

DYC Form 3: Adult Individual Registration

2016 Diocesan Youth Convention
"Mercy Begins with Me"
ADULT Registration/Medical Release Form



(Please print or type all information except signatures, and
complete both sides of this form.)

Event or Program 2016 Diocesan Youth Convention (DYC'16)

Location St. Michael the Archangel Parish, Canton, Ohio Date Sunday, November 6, 2016

Adult Name _____ Parish/School Group _____

Address _____ Gender _____

City, State, Zip _____ Phone _____

Email _____ Date of Birth (mm/dd/yy) _____

Emergency Contact Name _____

Home Phone _____ Alternate Phone Number _____

Agreement

I understand that my participation in this program requires compliance with specific guidelines, rules and regulations as set forth by the parish and the diocese. 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 during registration.

Signature: _____ **Date:** _____

An event like the diocesan youth convention can only take place with caring adults like you fulfilling volunteer tasks. Please check one or more of the following tasks you are willing to assist with at the convention for one portion of the day if needed: (Thank you!)

☐ Hall Monitor ☐ Activity Assistant ☐ Food Services ☐ Whatever!

I am aware that photographs and video-recording devices may be used during portions of this event and approve use for diocesan related purposes.

____ Yes ____ No (*In which case, please avoid cameras as best you can.*)

I hereby confirm that I have read and submitted the signed form from the Diocesan Child Protection Policy. (DCPP) booklet, been fingerprinted, participated in a DCPP in-service and am in full compliance with the DCPP.

Signature: _____ **Date:** _____

(*Continued on back*)

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 me 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 the following person(s) named here _____.

☐ If I am rendered unconscious for some reason, I wish to have the following person advised prior to further treatment by the hospital or doctor. 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/or I assume responsibility for the cost of hospitalization and medical care for myself.

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 the health and well being of myself 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 am taking medications at present. I will bring all such medications necessary and such 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:** _____

☐ 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:** _____