

ROCK YOUR FAITH 2019 REGISTRATION

Fee is \$50 for individual and \$80 for family.

Save \$10 if this is turned in by June 21, 2019.

All Middle School Participants, High School RYF Team, and chaperones... Complete and sign all forms. Check payable to "St. Joseph Church". **There are parishioners willing to provide financial assistance for families unable to pay. Contact Pam@saintjosephjasper.org to inquire.**

Jasper youth: Drop off at St. Joseph Parish Center or Mail to:

St. Joseph Church, ROCK YOUR FAITH, 1029 Kundek Street, Jasper, IN 47546.

All other youth from parishes outside of Jasper area: Send your paperwork through your parish Youth Minister or PCL and provide a chaperone over the age of 21 for every 8 youth. Please turn in Registration forms and fees by June 21st – Thank you!

Anyone under 18 years old must have the back of this form completed & signed by their parent/guardian.

____ Middle School Participant Circle Grade 2019/20: 6th, 7th, 8th

____ High School RYF Team Circle Grade 2019/20: 9th, 10th, 11th, 12th

____ Adult Chaperone or young adult (Over 18)

T-shirt size (circle one) YM YL - Adult S M L XL 2X

Name _____

Home Parish _____

Parent or volunteer email Address: _____

Parent Cell Phone (____) _____ Text? Yes/No Birth Date ____/____/____

Sex: ____ AGE ____ Grade ____ Favorite Libby's ice cream: _____

Food/Allergies/diet restrictions/health concerns need to be aware of? _____

ANY PARTICIPANT UNDER 18 YEARS OF AGE MUST HAVE A WRITTEN PERMISSION SIGNED BY A PARENT OR LEGAL GUARDIAN TO LEAVE THE EVENT DURING RETREAT HOURS.

ALL CHAPERONES & ADULT VOLUNTEERS MUST COMPLETE THIS SECTION (Age 18 & older)

YOUTH PROTECTION TRAINING & BACKGROUND CHECK

I have completed Youth Protection Training in _____ Parish (city) _____ . I am 18 years old or older and have completed a Diocesan Criminal background check ____ Yes (If no, call your parish.)

Parish Youth Protection Coordinator Signature: _____

DIOCESAN EVENT WAIVER AND RELEASE

CATHOLIC DIOCESE OF EVANSVILLE (REV. 7/14)

Youth's Name: _____ Age: _____ Grade: _____

Parish/School/Program: Saint Joseph City: Jasper

Event: Rock Your Faith July 7, 8, 9, 10, 2019: St. Joseph Parish Center, July 8th going by bus to St. Meinrad Archabbey, IN, July 9th/St. Joseph/ and July 10th Service Day in the Community various locations. Dinner at fast food restaurants July 10th.

I/We, the parent(s)/guardian(s) of the above named youth, hereby give my/our approval for his/her participation in the above event. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify, and hold harmless the Bishop of the Catholic Diocese of Evansville, _____ Saint Joseph _____ Parish, Fr Ray Brennter, Pastor, and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to my/our youth or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event.

It is understood and agreed that neither the Parish, the Catholic Diocese of Evansville, any respective affiliate, successor, agent, employee, member, representative, adult sponsor, nor other volunteer is the insurer of my child's health and safety while he/she is at youth functions, engaged in supervised activities, including sports, or being transported in association with the event. I/We understand it to be my/our obligation to provide such insurance as I/we may desire to purchase to protect myself/ourselves and my/our child against the costs of sickness or injury.

In case of emergency or serious illness, should the above-named child require medical treatment, and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such medical treatment as may be considered necessary in the opinion of the attending physician.

I UNDERSTAND THAT MY SIGNATURE RELIEVES DIOCESAN AND/OR PARISH PERSONNEL OF ANY AND ALL LIABILITY RELATED TO THE ADMINISTRATION OF ANY PRESCRIBED MEDICATION LISTED ON THE DIOCESAN MEDICAL INFORMATION FORM (INCLUDING OVER-THE-COUNTER DRUGS).

Further, I/we acknowledge having read, or been made aware of the Diocesan Youth and/or Adult Codes of Conduct, the Diocesan Release for Media Recording, and the Diocesan Off-site Transportation Policy, and I/we agree to be bound by the terms and conditions set forth in those documents (copies available via www.evdio.org/diocesan-forms-for-oyaya.html). I acknowledge and understand that any action on behalf of my/our child/dependent that is inconsistent with the Diocesan Code of Conduct may result in appropriate disciplinary action as outlined in those documents.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

MEDICAL INFORMATION

CATHOLIC DIOCESE OF EVANSVILLE (REV. 7/12)

Parent/Guardian Printed Name: _____

Address: _____

Parent/Guardian to Call in Emergency: _____ Phone: _____

If Parent/Guardian CANNOT be reached: _____ Phone: _____

Family Physician: _____ Phone: _____

Family Insurance Carrier: _____ Phone: _____

Insurance Policy Number: _____

List anyone restricted from picking up child/youth: _____

List any existing medical problems or allergies: _____

List any medications your child is taking on a regular basis: _____

Place "X" in box if it is NOT acceptable for your child to be provided over-the-counter medications (e.g., commonly used pain, allergy, or nausea medications).

Parent/Guardian Signature: _____ Date: _____