

This form is due no later than MARCH 4, 2018 (SUNDAY)
and must be completed fully on both sides! FORM C

PRINT OR TYPE CLEARLY
2018 JUNIOR HIGH YOUTH DAY
YOUTH REGISTRATION AND PERMISSION FORM

NAME _____ SEX _____

AGE _____ BIRTH DATE _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARISH OR CATHOLIC SCHOOL YOU ARE REPRESENTING AND CITY:

Indicate the size of t-shirt desired: (all are adult sizes:) S _____ M _____ L _____ XL _____ XXL _____

If you would like to be volunteer for the Liturgy (altar server, usher, gift bearer, etc.) Check here _____

PERMISSION

I/WE the parents or guardians of _____, for myself/ourselves and for my/our child, give permission for my/our child to participate in the Junior High Youth Day, Sunday, March 18, 2018, at Bishop Carroll High School, Ebensburg, Pennsylvania. It is understood that reasonable caution will be taken by the organizers to prevent injuries to all participants.

INDEMNIFICATION

In consideration of the Youth Ministry Office's agreement to allow my/our child to participate in the Junior High Youth Day and intending to be legally bound, hereby, I/WE agree to indemnify and hold harmless, the Youth Ministry Office, the Roman Catholic Diocese of Altoona-Johnstown, Bishop Carroll High School, and any parishes within the diocese, their agents, successors, and legal representatives against any loss from any and all claims, demands, and actions at law or in equity that may hereafter at any time be brought by myself/ourselves, my/our child, or anyone on his/her behalf, for the purpose of enforcing a claim for damages because of any injury or property damage sustained by my/our child as a result of, or in any way related to his/her participation in the Junior High Youth Day.

I also agree to authorize the Diocese of Altoona-Johnstown to photograph, videotape and/or interview the named youth and agree that they may use or permit other persons to use the negatives, prints, video or interview prepared for such purposes and in such manner as may be deemed appropriate and necessary. **Signature of Parent/Guardian** _____
[] X this box if you do not agree to have your child photographed, interviewed or videotaped.

CODE OF BEHAVIOR

Participation in Junior High Youth Day is a privilege and not a right. I understand and agree that my behavior must reflect Christian values and that I will abide by all rules and regulations for Junior High Youth Day. I agree to stay with my designated group at all times and to participate in all activities. I understand that if I fail to act in according to the guidelines of Junior High Youth Day the staff reserves the right to ask to me leave at my parent/guardians expense. I also agree that I will not leave until the event is over unless I have written permission from my parent and guardian that I present at registration.

Signature of Youth _____

MEDICAL AUTHORIZATION

In the event of any injury or illness to my/our child during his/her participation in the Junior High Youth Day, I/WE hereby give my/our permission for the necessary medical treatment to be given to my/our child. I/WE for my/ourselves, for my/our child, our respective heirs, and my/our respective legal representative, do hereby indemnify and hold harmless any representative of the Youth Ministry Office, the Roman Catholic Diocese of Altoona-Johnstown, Bishop Carroll High School, and any parishes from any and all claims, demands, and causes of action of whatever kind and nature for their actions taken pursuant to this authority,

I/WE agree that in case of injury to my/our child, I/WE will apply our hospitalization and/or accident insurance toward payment of the expense incurred and will not look to the Youth Ministry Office, the Roman Catholic Diocese of Altoona-Johnstown, Bishop Carroll High School, and any parishes within the diocese, or their agents for the payment of any medical costs or injury related costs.

Parent/guardian signature

Parent/guardian phone number

The Following Information Must Be Completed For Your Child To Attend:

Insurance company

Policy number

Name and phone number of person if parent/guardian is not available

Does your child have any allergies? _____

Does your child take any special medications? _____

Does your child have any special dietary needs? _____

Please check one in case of minor headache or stomach ailment:

_____ Permission to give non-aspirin (Tylenol/Advil).

_____ Please call for permission

_____ Please do not give any medication to my/our child

IT IS IMPORTANT THAT THE GROUP LEADER MAKES A COPY OF THIS FORM AND KEEPS THE COPY WITH HIM/HER DURING YOUTH DAY.