

# One-night Workshop for New Thought Teens



**August 15-16, 2014**  
**Friday at 6pm**  
**until Saturday at 4pm**  
**in Wilmington, DE**

**Teen Groups** from New Thought spiritual communities all over the Northeast are having a **One Night Seminar** sleep-over. It will be at the Center for Joyful Living in Wilmington. We'd love to have you join us!

**PURPOSE:** To create a field of unconditional Love in which to gather for bonding, celebration, and deepening spiritual growth. We each learn to create a new experience of life through interactive workshops based on the practical spirituality of ancient wisdom and the teachings of New Thought.

**WHO:** Teens and adult Advisor volunteers from all New Thought spiritual groups and communities.

**WHERE:** Center for Joyful Living, 5201 West Woodmill Dr, Wilmington, DE

**COST:** \$35 per person – includes food and supplies. We will provide dinner on Friday upon arrival, breakfast & lunch Saturday and snacks throughout. If you require special food, please bring it.

**REGISTRATION:** Please register online **no later than Monday August 11**, then mail a signed Consent/Release form for each minor teen. There is a \$10 fee for late registration after 8/11 if space is available.

**Register and pay online at [www.NewThoughtTeens.org](http://www.NewThoughtTeens.org)**

**NO ONE UNDER 18 YRS. WILL BE ADMITTED WITHOUT A SIGNED CONSENT FORM.**

**WHAT TO BRING:** P.J.s, toiletries, sleeping bag and pillow. And an open, positive attitude.

This event is run by the **New Thought Philadelphia** for ANTN's Northeast New Thought Teens. If you have any questions, please contact **Rev. Bill Marchiony** (610) 658-2454 or [RevBill@NewThoughtPhilly.org](mailto:RevBill@NewThoughtPhilly.org)

**INFORMATION, REGISTRATION** and **DIRECTIONS** online at [www.NewThoughtTeens.org](http://www.NewThoughtTeens.org)

## **COMPLETED FORMS & CHECKS TO:**

New Thought Philadelphia  
137 Barrie Rd.  
Ardmore, PA 19003



# Teen **Workshop** Registration & Consent Form (Must be completed for all minor teens)

Teen or Advisor's Name \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Teen Phone \_\_\_\_\_ Email \_\_\_\_\_

Community or Center \_\_\_\_\_

This is a **full participation** event. By their attendance, each participant agrees to abide by the code of conduct posted on the web site at [www.NewThoughtTeens.org](http://www.NewThoughtTeens.org).

Teen's Parent Name: \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

**SPECIAL MEDICAL REQUIREMENTS** i.e. prescription drug, medication, diet, allergy

\_\_\_\_\_  
\_\_\_\_\_

## ACKNOWLEDGEMENT OF INHERENT RISK

I acknowledge and understand there are inherent risks associated with many youth/teen activities. I will assume the risk associated therewith, whether known or unknown to me at this time. I recognize that attendance is a privilege and as a consideration for this privilege, I release New Thought Philadelphia and other host/sponsor organizations and their subsidiaries, agents and employees and trustees, from responsibility for any accidental physical injury, including death or illness, and loss of personal property while attending or during travel to and from the event. This release is also intended to include all claims made by my family, estate, heirs, personal representative or assigns.

## ACCIDENT COVERAGE & AUTHORIZATION FOR TREATMENT (required for minor teens only)

Teen's insurance company \_\_\_\_\_ Policy No. \_\_\_\_\_

Insurance company address/phone \_\_\_\_\_

I understand that my personal insurance will be primary coverage. I hereby give permission to the medical personnel selected by the event leaders to order X-rays, routine tests, treatment; to maintain and/or release any medical records necessary for insurance purposes in accordance with HIPAA regulations, and to provide or arrange necessary related transportation for me or my child. In an emergency, I hereby give permission and authorize the physician selected to secure or administer emergency medical treatment, including hospitalization and any other emergency medical procedures which may be needed for the person named herein. I authorize the physician/dentist to call in any necessary consultants in his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is given to encourage those persons who have temporary custody of the minor, and said physician/dentist to exercise their best judgment as to the requirements of such diagnosis or medical, dental or surgical treatment.

I agree to remain fully liable and responsible for the payment of any such hospital, doctor, ambulance, dental or medical fees. I further agree that in giving this permission and authorization, the host organization does not assume any responsibility or liability for the payment of such hospital, doctor, ambulance, dental or other medical fees which may be incurred. I hereby indemnify and agree to hold New Thought Philadelphia and other host/sponsor organizations and their subsidiaries, agents and employees, free and harmless against any damages, costs or expenses resulting from or arising out of any claims, demands or causes of action that may arise out of or result from any such medical treatment or services. This Consent and Release shall remain in full force and effect until revoked in writing by the undersigned.

## PHOTO RELEASE

I hereby grant permission to New Thought Philadelphia the right to use, reproduce, and/or distribute photographs, films, video and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the organization's activities for up to three years.

Signature of Teen or Advisor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Teen's parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**MAIL COMPLETED FORM TO:** New Thought Philadelphia • 137 Barrie Rd. • Ardmore, PA 19003