

2027 DIOCESAN YOUTH CONFERENCE

CATHOLIC DIOCESE OF RICHMOND

YOUTH Registration Form

YOUTH INFORMATION

First & Last Name _____
for Name Badge:

Cell Phone: _____

Email: _____

Parish Name: _____ City: _____

Sex: _____ Date of Birth: _____ Grade: _____ Adult T-Shirt Size: _____

I am interested in serving at DYC in the following ways (check all that apply):

☐ Introducing a Breakout Speaker

☐ Lectoring in ENGLISH

☐ Singing in the Sunday Youth Choir

☐ Lectoring in SPANISH

☐ Being a Gift Bearer

PARENT / GUARDIAN INFORMATION

Name: _____
(Parent/Guardian #1) (Parent/Guardian #2)

Cell Phone: _____
(Parent/Guardian #1) (Parent/Guardian #2)

Email: _____
(Parent/Guardian #1) (Parent/Guardian #2)

EMERGENCY CONTACT INFORMATION

Name _____

Contact Number _____

Relationship to Child _____

OPTIONAL SUNDAY LUNCH (CHECK WITH YOUR YOUTH MINISTER)

Please order the following meal for me:

☐ Ham Sandwich ☐ Turkey Sandwich ☐ Vegetarian Meal ☐ Gluten-Free Meal ☐ Gluten-Free Vegetarian Meal

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Medical Information and Release Form

All information is kept private and confidential

Name of Participant: _____

MEDICAL INFORMATION	
<i>In many cases, our staff and volunteers are not familiar with the medical, physical, and/or emotional history of each participant. Please share ANY information relating to the participant in detail. BE AS SPECIFIC AS POSSIBLE.</i>	
Does the participant have any dietary restrictions? ☐ YES ☐ NO	Select any restrictions that apply to this participant: ☐ Gluten-free ☐ Peanut-free ☐ Vegetarian <i>NOTE: Dietary needs other than the ones listed above will not be accommodated.</i>
Is the participant allergic to anything? ☐ YES ☐ NO	List any details of allergies below (this may include food allergies, allergies to specific medications or chemicals, allergies to any substances, etc.): <i>NOTE: Dietary needs other than the ones listed above will not be accommodated.</i>
Is the participant currently taking or has taken any prescription medication in the last 6 months? ☐ YES ☐ NO	List the specific prescription medications, reasons for medication, and daily dosage. Indicate if the medication is currently being administered.
Does the participant have any emotional, physical or sensory conditions? ☐ YES ☐ NO	List any emotional conditions that may impact participation in the event. This may include counseling, treatment for emotional conditions (i.e. depression, eating disorders), and/or family situations that may have a significant impact on the participant. List any physical and/or sensory conditions of which we should be aware, or of which need special accommodation (e.g. hearing loss, visual impairment, mobility).

PERMISSION TO GIVE OVER-THE-COUNTER MEDICATION

If it should become necessary, I hereby give permissions to the event staff to administer the following non-prescription medications:

Antacid (ex. Tums)	YES ☒ NO ☐	Antibiotic Ointment (ex. Neosporin)	YES ☒ NO ☐	Aspirin	YES ☒ NO ☐
Benadryl (for allergies)	YES ☒ NO ☐	Hydrocortisone Cream (ex. Cortaid)	YES ☒ NO ☐	Tylenol	YES ☒ NO ☐
Ibuprofen (ex. Advil)	YES ☒ NO ☐	Poison Ivy Relief (ex. Calamine, Tecnu)	YES ☒ NO ☐	Sudafed	YES ☒ NO ☐

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RELEASE OF LIABILITY AND MEDICAL RELEASE

As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above-named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Catholic Diocese of Richmond, its employees and agents, chaperones, or representatives associated with this event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese, its employees and agents and chaperones, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.

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. In the event of any 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, I give permission for the noted emergency contact to be notified. I will not hold the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Parent/Guardian Signature: _____ Date: _____

USE OF PICTURES AND/OR VIDEO

*I give permission for pictures and/or video of my child (named above) engaged in activities related to any Diocesan event to have their pictures posted in the Diocese of Richmond publications or websites. Names of participants **will not** be used without expressed permission from the parent or guardian. If no box is checked below, the Diocese of Richmond assumes you give permission.*

