

# St. Joan of Arc Church CYO - Youth Ministry

## Registration Form

~~2007/2008~~ 2008-2009

First Name	Middle Initial	Last Name
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Nickname	Email Address
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Street Address

Town/City, Zip Code	Parish/Church
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Home Phone	Cell Phone	IM Screen Name
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High School Attending	Current Grade	Year Graduating
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Mother/Guardian Name	Address/Phone number if different than yours
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Father/Guardian Name	Address/Phone number if different than yours
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Please List Your Brothers/Sisters and Age:

Sibling's Name	Age

Your Birthdate

Is this your first year with CYO? \_\_\_\_\_

If no, how many years have you been with CYO? \_\_\_\_\_

**St. Joan of Arc CYO**  
**Parental/Guardian Consent Form and Liability Waiver**  
**For All Events and Activities During the 2008-2009 CYO Year.**

Member's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Home Phone \_\_\_\_\_  
Parents/Guardians Name: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Street Address/City/State/Zip: \_\_\_\_\_  
Phone (home): \_\_\_\_\_ (work) \_\_\_\_\_ email \_\_\_\_\_

I ask for and grant permission for my son/daughter \_\_\_\_\_ to participate in any and all events and activities, including, but not limited to, those events and activities that require transportation to a location away from the parish during the CYO year beginning September 1, 2007 and ending August 31, 2008. These activities will take place under the guidance and direction of St. Joan of Arc's CYO Adult Advisors and/or adult volunteers from St. Joan of Arc Church. I hereby authorize the CYO or St. Joan of Arc Church to use any pictures of my child taken in connection with CYO events on the CYO or St. Joan of Arc bulletin board, newsletter or website.

While youth are responsible for their own behavior and they agree to abide by all the rules and regulation as outlined by advisors and /or volunteers, as parent and/or legal guardian, I remain legally liable for any actions or damages made by the above named minor. I am aware that I will be called if my child breaks any of the rules and has to be sent home. I agree on behalf of myself, my child named herein, and our heirs, successors, and assigns to hold harmless, indemnify and defend the St. Joan of Arc CYO Advisors and all adult volunteers, the Archdiocese of Hartford and St. Joan of Arc Church, its officers, directors, agents, employees, representatives associated with these events from any and all liability claims, loss or damage arising from or in connection with my child attending these events or activities or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the above name CYO advisors and adult volunteers, St. Joan of Arc Church and the Archdiocese of Hartford, its officers, directors, agents, employees and representatives associated with the events or activities for reasonable attorney fees and expenses arising in connection therewith.

I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child. In the event of an emergency and I cannot be reached, I hereby give permission to transport my child to a hospital or medical facility and to seek medical attention. I give permission for the administration of non-prescription medication-aspirin, throat lozenges or cough syrup- if deemed appropriate and if the situation is not life-threatening.

Emergency contact person: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Employer: \_\_\_\_\_ Group# \_\_\_\_\_

Subscriber name: \_\_\_\_\_ Subscriber number: \_\_\_\_\_

Date of last Tetanus: \_\_\_\_\_

Medication currently taking (name and dosage please): \_\_\_\_\_

allergies (medication, foods, plants, insects) \_\_\_\_\_

You should also be aware of these special medical/physical/mental conditions of my child (special diet, sleepwalking, fainting, nose bleeds, recent injuries, exposure to contagious diseases, etc.): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Understand and agree to the rules and regulations as outlined by the CYO Advisors or the adult volunteers for events.

Youth Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## 2008-2009 ADVANCED EVENT SIGN-UP

The following two events will be held during the 2008-2009 CYO year and need an advance sign up so that we can determine the interest of members, pay deposits and plan on chaperones and travel. Please sign and return this sheet as soon as possible. There will be more information about these two events at the first CYO meeting in September.

1. 2008 Catholic Youth Spectacular to be held Saturday, October 4, 2008 from 10:30- to 6:00 at Holiday Hill in Cheshire. The cost of this event will be \$25.00 and will be paid by SJA.

Member \_\_\_\_\_ will \_\_\_\_\_ will not \_\_\_\_\_ attend

Parent's signature \_\_\_\_\_

2. 2009 Youth Conference in New Hampshire weekend of March 6-9, 2009. The cost of this event is \$250.00 per participant. Fundraisers have been and will be held to help defray the cost. Members participating will be responsible for the cost of the event not defrayed by the fundraisers.

Member \_\_\_\_\_ will \_\_\_\_\_ will not \_\_\_\_\_ attend

Parent's signature \_\_\_\_\_



# PARENTAL/GUARDIAN CONSENT FORM/ LIABILITY WAIVER

Participant's name \_\_\_\_\_ Birth date \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Street Address/City/State/Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ e-mail \_\_\_\_\_ other \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_ work phone \_\_\_\_\_ other \_\_\_\_\_

I ask for and grant permission for my son/daughter \_\_\_\_\_ to participate in an event that requires transportation to a location away from the parish. This activity will take place under the guidance and direction of employees and volunteers from the **ARCHDIOCESE OF HARTFORD** and \_\_\_\_\_ (parish).

