

**Registering for**  
**OWL IN OTTAWA**  
**SR OWL SEXUALITY EDUCATION TRAINING PROGRAM**  
**November 25-27, 2005**

**Registration Form**

The earlier the better and by 18 November 2005, e-mail the registration form to [owl-info@tricolour.net](mailto:owl-info@tricolour.net) , fax it to the First Unitarian Congregation of Ottawa at 613-725-3259, or get it to Roz. Don't forget your Health Card Number, you need it to attend.

**How to Register**

Online via <http://owlinottawa.blogspot.com>

Register by sending an e-mail to: [owl-info@tricolour.net](mailto:owl-info@tricolour.net)

By fax to the First Unitarian Congregation of Ottawa at 613-725-3259

Returning youth contact Roz.

**Information**

OWL in Ottawa information on-line at: <http://owlinottawa.blogspot.com>

**Payment**

Bring your payment of \$40 Canadian (or \$30 US) cheque or cash, with you on November 25th. Cheques are made payable to the First Unitarian Congregation of Ottawa (or FUCO). Returning youth pay \$35.

**Parent/Guardian Permission Form**

Bring your signed permission form with you on November 25th.

**Participant Rules for SR OWL Training Weekend**

Bring your signed copy of the participant rules with you on November 25th.

**Saturday Night**

The plan is to hold a dance on Saturday night. You are asked to bring dancing music and something special to wear.

**Contact**

Phone contact about the OWL Training: Roz at 729-7787

Weekend contact number for 25-27 November: 889-2004

**OWL IN OTTAWA  
SR OWL SEXUALITY EDUCATION TRAINING PROGRAM  
November 25-27, 2005**

**Registration Form**

**Participant Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**I identify as:** M \_\_\_ F \_\_\_ Trans \_\_\_ Other \_\_\_\_\_

**Congregation** \_\_\_\_\_

**Other Group** \_\_\_\_\_

**My Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**OHIP # /Health Insurance Information:** \_\_\_\_\_

**Allergies / Medical Conditions we should know about?** \_\_\_\_\_

**Medications I will be taking during the weekend training?**

\_\_\_\_\_

**Dietary preferences:**

**Omnivore** \_\_\_ **Vegetarian** \_\_\_ **Vegan** \_\_\_ **Other** \_\_\_\_\_

**Any other issues:** \_\_\_\_\_

**Emergency Contact Person for the weekend event:**

**Name:** \_\_\_\_\_

**Phone Number :** \_\_\_\_\_

## PARENT/GUARDIAN PERMISSION FORM

I/We \_\_\_\_\_ give  
(name(s) of parents/guardians)

\_\_\_\_\_ age \_\_\_\_\_ permission to participate in  
(name of participant)

**Our Whole Lives Sexuality Education for Grades 10-12, part of the education program at First Unitarian Church of Ottawa.**

I/We have been offered the opportunity to view the OWL materials.

I/We have attended an orientation to this program.

As the parent/guardian(s) of \_\_\_\_\_, who will be attending the SR OWL sexuality education program at the First Unitarian Congregation of Ottawa, from Friday, November 25th - Sunday, November 27<sup>th</sup>, 2005. I hereby give my consent and authority for the program leaders to take any reasonable action to ensure the safety, health and welfare of my son/daughter. I also give my consent for any medical treatment, including surgical care if needed. I understand that my child will be required to follow the rules of the program, and that the breach of those rules may result in my child being sent home at my expense. I expect to be contacted to arrange travel should this become necessary.

(parent/guardian)

Signed \_\_\_\_\_ Date Signed \_\_\_\_\_

Name \_\_\_\_\_ Phone Number Daytime \_\_\_\_\_

E-mail \_\_\_\_\_ Phone Number Evening \_\_\_\_\_

Address \_\_\_\_\_

(parent/guardian)

Signed \_\_\_\_\_ Date Signed \_\_\_\_\_

Name \_\_\_\_\_ Phone Number Daytime \_\_\_\_\_

E-mail \_\_\_\_\_ Phone Number Evening \_\_\_\_\_

Address \_\_\_\_\_

**Photo permission :** I give my permission for my child's photograph to be taken during the Our Whole Lives (OWL) workshop at the First Unitarian Congregation of Ottawa 25 to 27 Nov, 2005 and am aware that photographs may be used by the Church and the Canadian Unitarian Council in their publications and web sites.

(parent/guardian)

Signed \_\_\_\_\_ Date \_\_\_\_\_

## Participant Rules for SR OWL Training Weekend

- A. All participants must sign indicating their agreement to these rules.
- B. The SR OWL Planning Committee, in conjunction with First Unitarian Congregation of Ottawa, assumes responsibility and has final authority for the conduct of all SR OWL training events.
- C. The age range for SR OWL training will be 15-20.
- D. The adult/youth ratio will be 1:7 at all times.
- E. No alcohol, dangerous materials, weapons or illegal drugs.
- F. Specific areas, and times, will be provided for smoking along with other restrictions to discourage any non-smoker from starting to do so at an event.
- G. Sexuality that includes respect for others, yourself, and the community is an important part of life but also an area for caution and care. All members of the community must respect others' physical boundaries. Inappropriate behaviour such as sexual intercourse or harassment will not be tolerated. Exclusive and/overtly sexual relationships detract from the community and are strongly discouraged. The community reserves the right to deem any behaviour inappropriate.
- H. There will be no leaving or arriving at the designated program area without permission from program organizers. The site will be closed to entrance or exit (except for emergencies and overnight volunteers) during nighttime hours (usually midnight to 7 am).
- I. It is expected that all youth attending the training will participate in the workshops.
- J. Gender segregated and mixed-gender sleeping areas will be provided wherever possible.
- K. At the orientation, the First Unitarian Congregation of Ottawa will add location specific rules and such additions are considered part of these rules.
- L. Violation of these rules will result in a meeting of the Spirit Committee. This committee will determine appropriate action, which could include the attendee and their entire group, with whom he/she traveled, being told to leave the OWL training.

I have read the above rules and agree to abide by them. All youth must sign:

I agree to abide by all rules of this program. I agree that if I break the rules I may be sent home at my parent's/guardian's expense.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Photo Permission: I give permission for my photograph to be taken during the Our Whole Lives (OWL) workshop at the First Unitarian Congregation of Ottawa 25 to 27 Nov, 2005 and am aware that photographs may be used by the Church and the Canadian Unitarian Council in their publications and web sites.

Signed \_\_\_\_\_ Date \_\_\_\_\_