

**PRELIMINARY GROUP REGISTRATION (FORM A)**

Please complete and submit this to the OY&YAM, 144 W. Wood St., Youngstown, OH 44503  
as soon as possible. First deadline\* is April 19, 2019.

Name of Parish(es)/School: \_\_\_\_\_

City of Parish/School: \_\_\_\_\_

Name of Group Leader: \_\_\_\_\_

Group Leader Email address: \_\_\_\_\_

Group Leader Cell Phone Number: \_\_\_\_\_

Can you receive text messages?  Yes  No

If Group Leader Works at a Parish/School/place that does not mind calls, if needed:

Work number: \_\_\_\_\_

FAX number: \_\_\_\_\_

<b>FOR OFFICE USE:</b>
Date Rec'd _____
Conf _____
Notes _____

Are you clustering with another parish group to achieve chaperone guidelines?  Yes  No  
If yes, what group(s): \_\_\_\_\_

Estimated number of Student Participants: \_\_\_\_\_ x \$100 non-refundable\* deposit to hold space

Note: ONLY students who will be enrolled in high school, grades 9 – 12, during the conference time will be able to register for and attend the conference as student participants.

Estimated number of Adult Chaperones: \_\_\_\_\_ x \$100 non-refundable\* deposit to hold space

Note: There must be at least one adult chaperone for every six students. All groups, regardless of size, must have at least two chaperones. All chaperones must be in full compliance with the Diocese of Youngstown Child Protection Policy prior to August 19, 2019, and must be over 21 years of age.

Estimated number of Young Adult Non-Chaperones: \_\_\_\_\_ x \$100 non-refundable\* deposit to hold space

Note: New this year, 18 – 20 year olds out of high school that want to assist as adults but that cannot be counted as chaperones can register so long as they agree to follow the Adult Code of Conduct and room with other adults.

**Total anticipated number in your group:** \_\_\_\_\_ x \$100 = \$\_\_\_\_\_ Total Deposit Due  
Check number \_\_\_\_\_

If you have already been working with your group, and can predict the number of hotel rooms you will need, please forecast here:

\_\_\_\_ Single adult rooms                      \_\_\_\_ Double adult rooms                      \_\_\_\_ Triple adult rooms  
\_\_\_\_ Quad adult rooms                      \_\_\_\_ Quint teen rooms                      \_\_\_\_ unknown

*\*Space will be reserved on a first come – first served basis. Space is limited to the first 165 participants submitting the \$100 non-refundable (but transferable until 6/19/19) deposit, with every effort to accommodate those in by 5/31/19. It MAY be possible to reserve more hotel rooms and buses if warranted, but there are no guarantees. A waiting list system will be employed, with notification of any cancellations in the diocesan delegation.*

**National Catholic Youth Conference 2019**  
*Catholic Diocese of Youngstown*  
**Payment Form B**



Please copy this form and submit with **EACH** payment for NCYC.

*Note: For ease, notice the deadlines are the 19<sup>th</sup> every two months after the deposit!*

Date: \_\_\_\_\_

Group Leader Name: \_\_\_\_\_

Parish/School: \_\_\_\_\_

Number of Checks Enclosed: \_\_\_\_\_  
 (Remember, the diocese prefers one parish check for your group)

Total Amount Enclosed: \$ \_\_\_\_\_

This payment is for: (Fill in the number of youth and chaperones and amount you are paying.)

	Due By	# of teens	# of chaperones	# YANC*	Total number	Dollar amount	Total payment
<b>DEPOSITS</b>	April 19/ FCFS+					\$100	
<b>2<sup>nd</sup> Payment</b>	June 19					\$250	
<b>3<sup>rd</sup> payment</b>	August 19					Balance by room type	

\*Young Adult Non-Chaperones ages 18 – 20 post-high school

+ Preferred by April 19th, but as space permits, can be accepted later on case-by-case basis

Other PAYMENT – \$ \_\_\_\_\_

Please explain \_\_\_\_\_

Form C must be attached for any reduction in number of participants after June 19

All checks should be made payable to: **Diocese of Youngstown**  
 (write NCYC on memo line of your check)

**Send to:**  
 OY&YAM—NCYC  
 144 W. Wood St.  
 Youngstown, OH 44503

For OY&YAM Use Only

Date received \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date Deposited \_\_\_\_\_

Check Number(s) \_\_\_\_\_

National Catholic Youth Conference 2019  
Catholic Diocese of Youngstown



**Registration Change/Delete Form**

**Cancellation:** All cancellations must be submitted on **FORM C** to the OY&YAM. Those received on or before Friday, September 1 will be refunded as possible, minus **\$100** deposit (transferable till 6/19/19 but non-refundable) and other payments already made. May be issued after NCYC. There are no refunds after September 1.

