



### Adult Chaperone Registration Form

You must register with a group. No individual registrations will be accepted.

Please check all that apply:  Group Leader  Chaperone

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Parish: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

I would be interested in serving at the ACYC liturgies in the following ways:  
 Lector (*Circle*) English  Spanish  Gift Bearer  Usher

T-Shirt Size (*circle one*) Small Medium Large XL XXL\* XXXL\*

\*There is an additional \$3.00 fee for XXL and XXXL sizes.

#### Registering for the Conference

- To register for the conference, complete the following and return to your group leader:
- Adult Chaperone Registration Form
  - Adult Liability Release Form

Check with your parish group leader for the total cost of the conference. Your group leader will send one check for the group and all registration forms with their group registration form.

By registering for this conference, I agree to follow the rules and code of conduct as established by the Archdiocese of Mobile, Office of Youth Ministry, my parish and Perdido Beach Resort. I recognize that I could be removed from the conference for not complying with the rules, and that my removal would be reported to parish/school administration. I will not bring drugs, alcohol or weapons to the ACYC.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



## LIABILITY RELEASE FORM Adult Chaperones

I, \_\_\_\_\_ agree to participate in this parish youth ministry event that requires transportation to the Archdiocesan Catholic Youth Conference at Perdido Beach Resort in Orange Beach, AL from Friday, February 23, 2018 to Sunday, February 25, 2018.

I agree on behalf of myself, my heirs, assigns, executors and personal representatives, to hold harmless and defend Perdido Beach Resort, my parish, the Office of Youth Ministry, the Archdiocese of Mobile, its officers, directors, agents, employees or representatives associated with the event, from any and all liability claims, loss or damage arising from or in connection with my participation in this event.

In case of an emergency, I hereby give permission to be transported to a hospital for emergency or surgical treatment. If needed for health reasons, I give permission to be evaluated, diagnosed, treated and/or given medication in accordance with standard medical practice by licensed medical personnel. I relieve the Archdiocese of Mobile of all responsibility and consequences that may arise as a result of this treatment. I agree to accept any and all financial responsibility as a result of scheduling medical treatment. I wish to be advised as soon as possible prior to any further treatment by the hospital or doctor.

Adult Chaperone Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adult Chaperone Name (Printed): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Medical Insurance:  Yes  No

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Current Medications/Drug Allergies/Medical Conditions: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Other pertinent information: Attach a note for special physical, diet and/or medical consideration.



### Youth Participant Registration Form

You must register with a group. No individual registrations will be accepted.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Parents/Guardian Name: \_\_\_\_\_

Parents' Email: \_\_\_\_\_

Parish: \_\_\_\_\_ High School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

I would be interested in serving at the ACYC liturgies in the following ways:  
\_\_\_\_ Lector (*Circle*) English Spanish \_\_\_\_\_ Gift Bearer \_\_\_\_\_ Usher

I would be interested in participating in on-stage icebreakers and games.  
(*Circle*) YES NO

T-Shirt Size (*circle one*) Small Medium Large XL XXL\* XXXL\*

\*There is an additional \$3.00 fee for XXL and XXXL sizes.

#### Registering for the Conference

To register for the conference complete the following and return to your group leader:

- Signed Youth Registration Form
- Signed Code of Behavior Form
- Signed Liability Release Form

Check with your parish group leader for the total cost of the conference. Your group leader will send one check for the group and all registration forms with their group registration form.

By registering for this conference I agree to follow the rules and code of conduct as established by the Archdiocese of Mobile, Office of Youth Ministry, my parish and Perdido Beach Resort. I recognize that I could be removed from the conference for not complying with the rules, and that my removal would be reported to school/parish administration. I will not bring drugs, alcohol or weapons to the ACYC.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



### LIABILITY RELEASE FORM Youth Participants

I (parent or guardian's name), \_\_\_\_\_ grant permission for my child, \_\_\_\_\_ to participate in this parish youth ministry event that requires transportation to the Archdiocesan Catholic Youth Conference at Perdido Beach Resort in Orange Beach, Alabama, from Friday, February 23, 2018 to Sunday, February 25, 2018.

I agree on behalf of myself, my heirs, assigns, executors and personal representatives, to hold harmless and defend Perdido Beach Resort, my parish, the Office of Youth Ministry, the Archdiocese of Mobile, its officers, directors, agents, employees or representatives associated with the event, from any and all liability claims, loss or damage arising from or in connection with my child's participation in this event.

In case of an emergency, I hereby give permission to transport my child to a hospital for emergency or surgical treatment. If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated and/or given medication in accordance with standard medical practice by licensed medical personnel. I relieve the Archdiocese of Mobile of all responsibility and consequences that may arise as a result of this treatment. I agree to accept any and all financial responsibility as a result of scheduling medical treatment. I wish to be advised as soon as possible prior to any further treatment by the hospital or doctor.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Name (Print): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Medical Insurance:  Yes  No  
Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Current Medications/Drug Allergies/Medical Conditions: \_\_\_\_\_

If I am unable to be reached at the time of the emergency, please contact:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell: \_\_\_\_\_

Other pertinent information: Attach a note for special physical, diet and/or medical consideration.



## ACYC Code of Behavior for Youth Participants

I, \_\_\_\_\_, understand that by participating in ACYC, I am promising to cooperate with the conference leaders and staff, youth ministry leaders, chaperones, the young people in my and other youth ministry programs, and the Holy Spirit. I promise to behave as a Catholic young adult and to follow directions and rules, knowing that I represent my church parish and the Archdiocese of Mobile. If I do not follow these standards I can be dismissed from the conference at my parent's expense. If I am removed from the conference, the proper administration at my parish and/or school would be notified.

I understand that I may not bring alcohol or illegal drugs, nor may I purchase and/or consume alcohol or drugs during the conference. I will not bring any sort of weapons to the conference. If I do, I understand that I will be immediately dismissed from the conference, and that my removal would be reported to parish/school administration.

I will also be an example to others in modesty and speech. I will dress in a fashion that represents modesty and good taste, respecting other participants and our Lord. I will use positive and wholesome speech during the conference, understanding that foul and abusive language is not permitted.

I will attend all conference activities and wear my nametag at all times in order to gain admission to conference activities.

I will adhere to the following rules:

1. I will be prompt so Conference sessions start on time.
2. I will not bring my cell phone to the Conference sessions.
3. I will not bring other forms of technology and electronics to distract me from the conference and its activities.

I have read, understand and agree to the above code of conduct.

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read the code of conduct and understand that if my child should break the code of conduct in a way that requires his/her dismissal from the conference, I will pick up my child within 4 hours of the initial call. I understand that the pastor and/or school administration would be notified of any discipline situation involving my child. I understand that the OYM staff has the final decision in enforcing these standards. I will ensure that my child does not bring any alcohol, illegal drugs or weapons to the conference.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_