2010 Greek Advance Registration Packet

Greek Advance is the University of Florida’s annual leadership retreat for presidents and council executive board members. The curriculum for Greek Advance is derived from values of the Florida Greek community—scholarship, service, leadership, community—and is designed to provide you with 1 1/2 days of learning and self-discovery that will build your leadership abilities in the areas of organizational development, service, and community. As a result of participating in Greek Advance, you should be able to promote positive change within your chapter, council, and the Florida Greek community.

It is important for you to recognize that Greek Advance is a leadership retreat and not a conference. As such, Greek Advance provides a unified curriculum where each exercise or activity builds on the previous activity and prepares you for the next one. To assist you in this endeavor, you will be assigned to a cluster or small group during the retreat. Cluster meetings are designed to allow you the opportunity to have discussion, gain new ideas from fellow members of the Florida Greek community, time to address individual concerns, as well as create an action plan for your return to campus. Each cluster will be assigned a cluster facilitator, a current fellow Greek, who has served as either a President or council officer during their tenure at UF. Please note that the cluster facilitator is not your parent, but a liaison.

Enclosed in this packet are the following:

1) Schedule at a Glance & Things to Bring
2) Basic FAQ’s
3) Fee Waiver Scholarship (Due Friday, November 20, 2009 at 3pm to be considered)
4) Registration Form (Due Friday, December 4, 2009 at 3PM with Fee of $125)
5) Liability Waiver Form (Due Friday, December 4, 2009 with Fee and Registration Form)
2010 Greek Advance Schedule at a Glance

**Sunday, January 3, 2010**
7:30am – Check-In (Commuter Lot)
7:45am – Load Buses (Please bring your own snacks for breakfast)
9:45am – Arrive to Camp
10:00am – 10:00pm – Welcome and Introductions, Informational Sessions, Team Building Activities
* lunch and dinner provided

**Monday, January 4, 2010**
8:00am – Wake Up and Pack Up, Breakfast
9:00am – 5:00pm – Morning Activity, Programs, Activities and Council Time
7:30pm – Arrive back at UF (Commuter Lot)

11 THINGS TO BRING TO GREEK ADVANCE 2010

1) Warm comfortable clothes
2) Jerseys/embroidered t-shirt w/ letters (paraphernalia) for group photo
   * Council polos/shirts are also acceptable for Council Officers.
3) Comfortable shoes (Sneakers AND Shower Shoes, please no flip flops)
4) Bed Linens (Pillow, Blanket, Sleeping Bag)
5) Games (UNO, cards, Frisbee)
6) Jacket
7) Bug spray
8) Toiletries (soap, toothbrush, etc.)
9) Alarm clock
10) An Open-mind
11) Positive Attitude

**NOTE:** Please note that Camp Weed is a Ministry of the Episcopal Diocese of Florida. As such alcohol, tobacco, and profanity are not allowed on the premises. Please respect Camp Weed by adhering to these guidelines.
2010 Greek Advance FAQ’s

How do we get to Greek Advance?
Sorority & Fraternity Affairs (SFA) has arranged for buses to take participants to and from Camp W.E.E.D (Live Oak, FL). SFA staff will be present to check people in. No one is permitted to drive to the camp.

Where can we leave our cars?
The Commuter Lot is available. Parking is lifted during Greek Advance. I would also encourage you to carpool or arrange to be dropped off and pick up.

What if I can't attend?
Because the information that is disseminated at Greek Advance is critical to the success of the chapter, all chapters are required to have representation. In the event that the chapter president cannot attend, s/he needs to contact Carey J. Mays as soon as possible. Sorority and Fraternity affairs will work with the chapter to make sure that they have representation. In the event that the chapter president is also a member of exec, the chapter will need to send the next highest officer to represent the chapter.

Where will I be staying and with whom?
Every participant has been assigned to a camper cabin with several roommates. Roommates were assigned on a number of factors including: council affiliation and the proximity between housed chapters. You will be housed with chapters from your council and at least one other council. It is important for participants to remember that this is a retreat. As such, your lodging accommodations will be considered modest at best. For your convenience, all cabins are air-conditioned and have a private bath.

What do I need to bring?
Please see the 11 Things to Bring to Greek Advance above.

What should I do if I have dietary needs/restrictions?
Please contact Carey J. Mays (Careym@union.ufl.edu) ASAP so that we might accommodate your request.

