YOUTH 2000 REGISTRATION FORM

Diocese of Owensboro, Kentucky REGISTRATION FEE: \$65.00

March 15, 6:30 p.m. - 10:30 p.m. • March 16, 9:00 a.m. .; 10:00 p.m. • March 17, 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/Family Groups:

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

Ministry as your Group Leader needs this form.

Home/cell phone

Date

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:			A	ge:	Gender:	F	М
Address:							
City:			_State:		_Zip:		
Parent Cell Phone ()		Parish /G	iroup:				
	For more in	nformation, call 270-6	683-1545 or 270	-993-3393.			
	LIABILITY REL	EASE FORM - F	Release of ALI	L Claims			
	me of Activity: YOU cation: Brescia Unive	TH 2000 Retreat ersity Campus Center	Telephone: (270 Date of Activity: N	•	024		
The undersigned do hereby re the Diocese of Owensboro, of demands, lawsuits and exper which may be incurred or suff	Office of Youth Minist nses of any kind arisi	try, and the Marian Sh ng from personal injury	rine Committee from, sickness, death	om and agains or property da	st any and all mage of any k	liability	claims,
The undersigned further agree Office of Youth Ministry, Offic and agents (collectively, the including attorney fees and cundersigned and/or participar	e of Faith Formation a "Indemnities") harmle expenses and costs s	and the Marian Shrine ess from and against a sustained by the Indem	Committee and its any and all claims,	respective me, demands, ac	embers, directo tions, lawsuits	ors, em , and l	ployees, abilities,
If participant is under 18 years to participate fully in the YOU Campus Center, the Diocese take said participant to a doct (we) fully and completely assu	TH 2000 Retreat and a of Owensboro, Office or or hospital and here	all of its activities and he of Youth Ministry, Coeby authorize medical	ereby give permiss Office of Faith Form	sion to YOUTH nation and the	2000, Inc., Bro Marian Shrin	escia U e Com	niversity nittee to
Further, should it be necessar all responsibility and transport		o return home due to m	nedical reasons, di	sciplinary actio	on or otherwise	, I (we)	assume
RELEASE FOR PARTICIF	PANTS AGES 13-	17	Name and sig	gnature of Pa	rent(s) or Leg	al Gua	rdian(s)
1							
Parent/Guardian Name	(please print)	Signature		Home/cell pho	ne		Date

Please complete other side.

Signature

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

RELEASE FOR CHAPERONES AND PARTICIPANTS AGES 18-30

Name (please print)

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 before *March 4, 2024* 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 \$65 registration fee.

EMERGENCY MEDICAL FORM

(Required by the Diocese of Owensboro)

Must be filled out completely

If my child is in pain and if deemed advisal medications to be given: Acetaminophen Ibuprofen		ermission for the following non-prescription
Medical History:		
Medical Insurance Provider:	Policy #	
Name of Insured Member:	Phone:	
Doctor's Name:	Phone:	
n case of EMERGENCY please contact:		
Name:	Relationship	o to Participant:
Address:	City:	State: Zip:
Daytime Phone:	Evening Phone:	

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 \$65 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/.