**Substitution or addition:** All substitutions or additions must be submitted on **FORM C** to the OY&YAM. There is a NFCYM imposed fee on Additions based on date, and a \$30 fee on Substitutions after August 19. To the extent that appropriate age and gender hotel rooms are still available, substitutions will be accepted through October 2. From October 3 – October 20, substitutions must be of the same age group (youth or adult) and gender.

Please complete and submit with all appropriate forms to  
OY&YAM—NCYC ♦ 144 W. Wood St. ♦ Youngstown, OH 44503  
Fax: 330-744-2848

Date: \_\_\_\_\_ Parish/School: \_\_\_\_\_

\_\_\_\_\_ **Add Person** (please note fee; send with Forms E or F and 13 or 14)  
Name: \_\_\_\_\_ Parish/School: \_\_\_\_\_  
Rooming with \_\_\_\_\_ Youth \_\_\_\_\_ Adult  
Fee: June 20 – August 19 **\$50**      August 20 – September 30 **\$60**      after October 1 **\$70**

\_\_\_\_\_ **Delete Person** (after September 1 with no substitution, please note cancellation fee)  
Name: \_\_\_\_\_ Parish/School: \_\_\_\_\_  
\_\_\_\_\_ Youth \_\_\_\_\_ Adult

\_\_\_\_\_ **Information Change or SUBSTITUTION** (\$30 fee; send with Forms E or F and 13 or 14)  
Name: \_\_\_\_\_ Parish/School: \_\_\_\_\_  
Description of change: \_\_\_\_\_  
\_\_\_\_\_

**This Section to be completed by OY&YAM**

<u>Date</u>	<u>Action Taken</u>	<u>Date</u>	<u>Action Taken</u>
_____	Form E or F received	_____	Money Paid \$ _____
_____	Form 13 or 14 received	_____	Money Owed \$ _____
_____	Form B received	_____	Refund Sent \$ _____
_____	Substitution recorded	_____	Information change recorded
_____	Cancellation recorded		

National Catholic Youth Conference 2019  
 Catholic Diocese of Youngstown  
Parish/School Group Rooming List



**Preliminary List due to OY&YAM JUNE 19.**

(You can revise it as needed until August 19)

**Copy this blank form as needed to list all group rooming requests** – Note: List Adults below

- List participants you want rooming together.
- Youth will be 5 per room — 4 youth in 2 beds and 1 in a sleeper sofa. Youth may bring sleeping bags if they do not wish to share a bed. *(Contact the OY&YAM if you need/want six youth per room, meaning a room that your parish alone fills with 6 teens.)*
- Adults will be 2 - 5 per room. (A very limited number of singles are available at a premium).
- **DO NOT** place youth and adults together in a room (even parents and children).
- If you wish pilgrims from another parish to room with your group, and you have already spoken with that group leader, please list that parish in appropriate spaces.
- If you are bringing post-high school 18-20 year olds, remember they must room with adults.

**Total number of rooms for YOUTH \_\_\_\_\_**

**Total number of rooms for ADULTS \_\_\_\_\_**

YOUTH ROOM	<input type="checkbox"/> Female	<input type="checkbox"/> Male
1.	_____	
2.	_____	
3.	_____	
4.	_____	
5.	_____	

YOUTH ROOM	<input type="checkbox"/> Female	<input type="checkbox"/> Male
1.	_____	
2.	_____	
3.	_____	
4.	_____	
5.	_____	

YOUTH ROOM	<input type="checkbox"/> Female	<input type="checkbox"/> Male
1.	_____	
2.	_____	
3.	_____	
4.	_____	
5.	_____	

YOUTH ROOM	<input type="checkbox"/> Female	<input type="checkbox"/> Male
1.	_____	
2.	_____	
3.	_____	
4.	_____	
5.	_____	

ADULT ROOM	<input type="checkbox"/> Female	<input type="checkbox"/> Male
	<input type="checkbox"/> Married Couple	<input type="checkbox"/> Single Rm
1.	_____	
2.	_____	
3. a/n	_____	
4. a/n	_____	
5. a/n	_____	

