

GROUP REGISTRATION FORM
RISE UP! MIDDLE SCHOOL DAY 2019
MOUNT SAINT JOSEPH HIGH SCHOOL
MAY 4, 2019

Parish/School_____

Adult Contact_____

(Person handling group registration, not necessarily the Group Leader)

Address_____

City_____ State_____ Zip_____

Phone Number (Daytime)_____ (Work)_____

Fax_____ E-Mail_____

Total # Registered - (Youths)_____ (Adults)_____

Group Leader Information

(Individual present at Rise Up, who will serve as the group contact/leader for the day)

Name_____

Phone Number_____ E-Mail_____

(cell # where texts can be sent during Rise Up)

Registration is open immediately.

*Completed registration (with payment) is accepted on a first come, first served basis until **April 24, 2019** or until Conference is sold out.*

Fee: \$20 per person

Make all checks payable to:

DYYAM

320 Cathedral Street

Baltimore, MD 21201

ARCHDIOCESE OF BALTIMORE
PERMISSION FORM AND RELEASE

Name of Participating Child (Print) _____ Birth Date _____

Address _____

Work Phone: _____ Mobile Phone: _____

Home Phone: _____ E-Mail address: _____

Youth's Facebook Name _____ Male Female

Emergency Contact (name and telephone number) _____

As parent or guardian of my son/daughter, I do hereby agree to allow my son/daughter to participate in the following event:

Rise Up: Middle School Experience on Saturday May 4, 2019 from 1:00pm to 8:00pm

I acknowledge receipt of the attached information sheet describing the planned activity.

In consideration of the opportunity for my son/daughter to participate in the activity, the receipt and sufficiency of which are acknowledged, I knowingly and voluntarily on behalf of myself and my minor child do hereby agree to forever RE-LEASE, HOLD HARMLESS AND INDEMNIFY [name of parish or school], the Division of Youth & Young Adult Ministry, the Roman Catholic Archbishop of Baltimore and his successors, a Corporation Sole, and all their affiliate organizations, and respective agents, employees, officers, directors, volunteers, and any officials, referees, and other participants (the Released Parties) from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury (including death) sustained in connection with or arising out of my son/daughter's participation in the activity. By my signature below, I acknowledge that my child's participation in the activity involves inherent risk of minor or serious injury, including permanent disability, death, and/or economic losses which might result from my child's actions or inactions, the negligence of others, the inherent risks of the activity, the rules of play, the condition of the premises, or of any equipment used. I have voluntarily elected to allow my child to participate, and I fully understand, appreciate, and hereby assume all such dangers and risks.

I understand that my child's participation in said activities may require a minimum level of fitness for safe participation, and that the Released Parties do not screen, medically or otherwise, individuals that participate in the activity. I acknowledge that it is my sole responsibility to make certain that my child is physically fit and healthy enough to participate in the activity.

I understand that the Released Parties do not provide medical treatment or medical, health or other insurance coverage for my child, however, I hereby grant permission for any staff member of the activity to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.

(Check one of the following:)

I am covered by hospitalization and medical insurance under: policy# _____
issued by _____

I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

I hereby grant permission to any staff member to provide the following over-the-counter drugs (or their generic equivalent) to my son/daughter if requested by my son/daughter (Check all that apply):

Tylenol/Acetaminophen Benadryl/Diphenhydramine Advil/Ibuprofen Imodium/Antidiarrheal
Neosporin/Antibody Ointment Pepto Bismol

Doses of such drugs will be provided in accordance with the instructions contained on the drugs' packaging.

ADD any other medical information concerning medication, allergies, illness, etc.:

ADD any dietary restrictions:

Parents/guardians of participants are advised that photographs or digital recordings of participants may be used in publications, websites or other materials produced from time to time by the parish/school, Division of Youth and Young Adult Ministry or the Archdiocese of Baltimore. (Participants will not be identified, however, without specific written consent.). Parents/guardians who do not wish their child(ren) to be photographed or digitally recorded should so notify an activity staff member. Please note that the Released Parties have no control over the use of photographs or digital recording taken by media that may be covering the event in which your child(ren) participate(s).

I HAVE READ THE ABOVE RELEASE AGREEMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Signature of Parent/Guardian _____ Date _____

Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____

Name of Parent/Guardian _____

**“RISE UP: MIDDLE SCHOOL EXPERIENCE”
EVENT CODE OF BEHAVIOR**

We are looking forward to having you and your group attend “Rise Up: Middle School Experience”. The following guidelines will ensure a safe and mannerly experience for everyone during the event..

1. The parish or school group leader is responsible for the overall actions of their participants. Each parish/school will take responsibility for any damage caused by the participants during our stay and handle it in an appropriate manner. ^[1]_[SEP]
2. Nametags must be visibly worn at all times during the event. These are your tickets for the event. ^[1]_[SEP]
3. You are expected to attend all aspects of the event on time and participate fully. Event participants are expected to follow the event rules for behavior at all times. ^[1]_[SEP]
4. The possession of alcohol, illegal drugs and /or weapons are clearly prohibited and are cause for dismissal from the event. ^[1]_[SEP]
5. The Division of Youth and Young Adult Ministry Smoking policy states that no one can smoke at this activity. ^[1]_[SEP]
6. Cell Phones, Ipods and tablets are not to be used during scheduled sessions of the conference. ^[1]_[SEP]

As a member of the Archdiocese of Baltimore, I understand and agree to the Event Code of Behavior. I also understand and agree that I will notify my parents or legal guardian at the time of any infractions requiring my dismissal from the event and that I will be sent home.

Youth Signature

Date

Parent/Guardian Signature

Date