

2023 DISCIPLESHIP WEEK

CATHOLIC DIOCESE OF RICHMOND

YOUTH Registration Form

Please follow these instructions in order to register for Discipleship Week:

1. Fill out this registration form and give it to your parish Youth Minister who can input your registration information via the Office for Evangelization website, www.evangelizerichmond.org.
2. In 250-500 words, tell us your story! Make sure to include:
 - A little bit about yourself: your family, your friends, your community, your hobbies & extracurricular activities
 - IF YOUR FIRST TIME AT DISCIPLESHIP WEEK:
 - In your opinion, who is someone (past or present) who was/is a good disciple of Jesus? Why?
 - How have you encountered Jesus as a teenager?
 - Why do you want to deepen your relationship with Christ this summer?
 - IF YOUR SECOND TIME AT DISCIPLESHIP WEEK:
 - How has your relationship with Christ changed over the past year?
 - There are 4 parts to missionary discipleship that we talk about at Discipleship Week: encounter, accompany, community, and send. Which of these 4 words do you want to strengthen most this coming year? Why?

Submit your essay via the Google Form at: <https://bit.ly/DWeekEssaysAndRecs2023>

3. Ask your Youth Minister or Pastor to submit a recommendation for you via the same Google Form (<https://bit.ly/DWeekEssaysAndRecs2023>)

YOUTH INFORMATION			
First Name:		Last Name:	
	First Name for Name Badge: <input style="width: 90%;" type="text"/>		
Address:			
City/State/Zip:			
Cell Phone:			
Email:			
Parish Name:		City:	
Sex:		Date of Birth:	
		Grade (2023-24):	
		Adult T-Shirt Size:	

PARENT / GUARDIAN INFORMATION			
Name:			
	(Parent/Guardian #1)	(Parent/Guardian #2)	
Cell Phone:			
	(Parent/Guardian #1)	(Parent/Guardian #2)	
Email:			
	(Parent/Guardian #1)	(Parent/Guardian #2)	

EMERGENCY CONTACT INFORMATION	
First Name:	
	Last Name:
Contact Number	
Relationship to Child	

2023 DISCIPLESHIP WEEK

Medical Information and Release Form

All information is kept private and confidential.

Name of Participant: _____

MEDICAL INFORMATION

In many cases, our Discipleship Week staff is not familiar with the medical, physical, and/or emotional history of each participant. It is essential that **ANY** information relating to the participant is shared in detail. BE AS SPECIFIC AS POSSIBLE.

Does the participant have any dietary restrictions?

YES NO

Select any restrictions that apply to this participant:

Gluten-free **Peanut-free** **Vegetarian**

NOTE: Dietary needs other than the ones listed above will not be accommodated

Is the participant allergic to anything?

YES NO

List any details of allergies below (this may include allergies to specific medications or chemicals, allergies to any substances, food allergies, etc.):

NOTE: Dietary needs other than the ones listed above will not be accommodated

Is the participant currently taking or has taken any prescription medication in the last 6 months?

YES 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?

YES 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 the 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 or my parish 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 to 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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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 while participating in Discipleship Week:

SHOW LOVE AND RESPECT FOR GOD:

- ✓ Pray daily 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.
- ✓ Dress with modesty. Bare mid-drifts, spaghetti straps, short-shorts, and low-cut tops are not permitted; shirts are to be worn at all times.
- ✓ Any music you bring and listen to should glorify God.
- ✓ Drink plenty of water, obey sleeping times, and make sure you eat all meals. 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 teenagers are allowed to drive directly to or from the event due to limited parking and liabilities.
- ✓ Under no circumstances can a youth be in the room or hall of a member of the opposite sex.
- ✓ Allow others to sleep. "Lights Out" means that it is time to go to sleep. Do not be in the showers or halls after "Lights Out".
- ✓ No outside or unregistered visitors at the event 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 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 Discipleship Week and participants will forfeit their registration fee.

Youth Signature: _____ Date: _____

Printed Name: _____

Parent Signature: _____ Date: _____

Printed Name: _____