ADULT ROOM	<input type="checkbox"/> Female	<input type="checkbox"/> Male
	<input type="checkbox"/> Married Couple	<input type="checkbox"/> Single Rm
1.	_____	
2.	_____	
3. a/n	_____	
4. a/n	_____	
5. a/n	_____	

National Catholic Youth Conference 2019  
Catholic Diocese of Youngstown



YOUTH Individual Registration/Medical Permission Form

Please PRINT or TYPE all information, except signatures and complete both sides of this form:

Diocese Youngstown Region 6 Parish/School Group \_\_\_\_\_

Youth Legal First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Nickname/Name for Badge \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

If different address: \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

If different address: \_\_\_\_\_

**Circle ALL that apply:**

- Sign Language Interpretation Needed
- Enhanced Listening Device Needed
- Large Print Program Needed
- Braille Program Needed
- Low Gluten Host Needed
- Scooter/Wheelchair Rental Information Needed
- Assistance Needed Getting Between Stadium/Convention Center

*Please note: All areas utilized are not ADA accessible. Contact the OY&YAM if special arrangements need to be made.*

**Ethnicity:** Asian/Pacific Islander      Black      Hispanic      Native American      White  
Multi-Ethnic      Not Known      Other      **Gender:** Male      Female

**Grade in 2019-2020:** 9    10    11    12      **Shirt size:** S    M    L    XL    XXL    XXXL

I am involved in:  Boy Scouts     Girl Scouts     Venturing     Campfire     HS Campus Ministry

**Youth Agreement**

I understand that my participation in this program requires compliance with specific rules and regulations by the NFCYM, Catholic Diocese of Youngstown and my parish/school group. I will follow these rules and shall abide by the Code of Conduct.

**Youth Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parental Agreement**

I, the parent/guardian of \_\_\_\_\_ who is less than nineteen years of age, grant permission for my daughter/son to participate in the National Catholic Youth Conference with \_\_\_\_\_ parish/school. By allowing my child to participate in the said program, I hereby assume all risk of accident or harm arising or growing out of, directly or indirectly, any incident of any kind occurring during the course of such program to my child and do hereby release and discharge the Bishop of the Diocese of Youngstown, the Office of Youth and Young Adult Ministry, and \_\_\_\_\_ parish/school, and the agents, associates, and employees of the Bishop and parish/school who have organized or participated in the supervision of such program from all claims, demands, suits, causes or actions, rights, costs, expenses, and any compensations whatsoever which may occur to my family and its members during or resulting from participating in the program mentioned.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I am aware of the particulars of the said program including the times, costs, and adults chaperoning and/or transporting my child for the program and have clarified any concerns I may have with the coordinating adult in charge. I agree that my son/daughter shall abide by the Code of Conduct and all regulations of the program including regulations regarding alcoholic beverages, drugs, and weapons. I agree that if my son/daughter fails to abide by the regulations set forth, he/she may be dismissed from the program and I will need to arrange for his/her immediate transportation home at my expense.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I understand that any photographs or video taken at this event may be used in diocesan publications.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**YOUTH FORM E**  
**(Attach to Form 13 at NCYC)**

**Medical Information** *(Please check and sign ONLY those in accordance with your wishes.)*

In the event of an emergency, I hereby grant permission to transport my son/daughter and obtain emergency medical or surgical treatment from a licensed physician, hospital, or medical clinic. I hereby authorize medical personnel to release necessary information about his/her care to Cindee Case of the Diocesan Office of Youth & Young Adult Ministry, as well as my parish group leaders(s) named here \_\_\_\_\_. I wish to be advised prior to further treatment by the hospital or doctor. In the event I cannot be reached, please contact:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Relationship to youth \_\_\_\_\_

Family physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

***(Please check one of the following)***

My son/daughter is covered by hospitalization and medical insurance under policy # \_\_\_\_\_ issued by \_\_\_\_\_.

