

Diocesan Middle & High School Rally
Confirmation Gathering
(See flyer for locations)

REGISTRATION FORM

Deadline for application is two weeks prior to event

PARISH NAME: _____ CITY: _____
PARISH CONTACT PERSON: _____ PARISH TELEPHONE #: _____
WHICH CITY YOU PLAN TO ATTEND: (see flyer for details) _____
PARISH CONTACT EMAIL ADDRESS: _____

Number of Students _____ @ \$20.00 = \$ _____
Number of Adults _____ @ \$10 = \$ _____
(Minimum 1 adult for every 6 students)
Total Attending: _____ Total Due: \$ _____

THOSE ATTENDING:

ADULT NAME: _____ GENDER _____ PHONE _____
1. Cleared background check Y or N 2. Signed diocesan policy Y or N 3. VIRTUS trained Y or N
ADDRESS _____
CITY _____ STATE _____ ZIP _____
EMAIL _____ Special Needs _____

ADULT NAME: _____ GENDER _____
1. Cleared background check Y or N 2. Signed diocesan policy Y or N 3. VIRTUS trained Y or N
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ EMAIL _____ Special Needs _____

STUDENTS NAME: _____ GENDER _____ YEAR IN SCHOOL _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ EMAIL _____ Special Needs _____

STUDENTS NAME: _____ GENDER _____ YEAR IN SCHOOL _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ EMAIL _____ Special Needs _____

STUDENTS NAME: _____ GENDER _____ YEAR IN SCHOOL _____
ADDRESS _____
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ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____ EMAIL _____ Special Needs _____

IF YOU ARE REGISTERING MORE STUDENTS AND ADULTS FROM YOUR PARISH OR SCHOOL, PLEASE CLIP OR STAPLE ADDITIONAL FORMS TO THIS ONE. IT IS NOT NECESSARY TO FILL OUT THE PARISH INFORMATION MORE THAN ONCE.

Please return only the Parish Registration Form and check to:
Diocese of Wheeling-Charleston
Office of Youth & Young Adult Ministry
Attn: Heather Bise
PO Box 230
Wheeling, WV 26003
OR
Email to: hbise@dwc.org

Any questions please call: 888-434-6237 EXT. 311

Please add the city you plan to attend: _____

CANDIDATE APPLICATION

Please turn this form into your parish or youth minister

PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

[Chaperone must maintain these forms on them at all times!]

Participant's Name: _____

Participant's e-mail address: _____

Participant's Cell Phone #: _____ **Birth Date:** _____ **Gender:** _____

Parent/Guardian's Name: _____ **Best Contact Phone #:** _____

Home Address: _____

I, _____, grant permission for my child, _____

Parent or Guardian's Name

Child's Name

to participate in this Office of Youth Ministry event. This activity will take place under the guidance and direction of volunteers from the Office of Youth Ministry. A brief description of the activity follows:

Type of Event: Diocesan Confirmation Retreat & Middle School Youth Rally

Destination of Event: _____

Individual in Charge: Office of Youth & Young Adult Ministry

Estimated time of departure and return: _____

Mode of transportation to and from event: With Chaperone

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor (participant). I agree on behalf of myself, my child named herein, or our heirs, and assigns, to hold harmless and defend the Youth Ministry Office, directors and agents, and the Diocese of Wheeling-Charleston, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors, and agents, and the Diocese of Wheeling-Charleston, or representative associated with the event, for reasonable attorney's fees and expenses arising in connection.

MEDICAL MATTERS: I hereby warrant that 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 that are applicable.)**

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. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & Relationship: _____

Phone: _____ Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy#: _____

Other Medical Treatment: In the event it comes to the attention of the Youth Ministry Office, its officers, directors and agents, and the Diocese of Wheeling-Charleston, chaperones, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, and/or diarrhea please call me.

Signature: _____ Date: _____

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

Signature: _____ Date: _____

I hereby grant permission for non-prescription medications (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The Youth Ministry Office will take reasonable care to see that the following information be held in confidence.

- Allergic reactions (medications, foods, plants, insects, etc.): _____
- Immunizations: Date of last tetanus/diphtheria immunization: _____
- Does child have a medically prescribed diet? _____
- Any physical limitations? _____
- Has child recently been exposed to a contagious disease or condition, such as mumps, measles, chickenpox, etc.? If so, date of disease or condition:

- You should be aware of these special medical conditions of my child: _____

PHOTO RELEASE:

I authorize that pictures taken may be used for advertising purposes.

Signature: _____ Date: _____