

Diocesan Youth Conference



April 27-29, 2018

Details

Who: All High school Teens

Where: Ridgecrest Conference Center

Cost: \$85 (\$30 Deposit with form to reserve spot)

When: April 27-29, 2017

Drop off: Friday, April 27
4:00 pm (SJN Lot)

Pick up: Sunday, April 29
3:00 pm (SJN Lot)

Transportation: Adult Drivers

How To Register

Completely fill out and return this form to Meg with \$30 Deposit

Return the remaining \$55 Balance to Meg by April 10

Keep This form as a reference

Parents with questions please contact:

Meg@4sjnc.org

In case of emergency during the event please call:

(815) 545-2587

WHAT TO BRING

Should Haves...

Good attitude, Sleeping bag, pillow, toiletries, nice clothes for mass, comfortable clothes, money for 2 travel meals

Could Haves...

Ipod (bedtime), snacks to share, rosary, journal, flashlight

Don't Haves...

Drugs, alcohol, weapons, bad attitudes, escape plans

DYC 2018

PERSONAL INFORMATION

PARTICIPANT NAME:

GENDER:

STREET:

TEE-SHIRT SIZE:

CITY:

STATE:

ZIP:

SCHOOL:

GRADE:

AGE:

PARENT NAME:

HOME PHONE:

PARENT CELL:

PARENT EMAIL:

PRIMARY PHYSICIAN:

PHYSICIAN PHONE NUMBER:

INSURANCE COMPANY:

POLICY NUMBER:

HEALTH HISTORY: Please list any and all allergies, health conditions or concerns.

MEDICATIONS: Please list any medications being taken, reason for taking them and dosage.

RELEASE

I hereby consent to participation by my child in the event titled above. I understand that a portion of this event will take place away from parish grounds and that my child will be under supervision of the designated supervisor(s) and adult chaperones. I further agree that I have received information about this event and consent to the conditions of participation in this event, including the method of transportation (cars). I give my permission for my child, in case of an emergency, to be taken to a physician or hospital by either the supervisor in charge or by an adult chaperone. I understand that every effort will be made to contact me. If I cannot be reached, however, I hereby give permission to the physician selected to hospitalize and secure proper treatment (including surgery) for my son/daughter/guardianship.

I give permission for the Diocese of Charlotte and/or St. John Neumann Catholic Church to make use of pictures of my child for parish or diocesan publications and websites. I hereby release the Diocese of Charlotte, St. John Neumann Catholic Church and all of its affiliated entities, including its employees and volunteers from all liability for any damages suffered as a result of or relating to this trip and the use of any photograph, slide, video-

PARENT/GUARDIAN NAME (PRINTED):

PARENT/GUARDIAN SIGNATURE:

DATE: / /