Who do I contact if I have additional questions or concerns?
Please contact Carey J. Mays (Careym@union.ufl.edu).
2010 Greek Advance Registration Form

Form Due: Friday, December 4th at 3pm in OSFA (with fees)
Registration Fees: $125, Make check payable to specific council

Personal Information:
Name: _____________________________ UF ID Number: __________________________
Organization: ___________________________ Position: __________________________
Date of Birth: _________________________ E-mail Address: _________________________
Local Street Address: ___________________________ Zip: __________________________
Local Phone: ___________________________ Cell Phone: __________________________
T-Shirt Size (circle one):      S      M      L      XL      XXL

Emergency Contact:
Name: _____________________________ Relationship: __________________________
Home Address: __________________________
City: _____________________________ State: __________________________ Zip: __________________________
Daytime Phone: __________________________ Evening Phone: __________________________

Medical Information:
Are there any important medical conditions, allergies, or other special instructions you would like us to know about in the event of an emergency? If yes, please note below:
________________________________________________________________________________________
Please list any medications you currently are taking:
________________________________________________________________________________________

Health Insurance (mandatory information):
Company Name: ___________________________ Policy Number: __________________________
Policyholder Name (parent, guardian, self): __________________________

Check any and all that apply:
☐ I am a vegetarian and would like to request alternate food choices.
☐ I will need other accommodations as listed: ____________________________________________________
2010 Greek Advance Assumption of Risk/ Liability Form

I, _________________________, understand and agree that being a member of the Florida Greek community and participating in Greek Advance events and activities sponsored by Sorority and Fraternity Affairs involve certain risks and that regardless of the precautions taken Sorority and Fraternity Affairs staff, some injuries may occur.

Specific risks and hazards involved in the Greek Advance 2010 experience may include, but are not limited to the following:

1. Travel to and from events.
2. Activities involving moderate physical exertion.
3. Interaction with other event participants.

Knowing this information, in consideration of my participation as a member of the Florida Greek community, I expressly and knowingly release Sorority and Fraternity Affairs, its representatives, advisors, and agents; the University of Florida, the State of Florida, its officers, and employees, from any and all claims and causes of action for property damage, personal injury, or death sustained by me arising out of any travel or activity conducted by or under the auspices of the Office of Sorority and Fraternity Affairs staff, caused by risks associated with this activity, and/or negligence of the sponsoring group.

In addition, I understand and agree that the members of Sorority and Fraternity Affairs staff cannot be expected to control all of the risks articulated in this form, but may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required during my participation at Greek Advance, with the understanding that the cost of any such treatment will be my responsibility. Neither the University nor Sorority and Fraternity Affairs staff carries medical nor accident insurance for the activities mentioned unless the participants are informed otherwise. As such, participants should review their personal insurance portfolio.

Finally, I voluntarily and knowingly agree to protect, hold harmless, and indemnify Sorority and Fraternity Affairs staff, its representatives, advisors and agents; the University of Florida, the State of Florida, its officers and employees against all claims, demands, or causes of action for property damage, personal injury, or death, including defense costs and attorney’s fees arising out of my participation in Greek Advance.

I have read the agreement and have willingly signed for the consideration expressed and with a full understanding of its purpose. Participant represents that he/ she is eighteen (18) years of age or older and is otherwise competent to execute this agreement, or that his/ her legal guardian is also signing.

Print Name: _________________________ Signature: _________________________ Date: _____________

Guardian Name: _________________________ Signature: _________________________ Date: _____________
(If under the age of 18)

Form due by Friday, December 4, 2009 at 3:00pm to Sorority and Fraternity Affairs
Greek Advance Fee Waiver Application

To request a fee waiver, please submit this form, to Sorority and Fraternity Affairs, no later than **Friday, November 20, 2009 at 3:00pm**. Although not necessary, you are welcome to submit additional information that will support your organization’s cause. Decisions will be sent via email by Tuesday, November 24, 2009 at 3:00pm. Organizations that request a fee waiver, and fail to complete this application will be denied.

**Chapter Information**

Organization: ________________________________________________________________

Chapter President: ____________________________  President Email: __________________

Chapter Advisor: ____________________________  Advisor Email: ____________________

**Chapter Finances**

The chapter is requesting the waiver for Greek Advance registration because (please check one):

- [ ] The chapter is UNABLE to pay ANY of the $125 Greek Advance registration fee
- [ ] The chapter is UNABLE to pay a PORTION of the $125 Greek Advance registration fee

**Amount the chapter would be able to pay:** $

Please describe the chapter’s current financial situation (e.g. why your chapter should be eligible for up to $125 waiver). Please be as detailed as possible to show the financial need and fiscal responsibility of the chapter. PLEASE FEEL TO USE AN ADDITIONAL SHEET OF PAPER IF NECESSARY.

I attest that the above information is accurate and correct to the best of our knowledge.

_________________________  ______________________________  ______
Chapter President (print)  Chapter President (signature)  Date

_________________________  ______________________________  ______
Chapter Advisor (print)  Chapter Advisor (signature)  Date