

THE CALL ♦ March 26~27, 2011

High School Youth Retreat – Individual Registration Form

Each youth or adult attending must complete and sign this form and (if under the age of 19) a parent or guardian must sign the Medical/Release portion.

Submit to your youth ministry office with payment of \$50.00

Please Print Legibly

Participant's Name _____ Age _____ Grade _____

Home Address _____ City _____ Zip _____

Phone _____ Parish Name _____ Male ___ Female ___ Chaperone ___

Youth Minister Name _____ Your T-shirt Size (circle): S M L XL 2XL

Medical Information/Release

Current Allergies _____

Current Medical Conditions _____

Current Medications _____

Permission to give: Tylenol ___ Ibuprofen ___ Anti-diarrheal Medicine ___ Tums ___ Mylanta ___

Parent/Guardian Name _____ Phone # _____ Cell # _____

Other than self, Emergency Contact Name _____ Phone _____ Cell _____

Accident/Hospitalization Policy Name _____ Policy # _____

The undersigned to hereby release, forever discharge and agree to hold harmless, St. Joan of Arc Church and the Roman Catholic Diocese of Lafayette-in-Indiana, Inc., from and against any and all liability, claims, demands, lawsuits and expenses of any kind arising from personal injury, sickness, death, or property damage of any kind whatsoever which may be incurred or suffered by the by the undersigned and/or participant (if the participant is under age 18, 18, or older). We understand that our child may be assigned to ride with a licensed adult driver driving a school bus or a privately owned automobile to and from another facility in Kokomo for sleeping accommodations, if the situation becomes necessary.

The undersigned further agree to indemnify and hold St. Joan of Arc Church and the Roman Catholic Diocese of Lafayette-in-Indiana, Inc., and its respective members, directors, employees and agents (collectively, the "Indemnities") harmless from and against any and all claims, demands, actions, lawsuits and liabilities, including attorney fees and expenses sustained by the Indemnities as the result of negligent, willful, or intentional acts of the undersigned and/or participant, (if the participant is under age 18, 18, or older).

The undersigned participant and parent or legal guardian grants permission to St. Joan of Arc Parish of Kokomo, Indiana and the Diocese of Lafayette-in-Indiana to utilize the participant's image, likeness, actions, and statements in any live or recorded audio, video, or photographic display or other transmission or reproduction, in whole or in part, of The CALL Retreat event.

If the participant is under 18 years of age: I (We) the parents or legal guardians of the participant, do hereby grant permission of our child to participate fully in The Call Retreat and all of its activities and hereby give permission to The CALL Retreat staff and/or adult volunteers to take said participant to a doctor or hospital and hereby assume all responsibilities for all medical bills. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (We) assume all responsibility and transportation costs.

Parent or Legal Guardian Signature(s) _____ Date _____

Participant's Signature _____ Date _____