

DIOCESAN CONFIRMATION RETREATS 2022-2023

CATHOLIC DIOCESE OF RICHMOND

YOUTH Registration Form

Please indicate Confirmation Retreat location:

<input type="checkbox"/>	Saturday, October 29, 2022 at Saint Michael the Archangel, Richmond
<input type="checkbox"/>	Saturday, November 5, 2022 at Saint Thomas More, Lynchburg
<input type="checkbox"/>	Saturday, March 4, 2023 at Saint Mark, Virginia Beach

YOUTH INFORMATION

First Name: _____ Last Name: _____

First/Nick Name for Badge: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____

Email: _____

Parish Name: _____ City: _____

Gender: _____ Date of Birth (MM/DD/YY): _____

Grade: _____

PARENT / GUARDIAN INFORMATION

Name: _____ (Parent/Guardian #1) _____ (Parent/Guardian #2)

Cell Phone: _____ (Parent/Guardian #1) _____ (Parent/Guardian #2)

Email: _____ (Parent/Guardian #1) _____ (Parent/Guardian #2)

EMERGENCY CONTACT INFORMATION

Name: _____

Cell Phone: _____

Relationship: _____

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Medical Information and Release Form

All information is kept private and confidential

Name of Participant: _____

MEDICAL INFORMATION

In many cases, our team is not familiar with the medical, physical, and/or emotional history of each participant. It is essential that **ANY** information relating to the participant is shared in detail. **BE AS SPECIFIC AS POSSIBLE.**

Does the participant have any dietary restrictions?

YES NO

Select any restrictions that apply to this participant:

Gluten-free Peanut-free Vegetarian

Is the participant allergic to anything?

YES NO

List any details of allergies below (this may include allergies to specific medications or chemicals, allergies to any substances, food allergies, etc.). Please note, dietary needs other than the ones listed above will not be accommodated.

Is the participant currently taking or has taken any prescription medication in the last 6 months?

YES NO

List the specific prescription medications, reasons for medication, and daily dosage. Indicate if the medication is currently being administered.

Does the participant have any emotional, physical or sensory conditions?

YES NO

List any **emotional** conditions that may impact participation in the event. This may include counseling, treatment for emotional conditions (i.e. depression, eating disorders), and/or family situations that may have a significant impact on the participant.

List any **physical and/or sensory conditions** of which we should be aware or of which need special accommodations (e.g. hearing loss, visual impairment, mobility).

RELEASE OF LIABILITY AND MEDICAL RELEASE

As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Catholic Diocese of Richmond, its employees and agents, chaperons, or representatives associated with this event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of any 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 I give permission for the noted emergency contact to be notified. I will not hold the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Parent/Guardian Signature: _____ Date: _____

USE OF PICTURES AND/OR VIDEO

I give permission for pictures and/or video of my child (named above) engaged in activities related to any Diocesan event to have their pictures posted in the Diocese of Richmond publications or websites. Names of participants **will not** be used without expressed permission from the parent or guardian. If no box is checked below, the Diocese of Richmond assumes you give permission.

YES NO Parent/Guardian Signature: _____ Date: _____