



YOUTH EVENT REGISTRATION FORM

Event Name, Date & Location: **QUO VADIS Retreat Day July 17, 2021 10am – 5pm Camp Holy Cross, Goshen, MA**
 Event Sponsor: **Diocese of Springfield, Office of Vocations**

I. Youth Information

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

Date of Birth: ____/____/____ Grade: _____ School: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Mother/Guardian: _____ Father/Guardian: _____

Mother/Guardian Phone: _____ Father/Guardian Phone: _____

II. Youth Agreement

I understand that my participation in this Event 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 Event. 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/Guardian Release, Hold Harmless/Indemnify Agreement

I, the parent/guardian of _____, who is less than 19 years of age, grant permission for my child/ward to participate in the above named Event. By allowing my child/ward to participate in this Event, and in consideration for his/her being allowed to participate by the above named Parish/School, I hereby assume on behalf of my child/ward all risk of accident or harm to my child/ward arising out of, directly or indirectly, any incident of any kind occurring during the course of, including travel to and from, this Event, and do hereby release and discharge the Roman Catholic Bishop of Springfield, A Corporation Sole, the above named Parish/School, and their officers, directors, agents, employees, administrators, representatives, grantees and assigns (collectively referred to as "Releasees"), of and from all debts, demands, actions, causes of action, suits, accounts, covenants, contracts, agreements, costs, fees, expenses, losses, damages and any and all claims and liabilities whatsoever of every name and nature, both in law and in equity, whether known or unknown, that I, on behalf of my child/ward, have ever had or now have against the Releasees relating to or arising out of this Event. I further agree on behalf of my child/ward to protect, defend, hold harmless, and fully indemnify the Releasees for any claim or cause of action whatsoever arising out of this Event that may be brought against the Releasees, or any one of them, by any person, including without limitation, my child/ward or his/her family members, relating to or arising out of the participation of my child/ward in this Event.

Signature: _____ **Date:** _____

I am aware of the particulars of the said Event including the times, costs, and adults chaperoning and/or transporting my child/ward for the Event and have clarified any concerns I may have with the coordinating adult in charge. I agree that my child/ward shall abide by the rules and all regulations of the Event including in regards to alcoholic beverages, drugs, and weapons. I agree that if my child/ward fails to abide by the regulations set forth, he/she may be dismissed from the Event and I will need to arrange for his/her immediate transportation home at my expense.

I understand that photographs or video taken at this Event may be used in Parish or Diocesan publications.

Signature: _____ **Date:** _____

IV. Medical Information *(Please read the options below, then check & sign those that are in accordance with your wishes.)*

In the event of an emergency, I hereby grant permission to transport my child/ward 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 program leader named here: Fr. Jonathan Reardon with the Vocations Office. I wish to be advised prior to further treatment by the medical provider.

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: _____.

My child/ward is covered by hospitalization and medical insurance under policy # _____ issued by _____.

My child/ward does not have medical coverage and I assume responsibility for the cost of hospitalization and medical care for my child/ward.

Signature: _____ **Date:** _____

My child/ward 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: _____

Signature: _____ **Date:** _____

I hereby grant permission for nonprescription medication (such as acetaminophen, decongestant, cough syrup) to be given to my child/ward, if requested by my child/ward and deemed advisable by an adult chaperone.

Signature: _____ **Date:** _____

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

Signature: _____ **Date:** _____

I wish to inform you of the following additional medical information and the recommended course of action (allergies, dietary restrictions, special conditions, learning modifications, etc.) _____

Signature: _____ **Date:** _____

I would like to have a member of the Event staff speak with me further regarding a medical concern or situation. Please contact me at _____.