

Forms due no later than Feb. 20th !!

DIocese of Owensboro
ACTIVITY INFORMATION FORM

Parish/School/Institution St. Thomas More Church Date 2/3/12

Dear Parent or Legal Guardian:

Your child is eligible to participate in a parish/school/diocesan-sponsored youth activity requiring transportation. This activity will take place under the guidance and supervision of employees and/or volunteers from St. Thomas More Church parish/school/diocese. A brief description of the activity follows:

Destination Youth 2000 Retreat in Owensboro, KY

Educational Objective Youth 2000

Planned Activities retreat, stay in hotels, etc.

Designated Supervisor of the Event Nicole Strasser

Date, Time, and Location of Departure March 9th, 3:30 pm, from STM parking lot

Participants may not be dropped off before 3:00 pm

Anticipated Time and Location of Return March 11th, 4:00 pm, at STM parking lot

****Participants may not be left unattended upon return so be on time please!****

Method of Transportation bus or van

(If personal vehicles are used, volunteer drivers will complete Form E.)

Accommodations (if applicable) Hotel in Owensboro, All safe Environment rules will

Total Cost \$150 Other Details: be strictly enforced.

Some scholarships available

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Please return this bottom portion to the designated supervisor of the event: _____

Name and Date of Activity _____

Name of Participant _____

Parent/Guardian Phone (Home) _____ Phone (Work/Cell) _____

▶ In an emergency someone other than parent/guardian ◀

Emergency Contact Available during Event (Other than Parent/Guardian):

Name: _____ Phone (Home) _____

Phone (Work) _____ Phone (Other) _____

X _____

Parent/Guardian Signature

Date

**In signing this, parent/guardian is agreeing to pick up participant on time.

(OVER)

Revised August 2010

300:5

PARENT/GUARDIAN COPY
LIABILITY RELEASE

I/We, the parent(s) and/or legal guardian(s) of _____ (child's name), hereby request permission for this child to participate in any and all of the activities of the Roman Catholic Diocese of Owensboro and _____ (name of organization). I/We do hereby further generally, fully, completely and absolutely hold harmless the Diocese of Owensboro and the above-named organization, including, but not limited to, all board members, officers, sponsors, employees, leaders, volunteer drivers, and chaperones, from any and all liability of any kind or nature whatsoever. In case of injury to my/our child, I/we hereby waive all claims against the parties set forth above, and further agree to fully indemnify and hold said parties harmless from any liability whatsoever. I/We likewise release from responsibility any person transporting my/our child to or from activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. Taking into account the subject's age, I/we believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/herself or others in dangerous situations.

Parent/guardian Signature _____ Date _____

Adult witness to Signature _____ Date _____

Received by _____ Date _____
(Signature of DRE, CRE, Teacher/School Personnel, Youth Representative, etc.)

PARISH/SCHOOL/DIOCESAN COPY
LIABILITY RELEASE

I/We, the parent(s) and/or legal guardian(s) of _____ (child's name), hereby request permission for this child to participate in any and all of the activities of the Roman Catholic Diocese of Owensboro and _____ (Name of organization). I/We do hereby further generally, fully, completely and absolutely hold harmless the Diocese of Owensboro and the above-named organization, including, but not limited to, all board members, officers, sponsors, employees, leaders, volunteer drivers, and chaperones, from any and all liability of any kind or nature whatsoever. In case of injury to my/our child, I/we hereby waive all claims against the parties set forth above, and further agree to fully indemnify and hold said parties harmless from any liability whatsoever. I/We likewise release from responsibility any person transporting my/our child to or from activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. Taking into account the subject's age, I/we believe that the subject of this release is physically and mentally capable of taking reasonable precautions to protect his/her own safety and has the maturity and judgment not to put himself/herself or others in dangerous situations.

Parent/guardian Signature _____ Date _____

Adult witness to Signature _____ Date _____

Received by _____ Date _____
(Signature of DRE, CRE, Teacher/School Personnel, Youth Representative, etc.)

YOUTH 2000

Owensboro, Kentucky

REGISTRATION FORM

Registrant Name: _____ Age: _____ Gender: F M
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: (____) _____ Parish/Group: St. Thomas More Paducah

For more information call 270-683-1545

LIABILITY RELEASE FORM – Release of ALL Claims

Name of Activity: YOUTH 2000 Retreat **Telephone: (270) 683-1545**
Location: Brescia University **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) <u>St. Thomas More Paducah</u>	
*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.