

DYC2010: TRANSFIGURED!

INDIVIDUAL REGISTRATION FORM

Diocese of Grand Rapids | Catholic Youth Conference | Cathedral Square
02 . 27 . 10

Registration Fee: \$25 received before February 12

Registration Fee: After February 12: \$30.

Participant Information

Name _____ Phone # _____ Email _____

Street Address _____ City _____ Zip _____

Parish _____ School _____ Grade _____

Parent Name _____ Emergency Contact Phone _____

Please check to request translation: _____ Sign (ASL) _____ Spanish/Español

T-Shirt Size: ___ Small ___ Medium ___ Large ___ XL ___ XXL

Please list any and all allergies, medications, use of contacts, dietary restrictions or other pertinent information:

Health Insurance Data:

Company: _____

Policy: _____

Group No.: _____

Contract: _____

Parental Consent

I hereby **consent to participation** by my child, above named, in the Catholic Youth Conference. I understand that my child will be under the supervision of designated parish staff/adult volunteers on the stated date. I further consent to the conditions stated in the event description regarding participation in this event, including the method of transportation.

Further, I hereby **authorize treatment** for my child by a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me/my family. I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

In consideration of my child being allowed to participate in the Catholic Youth Conference, I **agree to indemnify and hold harmless** and defend the Catholic Diocese of Grand Rapids and _____ Parish, any and all affiliated organizations, their employees, agents, and representatives, including volunteers and other drivers, from any and all claims, including negligence, arising from or relating to my child's participation in this event. This indemnification and hold harmless and defense agreement does not apply to claims for intentional misconduct.

Finally, I hereby give permission do not grant permission — for personnel of the Catholic Diocese of Grand Rapids to **photograph, videotape and/or voice-tape** my child/children (or allow area news reports to do the same for the purposes of Public information for promotion of Diocesan, School, or Parish programs (website, brochures, newspapers, radio, or television).

I certify that I am the _____ Parent, or _____ Legal Guardian of the minor child named above and I agree to the above terms for my child and myself.

Parent/Guardian Signature _____ Date _____

Send completed form with payment (Checks made payable to "Diocese of Grand Rapids") to:
DYC2010, Attn: Mark Mann, 360 Division S, Grand Rapids MI 49503