

# YOUTH 2000

## Diocese of Owensboro, Kentucky REGISTRATION FORM REGISTRATION FEE: \$65.00

March 17, 6:30 p.m. - 10:30 p.m. • March 18, 9:00 a.m. - 10:00 p.m. • March 19, 8:30 a.m. - 12:30 p.m.

Available for youth 13-30 years of age

- includes lunch and dinner on Saturday
- does NOT include housing
- Registration Fee waived for those in need

**Parish/Groups:**

Youth and Chaperones----Give your \$65 fee and this form to your parish or other group leader. Do not send this form to the Office of Youth Ministry.

**18+(those who have finished High School):** Send a \$65 check made out to Marian Shrine Committee and mail to 600 Locust Street, Owensboro, KY 42301.

Registrant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: F M  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parent Cell Phone ( ) \_\_\_\_\_ Parish /Group: \_\_\_\_\_

For more information, call 270-683-1545 or 270-993-3393.

### **LIABILITY RELEASE FORM - Release of ALL Claims**

**Name of Activity: YOUTH 2000 Retreat Telephone: (270) 683-1545**  
**Location: Brescia University Campus Center Date of Activity: March 17, 18, 19, 2023**

The undersigned do hereby release, forever discharge and agree to hold harmless YOUTH 2000, Inc., Brescia University Campus Center, the Diocese of Owensboro, Office of Youth Ministry, 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 Campus Center, 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 Campus Center, 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 AGES 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): \_\_\_\_\_

**Parish Group** (if applicable, consult group leader for additional instructions): \_\_\_\_\_

**\*Parent/Guardian signature and phone must be provided OR FORM WILL BE RETURNED.**

#### **RELEASE FOR CHAPERONES AND PARTICIPANTS AGES 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 have completed the Safe Environment Training required by your Diocese and have completed a current background check. If you are outside of the Owensboro Diocese please attach a letter from your parish or Diocese stating you have completed their safe environment training and background check. <https://owensborodiocese.org/safe/>
4. Give your check and form by *March 6, 2023* to your parish group or group leader.

**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 \$60 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 medications 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: \_\_\_\_\_

\*\*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. You must have 2 chaperones for the first 7 youth. If you are staying overnight and you have both male and female youth you need to have a male and female chaperone. A chaperone may be responsible for up to SEVEN participants. Chaperones must be age 21 or older. They must register as participants, pay the \$60 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.

**This registration form, as well as additional information, can be found at: [owensborodiocese.org/youth-2000/](https://owensborodiocese.org/youth-2000/).**