



ROMAN CATHOLIC DIOCESE OF BURLINGTON
Office of Pastoral Ministries
 55 Joy Drive, South Burlington, Vermont 05403
 (802) 658-6110

YOUTH REGISTRATION, MEDICAL RELEASE AND PERMISSION COMBINED FORM
Event Name: STEUBENVILLE EAST CONFERENCE 2022

(Please print or type all information, except signatures)

I. Youth Information

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

Address: _____

City, State, Zip: _____ Home Phone: _____

Date of birth: _____ Age: _____ Grade: _____

T- Shirt Size: S M L XL X Student Email address: _____

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

Mother/Guardian: _____ Father/Guardian: _____

Mother/Guardian Cell: _____ Father/Guardian Cell: _____

Parent Email Address(es): _____

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

Circle ALL that apply: Male Female Mobility Impaired Wheelchair Access
 Hearing Impaired/Interpretation Needed Visually Impaired (more than wearing glasses)
 Please note: All areas utilized are not ADA accessible. Contact your Event Leader for special arrangements.

II. Youth Agreement

I understand that my participation in this program requires compliance with specific regulations for this event. 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:** _____

III. Parental Agreement

I, the parent/guardian of _____, who is less than eighteen years of age, grant permission for my daughter/son to participate in __Steubenville East Conference 2022. 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 Diocese of Burlington, and _____ parish trust/school, and the agents, associates, and employees of the Diocese of Burlington and parish trust/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 and/or transporting my child for 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 the rules and all regulations of the program including in regards 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:** _____

Media Waiver

I grant to the Diocese of Burlington, its directors, officers, employees, staff members, faculty, representatives, volunteers and agents the right to take photographs of my son or daughter and their property in connection with the event named below. I authorize the Diocese of Burlington, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I hereby authorize that the Roman Catholic Diocese of Burlington or the parish trust/school named on the registration form to use the name, voice and likeness of my son or daughter in any manner, form or way relating to communication production in any media, and I hereby release these entities from any and all claim associated therewith in connection the STEUBENVILLE EAST CONFERENCE 2022.

Signature: _____ **Date:** _____

IV. Medical Information

(Please read all the options below, then check and sign only those that are 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(s) from a licensed physician, hospital, or medical clinic. I hereby authorize medical personnel to release necessary information about his/her care to the parish trust or school group leaders(s) named here

_____. I wish to be advised prior to further treatment by the hospital
(Event leader names)

Or in the event that I cannot be reached, please contact _____ at _____ *(Emergency Contact Name) (Emergency Contact Phone Number)*

Relationship to youth: _____.

Family physician: _____ Physician Phone Number: _____.

(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:** _____

My son/daughter is taking medications at present. He/she will bring all necessary medications 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:

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

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.

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:** _____

2022 Steubenville East Student Participant Expectations (for anyone under age 18)

We are pleased and excited to have you join us for the Roman Catholic Diocese of Burlington's 2022 trip to the Steubenville East Conference. *Participant Expectations* have been developed as a way to help participants understand what is expected of them during the Conference. Please read through them carefully and sign and date them where indicated. *All* participants will be expected to honor and uphold these expectations throughout the Pilgrimage.

1. All youth and adults attending the 2022 Steubenville East Conference are expected to act in a proper manner at all times consistent with Catholic values. This includes respecting one another, following the directions of the Conference Staff of Steubenville East, and being attentive during Holy Mass, prayer and all activities.
2. At all times, all youth are responsible to their chaperones, and chaperones are responsible for supervising the youth in their group.
3. Participants are expected to attend all scheduled events. Participants are required to stay with the Roman Catholic Diocese of Burlington group at all times. If an emergency or crisis arises, a member of the Diocese of Burlington Conference leadership team must be notified immediately regarding the emergency situation.
4. Dress throughout the 2022 Steubenville East Conference is expected to be respectful and modest. Persons dressed inappropriately, i.e., clothing with inappropriate messages, anything irreverent or immodest, etc. will not be allowed.
5. All 2022 Steubenville East activities require full participation from both youth and adults. The possession of tobacco products, alcoholic beverages, and illegal substances is absolutely forbidden, regardless of the age of the participants (including the adults). Any electronic entertainment equipment should be brought at your own risk, and may only be used on the bus ride or in the evening at the hotel, this includes computers, iPods, iPads, tablets, handheld game systems, and similar devices. Cell phones are to remain out of site during the day and are to only be used to take photographs or emergency situations unless it is a break time. If you are asked to put your cell phone away, by any conference staff or chaperone, you agree to abide quickly and respectfully.
6. In the event of an emergency, when a participant of the 2022 Diocese of Burlington Steubenville East Leadership Team must be reached immediately, please contact Pamela King at pking@vermontcatholic.org or (802)393-3438

Student Signature

Date