



# Christian Formation Ogdensburg Regional Center Confirmation Retreat Registration Form

## Participant Information

Please Print in Ink

Participant Name \_\_\_\_\_ Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_  
Last First Middle

Year in School \_\_\_\_\_  Male  Female Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian One: \_\_\_\_\_ Relationship to Participant \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(Fill out only if different than Participant Address)

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Parent/Guardian Two: \_\_\_\_\_ Relationship to Participant \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(Fill out only if different than Participant Address)

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Physician \_\_\_\_\_ Office Phone ( ) \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

## Medical Information

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability or condition to which your child is subject and/or which the staff should be aware, and what, if any, action or protection is required on account thereof. Please submit this notification in writing and attach it to this form.

<i>Check the following areas of concern for this student</i>		<i>Allergies</i>	
<input type="checkbox"/> Frequent colds	<input type="checkbox"/> Frequent Sore Throats	<input type="checkbox"/> Bee Sting	Action Required: _____
<input type="checkbox"/> Frequent Ear Aches	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Drugs	Action Required: _____
<input type="checkbox"/> Stomach Aches	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Food	Action Required: _____
<input type="checkbox"/> Asthma	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Other	Action Required: _____
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart trouble	<i>Please use another sheet if you need more room</i>	
<input type="checkbox"/> Physical Handicap	<input type="checkbox"/> Other	Date of last tetanus shot: _____	
Please list Other if Checked: _____		Does your child wear: <input type="checkbox"/> Glasses <input type="checkbox"/> Contact Lenses	

Please list all medications and dosages (prescription and non-prescription) being sent with your child. All medication will be collected at registration and dispensed by the events' health coordinator.

A. Medication _____	Dosage _____
B. Medication _____	Dosage _____
C. Medication _____	Dosage _____
D. Medication _____	Dosage _____
E. Medication _____	Dosage _____

If my child is traveling with any prescription and/or non-prescription drugs, I have listed them all and informed the group leader for my parish. Please Initial \_\_\_\_\_

Any Additional Comments:

**Photo Release**

I grant permission that any pictures taken of my child during this event may be used in future Christian Formation brochures and web sites  Yes  No

**Youth Code of Conduct and General Rules**

*Both Parent and Participants must read over the rules carefully and then sign and date.*

**BOUNDARIES** - All participants MUST remain within the given boundaries and areas of the event.

**NO BEER, LIQUOR, ILLEGAL DRUGS, ETC** - These substances are not to be brought to the event or used any time during the event. Violators will be sent home.

**BEHAVIOR AND DRESS CODE** - All delegates are expected to behave and dress in an appropriate manner throughout the event. The following dress code must be followed throughout the event:

*No clothing with advertisements for alcohol, drug, or cigarettes, and no inappropriate slogans or designs.*

*Sweaters, shirts, and dresses must cover the stomach/midriff.*

*No Extremely low-rise jeans or slacks (or clothing that is rolled down to reveal areas below the waist)*

*Skirts, dresses, and shorts/skirts can be no more than 5 inches above the knee.*

*Dresses should be appropriate in length and style and should not be revealing.*

**RESPECT THE STAFF** - All Event Staff, Security and Event Chaperones will be given the participant's respect, courtesy and cooperation during the event.

**SICKNESS AND INJURY** - Any sickness or injury during the event should be reported to a member of the event staff.

**CELL PHONES** - No cell phone use will be permitted during the event. Any emergencies can be reported to a staff member.

**RULES** - Any serious infraction of the rules warrants a call to your guardian and/or your parish priest, and your immediate dismissal from the event. There will be no refunds for anyone dismissed from the event. To maintain safety and security for all participants, as well as to protect the reputation of the Diocese of Ogdensburg, we ask you to report any infraction of the retreat rules to a member of the Christian Formation Staff immediately.

**Failure to follow this code of conduct and all other rules provided at the retreat could result in the dismissal of the youth participant. If dismissed it is the responsibility of the parent/guardian to arrange for pick up of their child at their own expense.**

I, the participant, have read the rules of conduct, the above evaluation of my health and permission to participate in the event. I agree to abide by the stated personal limitations and code of conduct.

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Youth Ministry Office and its staff of any liability against personal losses of named participant.

I/We, the undersigned have legal custody of the participant named above, a minor, and have given my/our consent for him/her to attend events being organized by the Department of Christian Formation of the Diocese of Ogdensburg known hereafter as the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its priests, employees, agents, and volunteer workers from any and all liability for any injury, loss or damage to person or property that may occur during the course of my/our participant involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent. I/We also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the participant named above. I/We also agree to bring my/our participant home at my/our own expense should they become ill or if deemed necessary by the Church.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_