

# Franciscan University Youth Conference Registration Form

(sponsored by Our Lady of Peace Parish 701 Plainfield Rd Darien, IL 60561)

Friday June 23, 2023 (depart in early morning) - Sunday, June 25 2023 (return in evening)

total cost = \$100: due by June 1, 2023 (make checks payable to **Our Lady of Peace**)

Participant's Name: First \_\_\_\_\_ Last \_\_\_\_\_ Gender: M or F (circle one)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ School attending \_\_\_\_\_ grade entering in fall \_\_\_\_\_

Parent Phone: \_\_\_\_\_ Youth Phone: \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

Parent's E-Mail Address: \_\_\_\_\_

Parish Name/City: \_\_\_\_\_

## GENERAL PERMISSION FORM

I request that my child, \_\_\_\_\_, be allowed to participate in the Steubenville Youth Conference. I hereby release and indemnify my parish, Our Lady of Peace, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

### VIDEOTAPING, PHOTOGRAPHS AND VIRTUAL PLATFORMS

Video, and photographs may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape and/or still photographs, which may be used for future promotional efforts, including the Our Lady of Peace parish bulletin, website and facebook page. As well as permission to participate in virtual platforms such as Zoom, Google, Seesaw etc. for the purpose of programmatic content.

### CODE OF BEHAVIOR

You are representing our diocese / parish during this event and we expect you will represent us well. We expect that you will display mature, responsible and respectful behavior in action, and usages, which is the trademark of Catholic youth, chaperones, and adults. And will follow all Diocesan protocols.

### EXPECTATIONS

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage or possession or use of any illegal substance is not permitted and may be prosecutable.
6. Smoking, vaping, e-cigarettes, smokeless tobacco are not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. If under the age of 18, prescription drugs need to be given to an adult from your parish for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved. *If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and ALL costs involved.* \_\_\_\_\_ (Guardian Initial)

## MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child: \_\_\_\_\_, by the people in charge of the event and those transporting my child to and from the event as their judgment deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

**ALLERGIC TO MEDICATION/OTHER: No Yes (circle one)**

If YES, describe (use back if needed)

Medication(s) presently taking: \_\_\_\_\_

Other: \_\_\_\_\_

## INSURANCE INFORMATION

Policy in the name of: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Authorized Physician: \_\_\_\_\_

Phone #: \_\_\_\_\_

## EMERGENCY CONTACTS

If Parent(s) cannot be reached in case of Emergency, contact:

Name \_\_\_\_\_

Phone #'s: \_\_\_\_\_

Teen Signature \_\_\_\_\_ Date \_\_\_\_\_

Parents Signature \_\_\_\_\_ Printed Name: \_\_\_\_\_