

2017-2018 DISCOVERY & CHRISTIAN AWAKENING RETREATS TEAM APPLICATION

Select the type of registrant:

Youth Team Member (\$80.00)	Adult Team Member (\$0.00 – no charge)
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* All applications received less than 10 days before the retreat start date will incur a \$25 fee. See details below.

PERSONAL INFORMATION

First Name: _____	Last Name: _____
First Name for Nametag: _____	
Address: _____	
City/State/Zip: _____	
Home Phone: _____	
Cell Phone: _____	
Email: _____	
Parish Name: _____	City: _____
Gender: _____	Birthdate: _____ Grade: _____

SAFE ENVIRONMENT (ADULT TEAM ONLY)

All adults who participate in a youth event sponsored by the Office for Evangelization must be in compliance with the Diocesan Safe Environment Policies. Please indicate that you have completed each component listed below:

YES NO Screening One (completed every 5 years)

YES NO VIRTUS Training (completed once)

Print your entire legal name: _____

PARENT / GUARDIAN INFORMATION (YOUTH TEAM ONLY)

Name:	_____	_____
	(Father)	(Mother)
Cell Phone:	_____	_____
	(Father)	(Mother)
Email:	_____	_____
	(Father)	(Mother)

EMERGENCY CONTACT INFORMATION

Name:	_____
Contact Number:	_____
Relationship to Participant:	_____

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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.*

Does the participant have any dietary restrictions? <input type="checkbox"/> YES <input type="checkbox"/> NO	Select any restrictions that apply to this participant: <input type="checkbox"/> Gluten-free <input type="checkbox"/> Peanut-free <input type="checkbox"/> Vegetarian List any other dietary restrictions (i.e. vegetarian, allergies)
Is the participant allergic to anything? <input type="checkbox"/> YES <input type="checkbox"/> NO	List any details of allergies below (this may include food allergies, allergies to specific medications or chemicals, allergies to any substances):
Is the participant currently taking or has taken any prescription medication in the last 6 months? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	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).

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 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: _____

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Please select the retreat, location, and date that you are teaming:

Discovery Retreats (9 th & 10 th graders)		Christian Awakening Retreats (11 th & 12 th graders)	
<input type="checkbox"/>	December 8-10, 2017 in Scottsville, VA	<input type="checkbox"/>	October 13-15, 2017 at Camp Bethel
<input type="checkbox"/>	January 12-14, 2018 in Smith Mountain Lake, VA		
<input type="checkbox"/>	February 23-25, 2018 in Smith Mountain Lake, VA		

Are you the youth coordinator for your retreat?

YES NO

Registration Information:

Any registrations (including adult team members) received after the date below will incur a \$25 fee.

Retreat	Registration Deadline
Christian Awakening October 13-15, 2017	October 3, 2017
Discovery 1 December 8-10, 2017	November 28, 2017
Discovery 2 January 12-14, 2018	January 2, 2018
Discovery 3 February 23-25, 2018	February 13, 2018