the commitment necessary from my child and me for successful completion of the program. I will make known any special needs my child has.

Name _____ Signature _____

Email _____ Phone number _____ Cell (y / n) _____

Emergency contact(s): _____

(Include phone numbers) _____

3. Religious Educator

This applicant meets the prerequisites. I recommend this applicant for the Coming of Age Program.

Name _____ Signature _____

Congregation _____

4. Mentor

I am willing and able to work with and support this youth with his or her projects.

Name _____ Signature _____

Email _____ Phone number _____ Cell (y / n) _____

5. Download and sign the COVENANT.

*Send completed application with a deposit of \$25 by December 15, 2023 with COA in the memo line to:
LIAC COA Coordinator % SNUUC, 228 S. Ocean Ave., Freeport, NY 11520*

Questions? Contact either your DRE, or the LIAC COA Program Coordinator (Sharon Pataky) at
liacuu.owlcoa@gmail.com

JUNIOR AND SENIOR YOUTH COVENANT

1. We promote inclusive behavior. We strive to provide an atmosphere where all feel safe, accepted, and included at all times. Behavior that excludes another takes away from this sense of community.
2. With the goals of safety and community in mind, youth are not to leave the meeting and rules concerning congregational buildings must be honored.
3. We promote respectful behavior. Our meetings are a place where all are encouraged and empowered to express themselves. This requires responsibility to be respectful towards each other. The space we are in must be respected and cared for; everyone will participate in clean-ups of all areas of our meeting spaces.
4. We encourage open-mindedness and foster an open community where people who are different as well as similar are made to feel welcome. Youth should try to remain open to growing in unexpected ways through the support and challenges experienced during this course.
5. Sexualized behavior is not allowed. Exclusive relationships prevent our community from being inclusive and safe for all. Sexualized or intimate behavior is not permitted anywhere or time during meetings.
6. Possession or use of drugs, alcohol, or tobacco products is prohibited. Their use destroys the safe atmosphere as well as puts everyone at risk. There is zero tolerance for substance use.
7. Violence and abuse are unacceptable. No forms of violence (physical, verbal, sexual or other manifestation) will be tolerated. Weapons of any kind are not permitted and possession will be viewed as a breach of covenant. Any weapons will be confiscated immediately and any participant will be asked to leave.

I have read and understand this code of behavior, and I agree to abide by these rules and guidelines for my behavior. I also understand that failure to meet these standards will result in discipline or removal from the program. The program leaders will use personal judgment in setting the level of discipline or amount of praise for any situation.

Participant's Name (Print): _____
Participant's Signature: _____ Date: _____

I am aware that if my child fails to abide by these rules, the child may be asked to leave. Should this occur, I will be responsible for removing my child as soon as possible after notification.

Participant's Name (Print): _____
Participant's Signature: _____ Date: _____

COMING OF AGE PROGRAM AND BOSTON TRIP
Parent Permission Form and Consent to Medical Treatment

(Name of Participant) _____

has my approval to take part in the Coming of Age (COA) program, which will be meeting in Unitarian Universalist locations on Long Island, and (optionally) traveling to Boston in April 2024.

I understand that my child will be expected to abide by all regulations during the course of the Coming of Age program.

I hereby give my permission for my child to participate in the above-described activity.

I further agree that, in the event of an accident, illness or any other circumstance requiring medical treatment, such treatment may be procured for my child without financial obligation to the Long Island Area Council.

Date: _____ Signature of Parent/Guardian _____

The leaders of the Coming of Age course should be able to reach a parent at all times.

PLEASE SUPPLY EMERGENCY TELEPHONE NUMBER(S):

AUTHORIZATION TO TREAT A MINOR

I (We), the undersigned parent, parents or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital holding a current license. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Date: _____ Signature of Parent/Guardian _____

Allergies to Drugs or Foods _____

Date of last Tetanus Toxoid Booster _____

ANY OTHER IMPORTANT MEDICAL INFORMATION WE SHOULD KNOW:

(THIS FORM SHOULD BE KEPT BY THE CHAPERONE AT ALL TIMES)