

CYO RAINBOW XXXVIII YOUTH REGISTRATION FORM (One form per youth)

Please type or print clearly

GROUP REGISTRATION DEADLINE: DECEMBER 31

Name of Parish/School/Organization: _____

City of Parish/School/Organization: _____ County: _____

Name of Participant: _____

Address of Participant: _____

City: _____ State: _____ Zip: _____ County: _____

Phone #: () _____ Birth Date: ____/____/____ Grade Male Female

Parents Names: _____

Parents Email: _____

Email [youth – optional]: _____

WORKSHOP SELECTION

For each workshop time please select **Three (3)** choices, note that **1-10 are held during A/B** only; **11- 20 are held during C/D** only. Although every effort is made it is not always possible to give a participant their 1st choice, so keep in mind that there is a good chance that you may receive your 2nd or 3rd choice.

Please write the number of your chosen workshops:

Module A/B
[1-10 only]

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Module C/D
[11-20 only]

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Cost Reflects Chaperons/Adults, YMIT's, and Youth

POSTMARKED BY:	November 30	\$120.00 Each	(EARLY BIRD)
POSTMARKED BETWEEN:	December 1 through December 15	\$125.00 Each	(REGISTRATION)
POSTMARKED BETWEEN:	December 16 through December 31	\$130.00 Each	(LATE GROUP REGISTRATION)
POSTMARKED:	January 1 through Conference	\$135.00 Each	(LATE ADDITIONS ONLY)

All CYO Programs have separate YOUTH PARTICIPATION FEE: \$ 10.00 Each (YOUTH ONLY)

[Please note general sessions, workshops, adoration, reconciliation, and mass are provided for all participants]

I hereby consent to participation by my child _____, in the CYO Rainbow Conference. In consideration of my child being allowed to participate in this program, I agree to release and hold harmless the Catholic Youth Organization, the Archdiocese of Detroit, any and all affiliated organizations, their employees, agent and representatives, including volunteers, from any claims, demands or causes of action of whatever kind and nature arising from or relating to my child's participation in this program.

I understand that photography and/or video of participants may be procured during the event and used in promotional materials. I consent to the use of images or likenesses of the youth mentioned above, for promotional purposes, by the Catholic Youth Organization.

Check here ___ if you do not want picture or video taken of your child.

Print Parent/Guardian Name

Parent/Guardian Signature

Date