



DIOCESE OF OGDENSBURG

Youth Ministry Center

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Youth Leadership Weekend will take place on Friday evening September 25th beginning at 7pm until Sunday, September 27th ending at 3pm at Camp Guggenheim. Registered participants can sign in beginning at 7pm on Friday. Participants must be picked up by 3pm on Sunday. This is a wonderful opportunity for youth leaders to attend and connect with other leaders throughout the Diocese. ALL participants need to register and pay. We will have a guest speaker presenting during the weekend. There is a limited enrollment of 60 campers, so please register early. In addition to clothes for the weekend, participants should bring bedding or sleeping bags, pillow, towels, and toiletries. For more information contact Deacon Brian Dwyer at bdwyer@rcdony.org or at 518.569.5711

Youth registration form

Name: _____

Address: _____

Home phone: _____ Email: _____

Gender: M or F DOB: _____ Grade: _____

Name of Parish and Address: _____

Name of youth leader contact: _____

Pastor: _____

*****Registration Deadline- September 22, 2015**



DIOCESE OF OGDENSBURG ACTIVITY RELEASE FORMS PARENT AUTHORIZATION AND WAIVER OF RISK FOR TRAVEL

I hereby give my consent for my daughter/son: _____, to participate in:(event)
Youth Leadership Weekend _____, including traveling from and to:
(location) Camp Guggenheim, Saranack Lake _____. (S)he will be traveling with: please circle one
Parents or Other(who) _____.

I understand that neither the Diocese of Ogdensburg, the Parish, the Parish Youth Minister, the Parish Chaperone, nor the staff is liable in the event of an accident or injury to my child. I also assume full responsibility for the consequences of my child's actions during these activities.

Waiver of Risk

I understand that, despite careful and proper preparation, there is still a risk of injury when participating in any activity. In consideration for the Diocese of Ogdensburg, the Parish, and Office of Youth Ministry, or any other participating organization, permitting my child to participate in the above activity, I agree to indemnify, defend, hold harmless and release the Diocese of Ogdensburg, the Parish, and Office of Youth Ministry, or any other participating organization, and their officers, agents, representatives, employees and volunteers, against and from any and all claims, suits, losses, costs, damages, expenses, and liability arising out of any act or omission or other occurrence, whether or not caused by or resulting from this activity, the Catholic Diocese of Ogdensburg, Parish, and Youth Ministry, or any other participating organization, their agents, representatives, employees, and volunteers during the course of the activity in which he or she is participating.

Date

Signature of Parent or Legal Guardian

I GIVE PERMISSION TO THE DIOCESE OF OGDENSBURG TO USE PHOTO(S) OF MY CHILD IN BROCHURES AND/OR WEB PAGES FOR THE PURPOSE OF PROMOTING YOUTH MINISTRY FOR THE DIOCESE OF OGDENSBURG.

Date

Signature of Parent or Legal Guardian



Youth Ministry Diocese of Ogdensburg Medical & Parental Permission Form

Participant Information

Please Print in Ink

Participant Name _____ Birthday ___/___/___ Age _____

Year in School _____ Male Female Email _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian One: _____ Relationship to Participant _____

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

Phone: Home _____ Work _____ Cell _____

Parent/Guardian Two: _____ Relationship to Participant _____

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 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	Please use another sheet if you need more room	
<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

Form D

I grant permission that any pictures taken of my child during this event may be used in future Youth Ministry brochures and websites 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 DRUG, 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 advertisement 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 Youth Ministry 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 Youth Ministry 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 are hereby release the Church, its priest, 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 participation 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 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 deemed necessary by the Church.

Parent/Guardian Signature: _____ Date: _____