My son/daughter does not have medical coverage and I assume responsibility for the cost of hospitalization and medical care for my son/daughter.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

-- OR--

I hereby warrant that to the best of my knowledge, my son/daughter is in good health. **I do not want any medical treatment to be given to my son/daughter under any circumstances.** I hereby assume all responsibility for the health and well-being of my son/daughter and release from responsibility the Bishop of the Diocese of Youngstown, and \_\_\_\_\_ parish/school, and the agents, associates, and employees of the Bishop and parish who have organized or participated in the supervision of such program.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

My son/daughter is taking medications at present. He/she will bring all necessary medications and all medications will be well labeled. The names of and concise directions for taking such medications, including dosage and frequency of dosage are as follows: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is life threatening and emergency treatment is required.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I hereby grant permission for general first aid to be administered, or for nonprescription self-administered medication (such as throat lozenges, cough syrup, Acetaminophen/Tylenol or Ibuprofen/Advil), to be given to my son/daughter, if requested by my son/daughter and deemed advisable by an adult chaperone.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I wish to inform you of the following additional medical information and the recommended course of action (allergies, dietary restrictions, special conditions, etc.) \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I would like to have a member of the DIOCESAN staff speak with me further regarding a medical concern or situation. Please contact me at (\_\_\_\_) \_\_\_\_\_. (Check ONLY if you need to discuss a medical concern further.)

**NOTARY (REQUIRED)** City/County of \_\_\_\_\_; State of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 2019, before me personally appeared the adult named hereinabove, who is personally known to me or produced positive identification, and who executed the foregoing Individual Registration/Medical Permission Form, and acknowledged that he/she executed the same as his/her free act and deed.

[NOTARIAL SEAL]

Signature of Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_

National Catholic Youth Conference 2019  
Catholic Diocese of Youngstown  
ADULT Individual Registration/Medical Permission Form



All Adults planning to participate in Diocesan Youth events MUST be in FULL COMPLIANCE with The Diocesan Child Protection Policy (DCPP) PRIOR to registration deadlines, including non-chaperoning young adults.

Please PRINT or TYPE all information, except signatures, and complete both sides of this form.

Diocese Youngstown Region 6 Parish/School Group \_\_\_\_\_

Legal First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

First name as to appear on badge \_\_\_\_\_ Last Name \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Texting Available? Yes No

Emergency Contact Name \_\_\_\_\_

Emergency Contact Home Phone (\_\_\_\_) \_\_\_\_\_ Alternate Phone (\_\_\_\_) \_\_\_\_\_

- Circle ALL that apply:**
- |   |                                     |  |                     |
|---|-------------------------------------|--|---------------------|
| Male  | Female                              | Group Leader                                 | Medical Coordinator |
| Bishop  | Priest                              | Deacon                                       | Brother/Sister      |
| Parent of attending youth                                   | Asian/Pacific Islander              |  |                     |
| Black   | Hispanic                            | Native American                              | White               |
| Multi-Ethnic  | Not Known                           | Other Ethnicity                              |                     |
| Young Adult Non-chaperone                                   | Chaperone                           |  |                     |
| Gluten Free   | Sign Language Interpretation Needed | Scooter/Wheelchair Rental Information Needed |                     |
| Enhanced Listening Device Needed                            | Large Print Program Needed          | Braille Program Needed                       |                     |
| Assistance Needed Getting Between Stadium/Convention Center |                                     |  |                     |

Please note: All areas utilized are not ADA accessible. Contact the OY&YAM if special arrangements need to be made.

Shirt size: S M L XL XXL XXXL

**Chaperone/Adult Agreement**

I understand that my participation in this program requires compliance with specific regulations and Code of Conduct as set forth by the parish, the diocese and the National Federation for Catholic Youth Ministry. I agree to abide by all rules and regulations set forth. Any infraction of the rules or regulations including—but not limited to—the possession of alcohol, drugs, or weapons may cause my dismissal from the program. I am to be a role model for the youth. I am also responsible for holding the youth to the Code of Behavior to which they agreed upon during registration. Furthermore, I confirm that I am in compliance with the Diocese of Youngstown Child Protection Policy and I have read and understood the NFCYM Form 14 for Adult Participants.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Chaperone Verification by the Parish/School DCPP Compliance Officer**

I verify that the above named person is in full compliance with the Diocesan Child Protection Policy (DCPP) for service at our parish/school. I submitted the information to the Diocesan Administrator in \_\_\_\_\_(mo./yr.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position Title \_\_\_\_\_

**Medical Information** (Please check and sign ONLY those in accordance with your wishes.)

In the event of an emergency, I hereby grant permission to and obtain emergency medical or surgical treatment from a licensed physician, hospital, or medical clinic. I hereby authorize medical personnel to release necessary information about my care to Cindee Case of the Diocesan Office of Youth & Young Adult Ministry, as well as my parish/school group leaders(s) named here \_\_\_\_\_

