

2018 ARCHDIOCESAN JUNIOR HIGH YOUTH RALLY



Registration Form

Registration: (Paid by _____) \$45.00
Late Registration: (Paid by _____) \$55.00

Includes: Mass Grand Midway Lunch & Dinner T-shirt
Dance Workshops Music Games

___ Youth ___ Chaperone (21 yrs. or older)

Parish/Group: _____

First Name: _____ **Last:** _____

Address: _____

City: _____ **Zip:** _____

Phone: _____ **M/F** ___ **Parent Email:** _____

Age ___ **Grade in school (Please Circle One):** 6th 7th 8th

T-shirt (Adult sizes): _____ (SM, MED, LG, XL, XXL, or XXXL)

Do you need a vegetarian option for meal? _____

Return this form to your adult contact with the following items:

- ┆ **Payment**
- ┆ **Parental Consent/Liability Waiver & Medical Consent Form.**
(For parish use only...Do not submit to OACE)



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Code of Conduct

Parish contacts are responsible for the youth they accompany. Each parish should send one adult for every six youth. Adults should review these guidelines with each participant before they arrive at the rally.

- Each participant indicates complete understanding and agrees to abide by these guidelines by signing the space provided on the Archdiocesan Permission and Liability Form.
- I agree to have the best possible time at the rally, and to share the spirit of Christian joy and friendship with other participants.
- I agree to be prompt, to attend all rally sessions, and to participate in all rally activities.
- I agree to wear my Junior High Rally nametag around my neck during all rally activities.
- I agree not to use alcohol, tobacco products, or illegal drugs while at the rally, nor to be present while others use these substances.
- If I have a cell phone, I agree to have it turned off during all sessions this includes texting. I agree not to bring video games, MP3 players, or computer pads or tablets.
- I agree to respect all property of Sts. Simon & Jude Parish. I shall not destroy nor remove any property of the facility. I will be financially responsible for any damages that I may cause.
- Lastly, I agree, with God's help, to contribute to the overall success of the 2018 Archdiocesan Junior High Rally.
- Note: I understand that if I do not observe these guidelines at any time, I may be asked to leave the rally.

(Please sign in the spot located on the Archdiocesan Liability and Medical Release Form)



PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

Participant's Name _____ Date of Birth _____
Home Address _____ City/Zip Code _____
Parent(s)/Guardian(s) _____ Home Phone (____) _____
Alternate Phone Number: (____) _____ Cell Phone or Work
Parish or Catholic School _____ Grade _____ Age _____ Sex _____
Parent's Email Address _____

CONSENT & LIABILITY WAIVER

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age.
(If participant is 18 years of age or older, consent must be signed by the individual)**

I (name of parent/guardian) _____, grant permission for my child, (participant's name),
_____ to participate in (event) **2018 Archdiocesan Junior High Youth Rally** to be held (date)
February 24, 2018(time) **10:30 a.m.—9:00 p.m.** at (location) **Sts. Simon & Jude Catholic Church, The Woodlands, Texas**

In consideration of my child's participation in this event, I agree on behalf of myself, my child named herein, and our heirs, successors, and assigns to indemnify, hold harmless and defend the Archdiocese of Galveston-Houston, the sponsoring parish, its pastor, youth ministry leader, principal, other agents, employees or other representatives associated with the event from any and all injuries, losses or claims arising out of my child's participation in the event.

In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.

Signature (Parent/Guardian) _____
Date

YOUTH PARTICIPANT: In signing the line below I agree to abide by any/all policies and rules established for this event/activity (see Code of Conduct). Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

Signature (Youth Participant) _____
Date

VIDEO/PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video etc.) in highlighting the event.

Signature (Parent/Guardian) _____
Date

Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

Emergency Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor and I understand that all financial obligations are my responsibility.

In the event of an emergency and you are unable to reach me, contact:

Name & Relationship _____ Phone _____
 Family Doctor _____ Phone _____

Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows

My child is taking the following medication at the present time.

Medication(s): _____ Dosage: _____
 Administer: _____

_____ I hereby **Do Not Grant Permission** for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

_____ I hereby **Grant Permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

Medical Conditions Information: (Archdiocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

- Has had an episode of the following or has been diagnosed: Seizures Asthma Diabetic
- Allergic reactions to the following (foods, dyes, latex etc.) _____
- Has had a medical surgery within the last six months? Yes No Still under doctor's care? Yes No
- Has a medically prescribed diet? _____
- The following physical limitations? _____
- Immunizations current and up to date: Yes No Date of last tetanus/diphtheria immunization _____
- You should also be aware of these special medical conditions of my child (e.g. depression, anxiety, etc.): _____

Insurance Information: No, I do not carry medical insurance at this time.

Insurance Carrier: _____ Name of Insured: _____
 Insurance Policy Number: _____
 Father's Name: _____ Day Phone: _____
 Mother's Name: _____ Day Phone: _____

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself). I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

 Signature (Parent/Guardian) Parent/Guardian must sign for anyone under 18 years of age. Date _____

 Signature (Participant 18 years of age or older must sign own consent) Date _____
