DIOCESE OF NEWARK REGISTRATION FORM FOR *MOST* YOUTH EVENTS

Please use this form only for the events listed. Other events (e.g., Conventions and Confirmation Retreats) require other information and, therefore, have separate registration forms.

Please mail the registration form with fee to Youth Ministry, 31 Mulberry St., Newark, NJ 07102. Please visit our website: www.dioceseofnewark.org, or call (973) 430-9991 or Email: kalston@dioceseofnewark.org for more information. Fax: (973) 622-3503.

NOTE: To ensure participation registration, health insurance info & payment are due 2 weeks prior to an event!!!!!! Registration fees are non-refundable within 3 weeks of an event/program.

_____ PARTICIPANT _____ TEAM _____ADULT (over 21)

Participant's Name:_____
Birth date:___/_____/____ Sex M F Grade in school 2015-2016 _____
Address: _____
City & State: _____ Zip _____
Email: _____
Parent/Guardian/Next of Kin: _____
Congregation & City: _____
Daytime Phone: _____ Nighttime Phone _____
Emergency phone: _____ Parent's Cell Phone: _____
Youth's Cell Phone: _____
Other Contact name & relationship: _____
T-Shirt Size _____
Do you have health or medical insurance? **(It's not required)** Yes _____ No _____
If so, ATTACH COPY OF INSURANCE CARD. Is it attached? Y N
Any chronic conditions, food allergies or other: _____
_____
Amount Enclosed _____ Request for Scholarship? _____

Please list all medications (including over-the-counter or non-prescription drugs). All medications must be in the original container that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and frequency of an administration.

Medication: _____ Dosage: _____
Specific times taken each day _____
Reason for taking: _____
Additional medications: _____
Date of last tetanus shot: _____
Physician's name & phone: _____

Please check off and make payment for the **individual program** that you are giving permission for this person to attend.

- **___ Pre-Christophany**
- **___ Pre-Happening**
- **___ Middle School Retreat**
- **___ High School Retreat**

___ Christophany
___ Happening

Parents'/Guardians' Covenant:

- I promise to pick up my child on time from the event in accordance with the diocesan Policy Regarding End of Event Supervision (http://www.dioceseofnewark.org/sites/default/files/resources/events_supervision_policy_2011.pdf).
- I authorize an adult in whose care the minor has been entrusted to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment or hospital care, to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above-named person pursuant to this authorization.
- I give my permission for photographs and/or video footage of my child to be used by the Diocese of Newark for promotional purposes (brochures, on diocesan websites, promotional videos, presentations, etc).
- I hereby give permission for this person to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in this event.
- I have read and understood the Community covenant. I understand that the participant must respect and obey the instructions of the adults in charge and that tobacco, alcohol, illegal drugs, weapons, inappropriate sexual behavior or sexually explicit communications will not be permitted at the event.
- I understand that the Diocese cannot assume responsibility for valuables or electronic equipment brought to the programs without authorization.
- I will provide transportation home for the young person if problems occur during this event.
- I will take no civil action or legal action against the adults in charge of the Diocese of Newark Program.

Diocese of Newark Program Community Covenant
(Responsibilities & Regulations)

Our primary goal is to provide a safe, healthy, Christian environment for all participants. This covenant applies to ALL participants (youth, adult sponsors, clergy, speakers, etc.)

Personal responsibilities (ALL ages & roles):

- To seek and serve Christ in all people.
- Respect the dignity of every human being and to work together as a community for the benefit of the group.
- There will be no illegal drugs, knives (this includes pocketknives) or weapons brought on the premises for any reason. Possession of sexually explicit materials is prohibited. In addition inappropriate, offensive, or sexually explicit communications or statements are prohibited.
- Wine used for Holy Communion is the only alcohol permitted.
- Smoking or using other tobacco products is prohibited in all buildings, meeting rooms and sleeping areas. Smoking by youth is prohibited.
- No pets/animals are allowed except trained service dogs.
- Participants must respect personal and public property. Repair costs for damages incurred to property will be billed to the individual responsible for the damage.
- Participants are asked to refrain from making noise in common areas and sleeping rooms during specifically named times with a named curfew for each program.
- To protect the safety of all participants at the event, no socialization between boys and girls is allowed in the participants' sleeping areas or rooms.

- If not able to attend the entire event, please do not attend unless you have received permission from the diocesan Director of Youth & Young Adult Ministries.
- Adult Chaperones and group leaders are responsible for enforcing the rules as stated. Violators of this Covenant may be asked to leave and/or be sent home. These rules are not subject to interpretation and each participant is expected to follow them without exception.

Participant Signature _____ Date _____

Adult or Guardian of
Youth Participant Signature _____ Date _____

Registration is not accepted unless all required items are included. Individual event registration is required.