Prior to treatment by the hospital or doctor, please try to contact:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Relationship to you \_\_\_\_\_

Family physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**(Please check one of the following)**

I am covered by hospitalization and medical insurance under policy # \_\_\_\_\_  
issued by \_\_\_\_\_

I do not have medical coverage and I assume responsibility for the cost of hospitalization and medical care.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby warrant that to the best of my knowledge, I am in good health. **I do not want any medical treatment to be given to me under any circumstances.** I hereby assume all responsibility for my health and well-being and release from responsibility the Bishop of the Diocese of Youngstown, and \_\_\_\_\_ parish/school, and the agents, associates, and employees of the Bishop and parish who have organized or participated in the supervision of such program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I wish to inform you of the following additional medical information and the recommended course of action (allergies, dietary restrictions, special conditions, etc.) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTARY (REQUIRED) City/County of \_\_\_\_\_; State of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 2019, before me personally appeared the adult named hereinabove, who is personally known to me or produced positive identification, and who executed the foregoing Individual Registration/Medical Permission Form, and acknowledged that he/she executed the same as his/her free act and deed.

[NOTARIAL SEAL]

Signature of Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_



National Catholic Youth Conference 2019  
 Catholic Diocese of Youngstown- Pilgrimage Sessions  
YOUTH Permission Form for Local NCYC Events



Please PRINT or TYPE all information, except signatures:

NCYC Parish/School Group \_\_\_\_\_ City \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Parent/Guardian/ Emergency Contact \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Alternative phone (\_\_\_\_) \_\_\_\_\_

This form will accompany the previous four-page form submitted for the NCYC. Please note any changes or adaptations to the NCYC Registration and Release Forms for medical care, if necessary, at these local events: \_\_\_\_\_

**Youth Agreement**

I understand that my participation in these events requires compliance with specific rules and regulations in the Code of Conduct for the National Catholic Youth Conference, as these are events related to the conference. I agree to abide by all rules and regulations set forth. Any infraction of the rules or regulations including—but not limited to—the possession of alcohol, drugs, or weapons may cause my dismissal from the program. If I should be dismissed, I understand that my parents will be contacted to arrange for my immediate transportation home, and possible exclusion from the November Conference with no refund.

**Youth Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parental Agreement**

I, the parent/guardian of \_\_\_\_\_ who is less than nineteen years of age, grant permission for my daughter/son to participate in the following Diocese of Youngstown National Catholic Youth Conference Sessions:  
 (Please check and sign ONLY those in accordance with your wishes.)

**Gathering** – Sunday, September 29, 2019 2 p.m. – 5 p.m. at St. Joseph Parish, Canton (Mass NOT included)

Transportation (circle) \_\_\_\_\_ provided by parish/school \_\_\_\_\_ provided by parent \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Sending** – Sunday, November 3, 2019, 1:30 p.m. – 5:30 p.m. at St. Columba Cathedral in Youngstown (4 p.m. Mass included)

Transportation (circle) \_\_\_\_\_ provided by parish/school \_\_\_\_\_ provided by parent \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Reuniting** – Sunday, December 8, 2019, TBD

Transportation (circle) \_\_\_\_\_ provided by parish/school \_\_\_\_\_ provided by parent \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

By allowing my child to participate in the said program, I hereby assume all risk of accident or harm arising or growing out of, directly or indirectly, any incident of any kind occurring during the course of such program to my child and do hereby release and discharge the Bishop of the Diocese of Youngstown, the Office of Youth and Young Adult Ministry, and \_\_\_\_\_ parish/school, and the agents, associates, and employees of the Bishop and parish/school who have organized or participated in the supervision of such program from all claims, demands, suits, causes or actions, rights, costs, expenses, and any compensations whatsoever which may occur to my family and its members during or resulting from participating in the program mentioned.

I am aware of the particulars of the said program including the times and adults chaperoning and/or transporting my child for the program and have clarified any concerns I may have with the coordinating adult in charge. I agree that my son/daughter shall abide by the NCYC Code of Conduct as agreed upon when we submitted the release forms for the conference. I agree that if my son/daughter fails to abide by the regulations set forth, he/she may be dismissed from the program and I will need to arrange for his/her immediate transportation home at my expense and possible exclusion from the November conference with no refund. For program purposes only, you may contact my child directly regarding NCYC. I understand that any photographs or video taken at these events may be used in diocesan publications.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_