**What:** 2008 Catholic Youth Spectacular

**Where:** Holiday Hill, Cheshire/Prospect

**When:** Saturday, October 4, 2008

**Time of Event:** 10:00 registration. 6:00 end

**Mode of Transportation:**

(transportation is not provided by ORE)

**Estimated travel time:** depart:

return:

**Person in charge from parish:**

While youth are responsible for his/her own behavior, as parent and/or legal guardian, I remain legally liable for any actions or damages made by the above named minor. I am aware that I will be called if my teen breaks any of the rules and has to be sent home. I agree on behalf of myself, my teen named herein, our heirs, successors, and assigns to hold harmless and defend the **ARCHDIOCESE OF HARTFORD**, \_\_\_\_\_ (parish), its officers, directors, agents, employees, representatives associated with this event from any and all liability claims, loss or damage arising from or in connection with my teen attending this event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the above named parish, and the **ARCHDIOCESE OF HARTFORD**, its officers, directors, agents, employees, or representatives associated with the event for reasonable attorney fees and expenses arising in connection therewith.

I hereby warrant that to the best of my knowledge, my teen is in good health and I assume all responsibility for his/her health. In

the event of an emergency and I can not be reached, I hereby give permission to transport my teen to a hospital or medical facility and to seek medical attention. I give permission for the administration of non-prescription medication - aspirin, throat lozenges or cough syrup - if deemed appropriate and if the situation is not life-threatening.

Emergency contact person : Name \_\_\_\_\_ relationship \_\_\_\_\_ phone \_\_\_\_\_

Hospital Preference: Name \_\_\_\_\_ (town) \_\_\_\_\_

Doctor: Name \_\_\_\_\_ (phone) \_\_\_\_\_

Insurance: Company \_\_\_\_\_ Employer \_\_\_\_\_ Group # \_\_\_\_\_

Subscriber name \_\_\_\_\_ Subscriber # \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Medications currently taking: (name and dosage) \_\_\_\_\_

Allergies: (medication, foods, plants, insects) \_\_\_\_\_

You should also be aware of these special medical /physical/ mental conditions of my child (special diet, sleepwalking, fainting, nose bleeds, recent injuries, exposure to contagious diseases, etc.):

Print name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ I agree to abide by Participant expectations and Code of behavior



# 2008 Catholic Youth Spectacular

## PARTICIPANT EXPECTATIONS / CODE OF BEHAVIOR

Welcome to the 2008 Youth Spectacular. We're glad you've decided to attend. We expect you to represent your group well during this day and hope you will display the mature, responsible leadership and character that has been the trademark of Catholic Youth programs in the Archdiocese of Hartford. While group coordinators are responsible for the actions of their participants, each group will take full responsibility for any damage or theft done by members at this event. In the unlikely event that a behavior problem/ rule infraction occurs, it is possible that immediate dismissal will result.

**We believe that adults and youth alike will have a wonderful time and a meaningful experience!**

- ❑ Name Badges must be visibly worn at ALL times. You will not be allowed at the event or in the food line without your name badge.
- ❑ This is an outdoor event – rain or shine, hot or cold! BYO blanket/chair for seating outside during the “free time”. During the keynote and Liturgy we will be inside on the floor or chairs provided by Holiday Hill inside the main building. Bring bug spray/ sun protection if warranted. Bring a flashlight to navigate the property after the sun sets.
- ❑ Dress for the event is casual but modest and appropriate for a Catholic event. While there is a pool and a lake we will NOT be using them. Shirts and Shoes must be worn at ALL times. Skin should be covered when you touch your toes or raise your arms over your head. **It will get cool in the evening, so be prepared.**
- ❑ Please give Event Hospitality and Safety Staff your respect and cooperation and clean up after yourself and your group. It leaves a good impression with our host and we will be welcomed back.
- ❑ The possession, consumption, or use of any alcoholic beverage, illegal drugs, or tobacco products by any individual (youth or adult) is not allowed during this event.
- ❑ Please bring a \$ offering for the collection at Mass. It will be given to Catholic Relief Services.
- ❑ Active cell phones, I-pods, and other electronics are disruptive to other participants and do not allow you to be fully attentive and present during this day. Please leave them at home. If you must bring your phone, your chaperone will be asked to hold it during the event in the OFF position.
- ❑ During Mass – and one hour prior to Mass – there is no food consumption. During Mass there is no Frisbee playing or other games, text messaging or conversations with your neighbor. This is your time with God, to be called to witness the Good News and to respond to God the great I Am.

## CHAPERONE COVERAGE AND EXPECTATIONS

- Thank you for your willingness to accompany a group of young people to the Catholic Youth Spectacular. We hope this day will be a positive experience for youth and adults alike. Please review the Code of Behavior above with your teens before you come and enforce it when necessary.
- It is very important for a safe and problem-free event that adults set an example for the young people. As an adult chaperone, you are responsible to attend to the needs of the teens entrusted to your care and to monitor/adjust their behavior as necessary and to intervene/report on the behavior and needs of all youth in attendance.

**Thank you!**