

**NCYC Here I am Lord – Youth \$525.00**  
**ARCHKCK Registration and Health Form**  
Archdiocese of Kansas City in Kansas  
Nov. 19-21, 2015 Indianapolis, IN

Non Refundful Deposit of \$100 per person  
Due April 1, 2015  
Final Payment September 1, 2015  
**NO REFUNDS AFTER September 30, 2015!**

**Mail/Make Check to:**  
Archdiocese of Kansas City in Kansas - NCYC  
12615 Parallel Parkway  
Kansas City, Kansas 66109

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ (mm/dd/yy)

Street Address \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

City, State and ZIP \_\_\_\_\_

Sex \_\_\_\_\_ Youth SS# \_\_\_\_\_ Parish \_\_\_\_\_ High School \_\_\_\_\_

Is this participant in general good health and able to participate in general activities? Yes \_\_\_\_\_ No \_\_\_\_\_  
If not, please indicate special circumstances and situations here: \_\_\_\_\_  
\_\_\_\_\_

Date of most recent physical examination by licensed medical doctor. Date \_\_\_\_\_

Name of family physician or clinic \_\_\_\_\_

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State and ZIP \_\_\_\_\_



Are all immunizations up to date: Yes \_\_\_\_\_ No \_\_\_\_\_ Date of last tetanus booster \_\_\_\_\_

If any are not please list them \_\_\_\_\_

**Medications:** If your son/daughter is presently taking any medications please list them and provide directions for frequency and dosage. \_\_\_\_\_  
\_\_\_\_\_

If your son or daughter will be bringing any over the counter medications, please list them \_\_\_\_\_  
\_\_\_\_\_

Please list any special dietary needs for your child if any: \_\_\_\_\_  
\_\_\_\_\_

Has participant had any operations or serious injury (please list and date): \_\_\_\_\_  
\_\_\_\_\_

Does your child have any medical limitations or needs that we need to be aware of? Please describe. \_\_\_\_\_  
\_\_\_\_\_

Does your child have any other limitations or needs (learning styles, family situations, custody arrangements, etc) that we need to be aware of? If yes, please describe. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE THAT FOUR SIGNATURES ARE REQUIRED ON THIS PAGE**

In signing this health form, I hereby certify that the above information is correct and give permission for the release of medical records to an attending physician in case of illness. In case of medical emergency, I understand that every effort will be made to contact parent(s) or guardian(s) of participants. In the event that I cannot be reached, I hereby give permission to the physician selected by the Archdiocese to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child, as named herein.

**#1** Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Full Address \_\_\_\_\_  
Street City State ZIP

Phone #'s you may reach me at during the pilgrimage: \_\_\_\_\_

Relative/friend to contact in case you can not reach me \_\_\_\_\_ Phone# \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Health Insurance Policy # \_\_\_\_\_

Primary Health Insurance Holder Name and Social Security # \_\_\_\_\_

**A photocopy of the Primary Health Insurance card MUST be submitted with this form.**

I request that my child \_\_\_\_\_ be allowed to participate in, and be transported to and from, the National Catholic Youth Conference held in Indianapolis, IN. I hereby release and indemnify the Archdiocese of Kansas City in Kansas, its staff, and volunteers from any liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

**#2** Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**#3** (sign ONE option below)

**A)** My child may be given over-the-counter medication (such as Tylenol, Tums, Advil, Pepto-Bismol).  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**OR**

**B) NO Medication of any type** may be given to my child unless the situation is life threatening and emergency treatment is required.  
Signature \_\_\_\_\_ Date \_\_\_\_\_

During the National Catholic Youth Conference, I give my permission to the Archdiocese of Kansas City in Kansas to take photographs and video of my child to be used for future promotional items.

**#4** Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**NOTARY (REQUIRED)**

City/County of \_\_\_\_\_; State of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared the adult names hereinabove, who is personally known to me or produced positive identification, and who executed the foregoing Liability Waiver and Permission Form, and acknowledged that he/she executed the same as his/her free act and deed.

Signature of Notary Public: \_\_\_\_\_

[Notary Seal]

My commission expires: \_\_\_\_\_