

**JOURNEY TO THE FATHER
CATHOLIC HIGH SCHOOL AGE YOUTH CONFERENCE **JULY 13 – 15, 2012****

**ADULT
REGISTRATION / LIABILITY RELEASE FORM**

PLEASE PRINT

Name
Home Address (include City and postal code)
Telephone No.
e-mail
Parish
Group Leader's Name

Check one	Chaperone (must be age 21 or over)	Clergy	Other (specify & state age)
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If needed for health reasons, I give permission to be evaluated, diagnosed, treated and/or given medication in accordance with standard medical practice by licenced medical personnel. I relieve the Diocese of Alexandria-Cornwall of all responsibility and consequences that may arise as a result of this treatment.

I will not hold the Diocese of Alexandria-Cornwall liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

I am also aware that photos may be taken of myself during filming of the event and I waive all rights to these films.

I agree to abide by all the rules and regulations stated by the Conference Committee. I understand that the Diocese of Alexandria-Cornwall will not be held liable if I fail to cooperate with the regulations and that any infraction of the rules may result in immediate dismissal from the Conference at my expense.

I will not hold the Conference liable for any missing personal items.

.....
Signature

.....
Date

Family Physician (Name & Phone No.)
Allergies
Current Medications
Medical History
Health Card No.
U.S.citizens only - Medical Insurance Provider - Insurance Number

IN CASE OF EMERGENCY, PLEASE CONTACT

Name	
Address	
Phone – Home	Other

**POLICE CHECKS AND
LETTER OF RECOMMENDATION FROM YOUR PARISH PRIEST
are required for all adults (age 21 and over) accompanying youth to the Conference**