

2025 EPIC MIDDLE SCHOOL EVENT

CATHOLIC DIOCESE OF RICHMOND

ADULT Registration Form

Please complete the registration form and return it to your parish contact.

ADULT PARTICIPANT INFORMATION

First Name: _____ Last Name: _____ First Name for Name Badge: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____

Email: _____

Parish Name: _____ City: _____

Sex: _____ Date of Birth: _____ Adult T-Shirt Size: _____

SAFE ENVIRONMENT

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

Date of VIRTUS Training: Month: _____ Day: _____ Year: _____

Are you employed by a parish or Catholic school in the Diocese of Richmond? _____

Print your entire legal name: _____

EMERGENCY CONTACT INFORMATION

First Name: _____ Last Name: _____

Contact Number: _____

Relationship to Participant: _____

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Medical Information and Release Form All information is kept private and confidential

Name of Participant: _____

MEDICAL INFORMATION

*In many cases, our team 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 here will not be accommodated. While we will accommodate the needs listed, we cannot guarantee that there will be no cross-contamination.

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 here will not be accommodated. While we will accommodate the needs listed, we cannot guarantee that there will be no cross-contamination.

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

I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend the Catholic Diocese of Richmond, its officers, directors, agents, employees, or representatives associated with this event from any and all liability, loss, or damage arising from or in connection with my participation in this diocesan event.

Furthermore, I hereby warrant that to the best of my knowledge, I am in good health and assume all responsibility for my health. In the event of an emergency, I hereby give permission to transport me to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor or that my emergency contact be notified prior to any further treatment. I will not hold the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Participant Signature: _____ Date: _____

USE OF PICTURES AND/OR VIDEO

I give permission for pictures and/or videos of the above-named participant engaged in activities related to any diocesan event to be used in publications, social media, and/or websites of the Diocese of Richmond. If there is a concern with this policy, please contact the Office for Evangelization upon submitting registration.

Participant Signature: _____ Date: _____

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ADULT CHAPERONE CODE OF CONDUCT

Adult Chaperones must read, understand, agree, sign, and return this sheet. Each participant is expected to adhere to the following principles while participating in EPIC:

ALCOHOL, DRUGS, AND SMOKING

- ✓ All state laws concerning alcohol and drugs will be strictly enforced.
- ✓ Possession and/or consumption of alcohol or drugs are not permitted on site during the event.
- ✓ All event site buildings are smoke-free facilities.

APPROPRIATE DRESS

- ✓ All participants are expected to dress in a fashion that is modest and appropriate for the work at hand.
- ✓ Clothing must cover undergarments, shoulders, and midriffs. All participants must wear shirts at all times.
- ✓ Chaperones are asked to help the Youth Minister/Group Leader uphold the dress code.

PARTICIPATION

- ✓ It is expected that Adult Chaperones will be present and participate at all activities during EPIC.
- ✓ Only registered Adult Chaperones and Volunteers over the age of 21 are permitted as drivers.
- ✓ Anyone participating in EPIC *MUST* be officially registered with the Office for Evangelization.

OTHER CONSIDERATIONS

- ✓ All current Diocesan Safe Environment guidelines should be followed.
- ✓ It is expected that youth and adults will follow the direction of their parish Youth Minister/Group Leader. If any discipline problems or concerns arise, the first person to communicate with is the parish Youth Minister/Group Leader.
- ✓ The Office of Evangelization staff has the authority to dismiss any youth or adult from participating in EPIC.

I have read, understand, and agree to the above principles. Any violation of the above principles may result in my dismissal from EPIC, including me forfeiting my registration fee.

Signature: _____ Date: _____

Printed Name: _____