

YOUTH REQUEST FOR PARTICIPATION & MEDICAL FORM

Form 1

2010 Archdiocesan Youth Conference sponsored by the Archdiocese of Portland
November 19, 20, & 21, 2010, Seaside Convention Center, Seaside, OR

I, a parent or legal guardian of the child named below request that my child be allowed to participate in the 2010 Archdiocesan Youth Conference. I understand that I am responsible for any liability, which may result from actions taken by my child.

I fully understand the following: that there is a risk of injury involved in any activity; that my parish and the Archdiocese of Portland are not-for-profit entities and are not making profits as a result of these activities; that the chaperoning adults involved are participating solely to benefit the youth involved with the activity; that due to the nature of the activity, there may be times when the activity precludes the staff, chaperones, and volunteers from being in direct supervision of my child at all times and that I understand that I am responsible for payment for any medical costs that may be incurred due to an accident or injury.

Participants are advised that photographs or videotape of participants may be used in publications, websites, or other material produced by the Office of Youth & Young Adult Ministry or the Archdiocese of Portland including promotion. The Archdiocese of Portland has no control over the use of photographs or film taken by media that may be covering the event.

With knowledge of the nature and intent of this activity, but in order to allow my child to participate in this activity, I release the Archdiocese of Portland, my parish, and all staff, volunteers, and persons associated with the Archdiocese and Church from liability with respect to any injury which may occur to my child during this activity.

I grant permission and authorize treatment of my child by a licensed medical professional in case of any accident or illness that may arise during my child's participation in the Archdiocesan Youth Conference on Nov 19-21, 2010. I hereby give permission for the medical professional to hospitalize, secure proper treatments for, and to order injection, anesthesia, or surgery for my child.

I grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup, etc.) to be given to my child by medical personnel or chaperones.

Parent Printed Name _____ Parent Signature _____ Date _____
Child Printed Name _____ Child Signature _____ Date _____
Address _____ City, State, Zip _____ Phone _____

MEDICAL INSURANCE STATUS – Initial one of the following:

____ Participant has medical insurance under ordinary individual or group coverage (*Participant must bring insurance card or copy of it to conference weekend*).
____ Participant has NO medical insurance. NOTICE: Parent or guardian will be required to pay in full for any necessary medical care.

EMERGENCY CONTACT INFORMATION

In case of illness, accident, or emergency, the Archdiocese of Portland in Oregon and its representatives are authorized to contact the parties listed below in the order listed. Please list most reliable telephone numbers for emergency contact.

Name	Relationship	Best Day Phone (with Area Code)	Best Night Phone (with Area Code)
1			
2			
3			

Child's Birth Date _____ Date of Last Tetanus Shot _____

Family Physician _____ Physician Phone _____

Current medications, drug or other allergies, blood type or pertinent medical information _____

Medical Insurance Company _____ Policy No. _____

CODE OF CONDUCT - The Youth Conference Code of Conduct for Youth is available for viewing at <http://ym.archdpx.org>.

Youth Participant → I have read and agree to abide by all of the rules and regulations as outlined in the Youth Conference Code of Conduct. I understand that if I fail to do so, my parents will be notified and I could be sent home at my parents' expense.

Initials of Youth _____

Parent of Youth Participant → I agree to instruct my child to abide by all rules and regulations as outlined in the Youth Conference Code of Conduct. I agree that if my child fails to abide by the Code in any way, my child can be dismissed from the Conference and sent home immediately at my expense.

Initials of Parent _____

SATURDAY LUNCH CHOICE - A box lunch is provided on Saturday of the conference as part of the registration fee.

My sandwich choice for my box lunch is: Turkey Ham Roast Beef Veggie