

YOUTH 2000

Owensboro, Kentucky

REGISTRATION FORM

REGISTRATION FEE: \$50.00

March 9, 6:30 p.m. - 11:00 p.m. • March 10, 8:00 a.m. - 10:00 p.m. • March 11, 2012, 8:00 a.m. - 12:30 p.m.

Available for youth 13-30 years of age

- includes lunch and dinner on Saturday
- does NOT include housing
- Registration Fee waived for those in need

Send \$50.00 Registration Fee (check payable to Marian Shrine Committee) and completed Liability Release Form below by **February 24th** to:

Office of Youth Ministry (RE: YOUTH 2000)
600 Locust Street
Owensboro, Kentucky 42301

Registrant Name: _____ Age: _____ Gender: F M

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (_____) _____ Parish/Group: _____

For more information call 270-683-1545

LIABILITY RELEASE FORM – Release of ALL Claims

Name of Activity: YOUTH 2000 Retreat
Location: Brescia University

Telephone: (270) 683-1545
Date of Activity: March 9, 10 and 11, 2012

The undersigned do hereby release, forever discharge and agree to hold harmless YOUTH 2000, Inc., Brescia University, the Diocese of Owensboro, Office of Youth Ministry, Office of Faith Formation and the Marian Shrine Committee 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 undersigned and/or participants (if participant is under 18, 18 or older).

The undersigned further agrees to indemnify and hold YOUTH 2000, Inc., Brescia University, the Diocese of Owensboro, Office of Youth Ministry, Office of Faith Formation and the Marian Shrine Committee 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 and costs sustained by the Indemnities as a result of negligent, willful or intentional acts of the undersigned and/or participant (if participant is 18 or under, 18 or older).

If participant is under 18 years of age, I (we) the parent(s) or legal guardian(s) of the participant, do hereby grant permission for our child to participate fully in the YOUTH 2000 Retreat and all of its activities and hereby give permission to YOUTH 2000, Inc., Brescia University, the Diocese of Owensboro, Office of Youth Ministry, Office of Faith Formation and the Marian Shrine Committee to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery and I (we) fully and completely assume all responsibility for all medical bills.

Further, should it be necessary for the participants to return home due to medical reasons, disciplinary action or otherwise, I (we) assume all responsibility and transportation cost.

RELEASE FOR PARTICIPANTS AGED 13 - 17	Name and signature of Parent(s) or Legal Guardian(s)
(1) _____ Parent/Guardian Name (please print)	_____ (_____) _____ signature home/cell phone date
(2) _____ Parent/Guardian Name (please print)	_____ (_____) _____ signature home/cell phone date
DESIGNATED CHAPERONE (must be 21 or older): _____	_____ (_____) _____ Chaperone Name (please print) home/cell phone
Parish Group (if applicable, consult group leader for additional instructions) _____	
*Parent/Guardian signature and phone must be provided OR FORM WILL BE RETURNED.	

RELEASE FOR CHAPERONES AND PARTICIPANTS 18-30
_____ (_____) _____ Name (please print) signature home/cell phone date

Please complete other side

TO REGISTER AND ASSURE SPACE:

1. Complete both sides of this registration form; one form per participant or chaperone.
2. Sign Liability Release (see other side). Parent/Guardian must sign for a participant age 13-17.
Forms without signatures cannot be processed.
3. All Chaperones must include documentation from their parish or diocese stating you are in compliance with the Zero Tolerance Policy issued by the USCCB and that you have completed the training required by your Diocese and have completed a current background check. Attach the letter to your completed Registration and Liability Release Form.
4. Make check payable to Marian Shrine Committee and mail with this form by **FEBRUARY 24, 2012** to Office of Youth Ministry/Youth Retreat, 600 Locust Street, Owensboro, KY 42301.

IMPORTANT: Participants aged 13-17 must be chaperoned; see chaperone requirements below. Participants may not leave during retreat hours without written permission of parent/guardian. **NO ONE UNDER AGE 13 WILL BE ADMITTED.** Chaperones must register as participants and pay the \$50 registration fee.

**EMERGENCY MEDICAL FORM (Required by the Diocese of Owensboro)
Must be filled out completely**

Allergies (especially to medicine and food), chronic conditions, and/or current medications: _____

If my child is in pain and if deemed advisable by a supervisory adult, I grant permission for the following non-prescription

medication to be given: Acetaminophen Yes No
 Ibuprofen Yes No

Medical History: _____

Medical Insurance Provider: _____ Policy #: _____

Name of Insured Member: _____ Phone: _____

Doctor's Name: _____ Phone: _____

In case of EMERGENCY please contact:

Name: _____ Relationship to Participant: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime phone: (____) _____ Evening phone: (____) _____ Cell phone: (____) _____

**I hereby consent to the use of a photograph of my child for the purpose of publication. Yes No

CHAPERONES

Instructions for Chaperones: Every participant under 18 must be chaperoned. A chaperone may be responsible for up to SEVEN participants. Chaperones must be age 21 or older. They must register as participants, pay the \$50 fee and sign the Liability Release. Chaperones from the Diocese of Owensboro MUST have Safe Environment Training/Background Check as set forth by the USCCB. Other chaperones outside the Diocese of Owensboro must enclose a letter from their diocese/parish confirming compliance with the sexual abuse mandates of their respected diocese.