

# Disciples on the Journey

An Event for Youth Grades 9-12  
Short Journey Center, Smithfield  
October 30-31 2010  
*Participant Registration Form*

Participant Name \_\_\_\_\_

Address: \_\_\_\_\_ Grade \_\_\_\_\_

Email address \_\_\_\_\_ (confirmation of registration)

How did you hear about Disciples on the Journey? \_\_\_\_\_

Parish \_\_\_\_\_ Do you have a youth group? (Y/N) \_\_\_\_\_

*Please turn in to your  
Youth Minister*

- **Registration**
- **Deposit (\$15) balance of \$45.00**  
*due at the Disciples on the Journey*
- **Signed medical release**

Please Check one:

- I am responsible for payment
  - please bill my church (only with signature)
- I approve of the registration (in whole or in part  
being billed to my parish (amount billed \_\_\_\_\_))*

**Pastor's Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Parish Seal can be imprinted on this space*

*I give my permission for my child \_\_\_\_\_ to attend Disciples on the Journey at Short Journey Retreat Center, Smithfield NC on \_\_\_\_\_. I have filled out the Medical release form for my child and understand all that is included on the medical release form. I further understand that I am responsible for payment on this event unless the pastor or pastoral administrator of your parish has approved total or partial billing of the registration cost to the parish by affixing his signature to the appropriate box on this form.*

Signed (parent/guardian) \_\_\_\_\_ Date \_\_\_\_\_



# Participant Medical Release Form **\*\*YOUTH\*\*** | **2010**

Dear Parent/Guardian,

Your son/daughter is eligible to participate in a diocesan activity that requires transportation to a location away from the parish site. If you give permission for your child to participate, please complete BOTH SIDES of the form below. This activity will take place under the guidance of adults from \_\_\_\_\_ (parish name) and the Diocese of Raleigh. A brief description follows:

Activity \_\_\_\_\_

Location: \_\_\_\_\_

Date/time of departure: \_\_\_\_\_

Date/time of return: \_\_\_\_\_

Participant's Full Name _____ Gender: M/F _____
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Address \_\_\_\_\_ Zip \_\_\_\_\_

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

Home Number \_\_\_\_\_ Daytime number of Parent \_\_\_\_\_

Emergency Contact  
Of person other than parent \_\_\_\_\_ Phone \_\_\_\_\_

Any allergies or medical, physical, or dietary restrictions/requirements:  
\_\_\_\_\_  
\_\_\_\_\_

Medications presently taking (and the condition the medication is treating):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participant's Social Security Number \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy ID Number \_\_\_\_\_



Participant Medical Release Form **\*\*YOUTH\*\*** | **2010**

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If your child may participate in this event, please complete, sign and return the following statement of consent and release of liability. As parent/guardian, you remain fully responsible for any liability, which may result from personal actions taken by your son/daughter. **If your youth brings or uses any drugs, alcohol, weapons, or tobacco products or engages in reckless or violent behavior, you will be expected to retrieve your son/daughter from the trip immediately.**

I hereby consent to the participation of my child, \_\_\_\_\_, in the event described above. I further consent to the conditions stated above regarding participation in this event, including the method of transportation.

I release the Diocese of Raleigh, \_\_\_\_\_ (parish name), \_\_\_\_\_ (parish city), and their agents and volunteers from any injuries, which may be incurred by my youth.

I give permission for my child, in case of emergency, to be taken to a physician or hospital by either an adult youth leader, diocesan or parish personnel. 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 by the adult in charge, to hospitalize and secure proper treatment, including surgery, for my son/daughter.

I hereby grant permission to any diocesan or event staff person to provide the following over-the-counter drugs to my son/daughter if requested by my son/daughter (please check all that apply (Note: category of medicine and an example are listed, although a different brand may be used.) Doses are not to exceed manufacturer's recommended dosages.

- Ibuprofen (Advil)                       Acetaminophen (Tylenol)
- Antibiotic Ointment(Neosporin)     Antihistamine/Decongestant (Actifed/Sudafed/Benadryl)
- Antacids (Rolaids/Tums)

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Youth Ministry Office or the Diocese of Raleigh. Participants would not be identified unless specific written consent. Parents/guardians who do not wish their children to be photographed or filmed should so notify the Office in writing.

Parent/Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_

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