

2016 Diocesan Youth Convention
Sunday, November 6, 2016 at St. Michael, Canton



YOUTH Registration/Medical Permission Form

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

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City, State, Zip: _____ Home Phone: _____

Email: _____ (Will only be used for official diocesan business, no spam!)

Date of birth: _____ Grade in the 2016-17 year: 9 10 11 12

Circle ALL that apply: Male Female Vegetarian Gluten-free Wheelchair Access

Hearing Impaired/Interpretation Needed Blind/Visually Impaired Mobility Impaired

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

Parish/School (group with which you are registered): _____

Name Mother/Guardian: _____ Father/Guardian: _____

Emergency Phone numbers (please identify as work, cell, pager, etc.): _____

I. Youth Agreement

I understand that my participation in this program requires compliance with the Code of Conduct. 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.

Youth Signature: _____ **Date:** _____

II. 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 2016 Diocesan Youth Convention on Sunday, November 6, 2016 at St. Michael Parish, Canton, Ohio 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, 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 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 all rules and 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:** _____

(Continued on back)

DYC Form 4: Youth Individual Registration

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

☐ You may use my child's name in such publications

☐ You may NOT use my child's name in publications.

Signature: _____ Date: _____

III. Medical Information

(Please read carefully then 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 the parish or school 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 _____ at _____ (Relationship to youth _____). Family physician name: _____, 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: _____

☐ 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 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: _____

☐ 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 nonprescription medication (such as acetaminophen, decongestant, cough syrup) to be given to my son/daughter, if requested by my son/daughter and deemed advisable by an adult chaperone/onsite medical professional.

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 program staff speak with me further regarding a medical concern or situation. Please contact me at _____.

Return completed form to: _____ by: _____