Parent/Guardian Signature: _____ Date: _____

VOLUNTEER LIABILITY WAIVER FOR RISE AGAINST HUNGER

I agree to this Release and Waiver for Volunteer Activities (Release and Waiver) and agree to participate in a volunteer community activity sponsored by Rise Against Hunger, Inc. (RAH) that may include loading and unloading pallets of food packaging materials, preparing a room for packaging activities, packaging food in an assembly-line system, cleaning-up the packaging room, and other similar activities (the Volunteer Activity). My time and service as a volunteer are given without promise, expectation or receipt of any form of compensation or benefits from RAH. The opportunity to contribute my time and talent to RAH is one that satisfies my personal desire to give something back to the community. I understand that my participation in this event is a shared commitment between the Rise Against Hunger staff, event host, and myself. Any inappropriate conduct or mistreatment of the host, participants, or Rise Against Hunger employee will not be tolerated and may result in removal from the event. I assume full responsibility for risk of bodily injury to myself or damage to my property in connection with the Volunteer Activity. I agree to defend fully and to indemnify RAH in any claim that may be made against it, or its officers, employees, agents or affiliates for any injury or damage, personal or otherwise, to RAH or any third party arising in any way from my actions during the Volunteer Activity. I consent and authorize RAH to use and reproduce in any form, style or color any photographs, videos, or other likeness of me taken in my capacity as a volunteer and circulated for purposes consistent with RAH's mission. I hereby release and forever discharge RAH, its officers, employees, agents, and affiliates from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photograph, video or other likeness, including without limitation any claims for invasion of privacy, appropriation of likeness, or defamation. I have read this Release and Waiver, and I understand its contents. This Release and Waiver will be binding upon me and my family, estate, heirs, legal representatives, and assigns. I agree and understand that this Release and Waiver is to be governed by and construed under the laws of the State of North Carolina without regard to its conflicts of law provisions. I further agree that all disputes shall be resolved exclusively in state or federal court in Wake County, North Carolina. If the volunteer is a minor, the minor's parent or legal guardian agrees that this Release and Waiver will be binding upon the minor. Completing this registration does prove that you are consenting to the waiver and release of certain legal rights as set forth in this release and waiver of liability agreement.

Parent/Guardian Signature: _____ Date: _____

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YOUTH CODE OF CONDUCT

Youth participants must read, understand, agree, sign and return this sheet with the Medical Information and Release form. Each participant is expected to adhere to the following principles while at the Diocesan Youth Conference:

SHOW LOVE AND RESPECT FOR GOD:

- ✓ Pray daily for self and others.
- ✓ Participate in opportunities to receive the Sacraments.
- ✓ Participate in the sessions, activities, and prayer experiences.
- ✓ Be open, flexible, and have a servant's attitude.
- ✓ Represent God in your words and actions.

SHOW LOVE AND RESPECT FOR SELF:

- ✓ Remember that you are the Temple of the Holy Spirit. Present yourself accordingly.
- ✓ No alcohol, drugs, or smoking will be tolerated during the weekend.
- ✓ Dress with modesty. Bare mid-drifts, spaghetti straps, short-shorts, and low cut tops are not permitted during the weekend; shirts are to be worn at all times.
- ✓ Any music you bring and listen to should glorify God.
- ✓ Drink plenty of water, obey sleeping times, and make sure you eat all meals. This will allow you to fully participate and not be tired.
- ✓ If you must leave an activity, adult chaperones should accompany you since they are responsible for you.

SHOW LOVE AND RESPECT FOR OTHERS:

- ✓ All words and actions should be those of Christ to build up others and not injure.
- ✓ Make sure that your actions during the activities do not distract others from hearing, seeing, or praying.
- ✓ Be safe. No horseplay or other potentially harmful actions. Leave pocketknives, lighters, or other hazardous materials at home.
- ✓ No teenagers are allowed to drive directly to or from the event due to limited parking and liabilities.
- ✓ Under no circumstances can a youth be in the room or hall of a member of the opposite sex.
- ✓ Allow others to sleep. "Lights Out" means that it is time to go to sleep. Do not be in the showers or halls after "Lights Out".
- ✓ No outside or unregistered visitors at the event will be permitted.
- ✓ The facility must remain clean and undamaged. Otherwise, you will personally be responsible to pay for the damage. Don't bring food or drinks to the rooms and pick up trash if you see it.

OTHER INFORMATION:

- ✓ Any damages caused by the participant will be charged to the participant.

I have read, understand, and agree to the above principles. Any violation of the above principles may result in immediate dismissal from the Diocesan Youth Conference and participants will forfeit their registration fee.

Youth Signature: _____ Date: _____

Printed Name: _____

Parent Signature: _____ Date: _____

Printed Name: _____