

2010 Kansas City Youth Conference
Individual Registration/Liability/Permission Form
(YOUTH FORM)

Parish Registration Deadline is _____

I. Participant Information

Teen Name: _____ Parish: _____
Home Address: _____ City/State/Zip: _____
Home/Cell Phone: _____ Email Address: _____
School: _____ Year in School: _____ Birth date: _____ Gender: _____
T-Shirt Size: Small Medium Large X-Large

II. Emergency Information

Parent/Guardian Name: _____ Home/Cell Phone: _____
Parent/Guardian Name: _____ Home/Cell Phone: _____

III. Health Information

Are you in general good health and able to participate in normal activities? ____ Yes ____ No
Special Needs: ____ Wheelchair ____ Hearing Impaired ____ Visually Impaired ____ Other
Explain any limitations: _____

Medications: List any prescription medications you are taking and frequency of dosage. Also, list any over-the-counter medications you will be bringing to the event.

Prescriptions/Dosage: _____

Over-the-Counter: _____

Diet: Identify any special dietary needs: _____

Allergies, diseases, disorders, disabilities, surgeries or serious injuries: _____

A copy of Participant's or Primary Policyholder's Insurance card MUST be submitted for registration to be complete. If NO INSURANCE, please attach a letter from the family stating there is no coverage.

IV. Permission of Parent/Guardian

I/We, the parent(s)/guardian(s) of _____, request that he/she be allowed to participate in the Event described above, and hereby give my/our permission for such participation.

I/We _____ give my/our permission to the sponsoring Diocese/Parish/School/Organization to take photographs, video or digital images of Participant during the Event for future promotional purposes.

V. Consent for Disclosure to Individual Involved in the Care and Treatment of Participant

For the duration of the Event, I/We grant to the Diocese/Parish/School/Organization and its agents the following powers, to be used for the benefit of and on behalf of Participant (check all that apply):

_____ to receive any and all individually identifiable health information about the past, present and future medical condition of Participant, including, but not limited to, information necessary to the care and treatment of Participant and any illness or injury Participant may have sustained;

_____ to authorize medical care for Participant, including, but not limited to, any and all treatment, examination, diagnosis or outpatient medical care rendered under the general or special supervision of and on the advice of any physician or surgeon licensed to practice medicine by the applicable licensing body in the state in which physician or surgeon practices.

(continued)

VI. Liability Consent of the Parent/Guardian

_____ I/We understand that the Diocese/Parish/School/Organization will not be liable to me/us or any or my/our successors in interest for any action taken or not taken in good faith.

_____ I/We understand that as parent(s) or legal guardian(s) I/we may be responsible for any liability which may result from the conduct of Participant at or during the Event.

_____ I/We understand that there is a risk of injury involved in any Youth Ministry activity.

_____ I/We hereby release the Diocese of Kansas City-St. Joseph, and its officers, agents, employees and volunteers, from any liability arising from claims of any kind or nature whatsoever in connection with Participant's participation in the Event.

VII. Youth Participant Code of Conduct

I, _____ having *read and understood* the **KCYC Youth Participant Code of Conduct** know what is expected of me during KCYC, and wanting to share in the responsibility for the success of this event, agree to the rules. I understand that any infraction or combination of infractions of the rules may result in my immediate dismissal from KCYC. Should this happen, I also understand that my parent(s)/guardian(s) will be notified at once.

VIII. Payment

The Registration Fee for KCYC is \$55.00 per person

The Hotel Cost is \$100.00 per room.

The TOTAL cost is set by the Parish Youth Minister.

For Parish Use Only TOTAL Cost for KCYC per person: _____ Cost includes: _____
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This Form *plus* payment is due to the Diocese on or before **Monday, October 11, 2010**. Parish Leaders need ALL forms signed and returned with payment by _____. Registrations received at the Diocese after Monday, October 11th will be charged a \$15.00 late fee for a total Registration cost of \$70.00. Each Registration Fee includes a \$25.00 NON-REFUNDABLE deposit. NO REFUNDS or ADDITIONS can be made after November 5, 2010.

Scholarship Money is available. Ask your Parish Youth Minister for a Scholarship Application. *The assistance request deadline is September 20, 2010.*

Student Signature **Date**

Parent Signature **Date**