YOUTH 2000

Owensboro, Kentucky

REGISTRATION FORM **REGISTRATION FEE: \$60.00**

July 17, 10 a.m. - 10 p.m. · July 18, 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

Send \$60.00 Registration Fee (check payable to Marian Shrine Committee) and completed Liability Release Form below by February 21st to:

Office of Youth Ministry (RE: YOUTH 2000)

600 Locust Street

Owensboro, Kentucky 42301

| Registrant Name: | Age:_ | Gender: F | М |
|----------------------|---------------------------------|---|----|
| Address: | | *************************************** | |
| City: | | Zip: | |
| Parent Cell Phone () | Parish/Group: | | -2 |
| For more infor | mation 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: July 17 & 18, 2021

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, 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 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 AG | ED 13 - 17 Na | me and signature | of Parent(s) or Legal G | Guardian(s) |
|---|---------------------------|------------------|-------------------------|-------------|
| (1)Parent/Guardian Name (please print) | signature | (|)home/cell phone | date |
| Parent/Guardian Name (please print) | signature | | home/cell phone | date |
| DESIGNATED CHAPERONE (must be 21 or older | er):Chaperone Name (pleas | se print) | home/cell phone | - |
| Parish Group (if applicable, consult group leader *Parent/Guardian signature and phone must be provided O | | | | |
| RELEASE FOR CHAPERONES AND | PARTICIPANTS 1 | 8-30 | | |
| Name (please print) | signature | (|) home/cell phone | date |

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.
- Make check payable to Marian Shrine Committee and mail with this form by JULY 2, 2021 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 \$60 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 advisable | le by a superviso | ory adult, I g | rant permission | for the following | non-prescription |
|----------------------------|---------------------|-------------------|----------------|-------------------|-------------------|--|
| medication to be given: | Acetaminophen | Yes | No | | | |
| | Ibuprofen | Yes _ | No | | | |
| Medical History: | | | | | | |
| Medical Insurance Provide | ler: | | | Policy #: | | |
| Name of Insured Membe | r: | . 1.31 | | Phone | : | ana antono en esta de la calenda de la c |
| Doctor's Name:Pho | | | Phone | <u> </u> | | |
| In case of EMERGENCY | please contact: | | | | | |
| Name: | | | Relations | ship to Participa | nt: | |
| Address: | | | City: | | State: | Zip: |
| Daytime phone: ()_ | | Evening phone | : () | | Cell phone: (|) |

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 \$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.