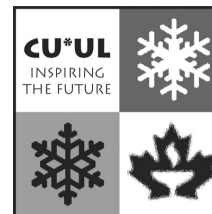


**APPLICATION FORM - 2010  
CANADIAN UNITARIAN\*UNIVERSALIST LEADERSHIP  
SCHOOL EAST**



**Participant Information**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Congregation: \_\_\_\_\_  
 Current (if any) Leadership Role in your Congregation: \_\_\_\_\_  
 \_\_\_\_\_

**Authorization of Minister and/or President\***

Name: \_\_\_\_\_  
 Position in Congregation: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_ Phone: \_\_\_\_\_

\* Note to Minister and/or President— In order to ensure that participants are those identified by their congregations as leaders, we ask for your recommendation. Your signature indicates that you endorse the participation of this individual and that you believe they have the motivation and skills necessary to participate in and benefit from an intense leadership program. (If the participant is also Congregational President and if there is no minister we ask that the Past President or Board Secretary provide the endorsement signature.)

Return this form with payment from the congregation and the participant. Please note that the program has limited space and that registration will be 'first come—first served'. Complete registrations, including all payment, is necessary for confirmed registration. Cheques should be made payable to CUC (Memo line CU\*UL School - East) and should be mailed to:

Grace Jinkinson—Registrar CUUL School, 68 Warnica Avenue, Etobicoke, On M8Z 2A1

**Deadline for registration is June 15, 2010. REGISTRATION IS NOT CONFIRMED UNTIL FULL PAYMENT IS RECEIVED!**

It would be helpful if registrants paid their portion of registration to the congregation and if the congregation issued a cheque for both portions. © For more information contact Linda Thomson at 904-332-3851 or the team at cuul-east@cuc.ca Participant fees include meals, accommodation, program materials and resources from arrival until departure. Participant travel costs are NOT included in the registration fee. Please use separate forms for each participant. The 2010 registration fee (unchanged since 2004) is \$549 for the first participant from each congregation and \$499 for each additional.

Gender: \_\_\_\_\_  
 Dietary Preferences: Vegan, Vegetarian, Omnivore  
 Participants wishing to apply for scholarship funds should contact the coordinator. (\$100 max per participant/1 scholarship per congregation)  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 Prov. Health Care Number (incl Prov.): \_\_\_\_\_  
 Other medical coverage/insurance information: \_\_\_\_\_  
 \_\_\_\_\_

Total Registration Fees: 1st Participant = \$549, 2nd and subsequent = \$499		Enclosed
Participant	\$250 (suggested )	
Congregation Portion (1st Participant)	\$299	
Congregation Portion (2nd or more)	\$249	
Scholarship Donation		
Total Enclosed		

Health Information—Allergies/medical conditions we need to know about: (please indicate food preference and allergies) We'll keep this information confidential , please use the back of this form as needed.

Medications I will be taking during the weekend: \_\_\_\_\_  
 \_\_\_\_\_

**EMERGENCY CONTACTS** - Provide contact information for those who will be available during the program dates. If for a youth, provide information for at least parent or guardian. (provide an address if different than the participants)

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Phone #'s (home, work, and/or cell): \_\_\_\_\_  
 \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Phone #'s (home, work, and/or cell): \_\_\_\_\_  
 \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

I, \_\_\_\_\_ (please print) who will be attending the Canadian Unitarian Universalist Leadership School, McMaster University, July 15-18, 2010 hereby give my consent and authority for the meeting staff to take any reasonable action to help ensure my safety, health and welfare. I also give my consent for any necessary medical treatment, including emergency surgical care, if needed. (Name and signature of parent or guardian if Participant is under 18 yrs.)

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

For scholarship information and to apply please contact cuul@cuc.ca (please note, congregational approval of the scholarship application is required)

## STATEMENT REGARDING COMMUNITY SAFETY

Our goal is to ensure that the CUUL community is safe and promotes the full participation of all participants. We strive to promote a healthy community, healthy relationships and to provide an environment that is free of harassment. Healthy relationships are based on responsibility, respect, love, and commitment. Behaviour that breaks down the community, including sexual harassment or abuse, is inappropriate and therefore not permitted in any conference or meeting setting.

All public spaces used by the CUUL school community will be alcohol free.

Our community of leaders will include participant of many ages, and may include youth. All people in leadership roles within Unitarian Universalist community are in a position of stewardship and play a key role in fostering spiritual development of both individuals and the community. It is, therefore, especially important that those participating with youth be mindful of their special responsibility.

The relationship between youth and others must be one of mutual respect if positive potential is to be realized. One important area of growth, self-worth and the development of a healthy identity is as a sexual being. Adults can play a key role in guiding children and youth in these areas of growth. Wisdom dictates that children, youth, and adults suffer damaging effects when leaders become sexually involved with young persons in their care; therefore leaders will refrain from engaging in any sexual, seductive, or erotic behaviour with children and youth. Neither shall they sexually harass or engage in behaviour with youth that constitutes verbal, emotional or physical abuse.

Participants are asked to consider the needs of the community and to refrain from behaviours that may be detrimental to the community. These might include, but are not limited to:

- Intoxication
- Exclusive or sexual relationships (other than with a spouse or domestic partner)

It is the job of the CUUL Leadership Team maintain safe community and to determine what, if any penalties, might be assessed. Parents/Guardians, and youth are encouraged to discuss this policy together.

I, \_\_\_\_\_ will abide by these policies and guidelines while attending CUUL school, 2009.

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

### *Permission of Parents/Guardians (If Participant is under 18 years old)*

I further understand that my daughter/son/ward will be required to follow the rules of province, the policies of the CUUL program, Canadian Unitarian Council and meeting site.

The leaders and attendees of CUUL 2009 will be staying in dormitory accommodations at Queens University for the nights of July 16, 17 and 18, 2009.

I am aware that my son/daughter/ward will be in a primarily adult community and will not be supervised at all times.

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