

Friends Ages 14-18: *Teen Program at Fall Sessions*



November 11-13

- * Friday evening & Sunday morning @ Scarsdale Meeting
- * Saturday @ Ethical Culture Society in White Plains
- * Friday and Saturday *Overnight for Teens* at Purchase Meeting



SHARING OUR STORIES
... past, present, and future ...

- * Teen Overnights at Purchase Meeting Friday & Saturday
- * *Power of Goodness* workshop: *How does prejudice operate in our daily conversations? How can we overcome obstacles to act in accord with our conscience?*
- * Service project with SHORE (Sheltering the Homeless is Our Responsibility) in White Plains.*
- * Saturday evening program exploring ways to deal with stress; “self-space” time to catch up with friends, do homework, or rest.
- * **What to bring:** sleeping bag or blanket/sheets for overnight; long pants and work gloves for service project on Saturday.
- * We have invited teens from Passage of Hope, an organization that provides accommodations to unaccompanied youth from other countries, to join our teens and to get to know each other better as they explore issues of prejudice through sharing stories.

FOR MORE INFORMATION AND REGISTRATION:

WWW.NYYM.ORG/?Q=FALLSESSIONS2016#REGISTRATION

OR CONTACT MLEAGLESON@AOL.COM

NYYM 🍁 FALL SESSIONS 🍁 MEDICAL INFORMATION FORM

Please fill out one form per child. Thank you.

PLEASE NOTE! Children CANNOT participate without a current medical form on file. THIS INFORMATION IS KEPT CONFIDENTIAL FOR NYYM USE ONLY

CHILD'S LAST NAME: _____ **Parent / Sponsor LAST NAME:** _____

FULL NAME of Child: _____ **AGE:** _____

Mother/legal guardian's full name: _____

Mother/legal guardian's phone number (*if not at Fall Sessions*): () _____

Father/legal guardian's full name: _____

Father/legal guardian's phone number (*if not at Fall Sessions*): () _____

If a parent will not be present at the NYYM Sessions: I have arranged for the following person to be responsible for my child _____

Emergency names (authorized to remove child from premises):

1) _____

2) _____

Name and phone number of family physician / insurance information:

_____ Phone: () _____

Insurance carrier: _____ Policy #: _____

VERY IMPORTANT: *Please list all allergies, medications, physical limitations, emergency medical information, recent surgeries or injuries, or other things we should know about your child. List any medications that are self-administered, e.g. EpiPen, etc.*

I give my permission for my child to be given necessary treatment during Fall Sessions, November 11-13, 2016 (sign below).

Signature of Parent/ Legal Guardian: _____ **Date:** _____

*(This document is **not** valid with the signature of a sponsor. It **must** be signed by a parent/guardian.)*

THIS FORM IS TO BE PRESENTED AT TIME OF REGISTRATION