

**COLUMBUS DIOCESAN OFFICE OF YOUTH AND YOUNG ADULT MINISTRY
REGISTRATION FORM**

Please print clearly; return with appropriate payment to your adult leader. All incomplete forms will be returned to adult leaders.

Name of Participant _____
Address _____
City _____ State _____ Zip Code _____
Phone (____) _____
E-Mail _____
Parish _____
School _____
Date of Birth ____/____/____ Male Female Grade _____
Name of Adult Leader _____

EMERGENCY CONTACT INFORMATION

Parent or Guardian _____
Address _____
Phone(s) _____

Chronic Conditions (e.g. Allergies, Epilepsy; Diabetes) _____

Medications _____

Medical Insurance _____ Policy Number _____

Address _____ Phone (____) _____

Member's Name _____ Phone (____) _____

Family Doctor _____ Phone (____) _____

RELEASE AND INDEMNIFICATION AGREEMENT

Name of Activity _____

Location _____

Dates of Activity _____

A. As the above-named participant, I hereby register for and commit to attend _____ (the "activity"). I further agree to the terms of this Release and Indemnification Agreement, and I agree to comply with the Code of Behavior set forth below.

B. As a parent or guardian of the above-named participant, I give my permission for my child or ward to register for and attend the activity.

C. The undersigned release from all liability, and indemnify and hold harmless _____ parish/school, the Diocese of Columbus and any employee, agent or representative thereof from any and all liability, actions, causes of actions, claims, judgments, costs or expenses, arising out of or in any way related to injury, illness or loss incurred by the participant while participating in or traveling to or from this activity.

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give _____ permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers please contact::

Name & relationship: _____

Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____

Policy #: _____

Signature: _____

_____ Date: _____

CODE OF BEHAVIOR

1. Participants must stay and participate in the entire event. Participants may not leave the premises unless accompanied by an adult leader, parent, or legal guardian.
2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
3. Foul language is not tolerated.
4. Participants must heed any and all directions of activity staff.
5. Participants must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the participants involved and the participant's parents/legal guardians..
6. Failure to abide by this Code of Behavior may result in a request to parents/legal guardians, to transport offending participants from the premises, and the parents/legal guardians shall immediately comply with the request.

**I HAVE READ AND UNDERSTAND ALL
CONTAINED IN THIS AGREEMENT**

Participant's Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____