

OUR LADY OF NAZARETH YOUTH RETREAT

CATHOLIC DIOCESE OF RICHMOND

Please fill out the following information in its ENTIRETY. Please print clearly.

YOUTH INFORMATION

First Name:		Last Name:	
First/Nickname for Badge:			
Address:			
City/State/Zip:			
Cell Phone:			
T-Shirt Size: (XS, S, M, L, XL, 2XL)			
Email:			
Parish Name:		City:	
Gender:		Date of Birth (MM/DD/YY):	
Grade:		School:	

PARENT/GUARDIAN INFORMATION

Name:		Name:	
Relationship to Teen:		Relationship to Teen:	
Cell Phone:		Cell Phone:	
Email:		Email:	

EMERGENCY CONTACT INFORMATION

PLEASE NOTE: THIS IS WHO WE WILL CALL IF THERE IS AN IMMEDIATE EMERGENCY DURING THE EVENT.

Name:	
Relationship to Teen:	
Contact Number:	

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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 staff and volunteers are not familiar with the medical, physical, and/or emotional history of each participant.

Please share ANY information relating to the participant in detail. BE AS SPECIFIC AS POSSIBLE.

<p>Does the participant have any dietary restrictions?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Select any restrictions that apply to this participant:</p> <p><input type="checkbox"/> Gluten-free <input type="checkbox"/> Peanut-free <input type="checkbox"/> Vegetarian</p> <p>List any other dietary restrictions (i.e. vegetarian, allergies)</p>
<p>Is the participant allergic to anything?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>List any details of allergies below (this may include food allergies, allergies to specific medications or chemicals, allergies to any substances):</p>
<p>Is the participant currently taking or has taken any prescription medication in the last 6 months?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>List the specific prescription medications, reasons for medication, and daily dosage. Indicate if the medication is currently being administered.</p>
<p>Does the participant have any emotional, physical or sensory conditions?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>List any emotional conditions that may impede 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).</p>

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 Our Lady of Nazareth and 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: _____

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YOUTH CODE OF CONDUCT

Youth participants must read, understand, agree, sign and return this sheet with the Medical Information and Release form. Each participant is expected to adhere to the following principles:

SHOW LOVE AND RESPECT FOR GOD:

- ✓ Pray for self and others.
- ✓ Participate in opportunities to receive the Sacraments.
- ✓ Participate in the sessions, activities, and prayer experiences.
- ✓ Be open, flexible, and have a servant's attitude.
- ✓ Represent God in your words and actions.

SHOW LOVE AND RESPECT FOR SELF:

- ✓ Remember that you are the Temple of the Holy Spirit. Present yourself accordingly.
- ✓ No alcohol, drugs, or smoking will be tolerated during the event.
- ✓ Dress with modesty. Bare mid-drifts, spaghetti straps, low cut tops, or guys without shirts are not permitted during the retreat.
- ✓ Drink plenty of water, obey activity rules, and make sure you eat. This will allow you to fully participate and not be tired.
- ✓ If you must leave an activity, adult chaperones should accompany you since they are responsible for you.

SHOW LOVE AND RESPECT FOR OTHERS:

- ✓ All words and actions should be those of Christ to build up others and not injure.
- ✓ Make sure that your actions during the activities do not distract others from hearing, seeing, or praying.
- ✓ Be safe. No horseplay or other potentially harmful actions. Leave pocketknives, lighters, or other hazardous materials at home.
- ✓ No outside or unregistered visitors at the retreat will be permitted.
- ✓ The facility must remain clean and undamaged. Otherwise, you will personally be responsible to pay for the damage. Don't bring food or drinks to the rooms (unless designated for food—water may be carried with you) and pick up trash if you see it.

OTHER INFORMATION:

- ✓ Any damages caused by the participant will be charged to the participant.

I have read, understand, and agree to the above principles. Any violation of the above principles may result in immediate dismissal from the retreat and participants will forfeit their registration fee.

Youth Signature: _____ Date: _____

Printed Name: _____

Parent Signature: _____ Date: _____

Printed Name: _____