

# ICYC Youth Registration Form/ *ICYC Forma de inscripción para jóvenes*

Cost per participant:  
Costo por participante:

\$
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Please return this form to your PARISH coordinator by:  
*Favor de entregar esta forma a su coordinador parroquial antes de:*

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Please Print Legibly/*Escribe en letra legible*

First Name/*Nombre*

Last Name/*Apellido*

Address/*Dirección*

City/*Ciudad*

State/*Estado*

Zip/*Código Postal*

Home Phone/*Teléfono de Casa*

Parent's email/*Correo electrónico de los padres*

Grade/*Grado*  9  10  11  12

Male/*Masculino*  Female/*Femenino*

**ICYC t-shirt is included in your registration fee./La camiseta viene incluida en su tarifa de inscripción.**

Small/*Pequeño*

Medium/*Mediano*

Large/*Grande*

X-Large/*Extra-Grande*

XX-Large/*Extra/Extra-Grand*

XXX-Large/*Extra/Extra/Extra-Grand*

**\*\*Form will only be accepted with completed and signed Permission/Medical Form and Youth Code of Conduct\*\***

**\*\*Esta forma solo será aceptada si esta adjunta a la forma de permiso/medico y las normas de conducta para los jóvenes\*\***

**—This form should be kept on file by the parish Coordinator of Youth Ministry until the youth reaches 18./ Esta forma debe permanecer archivada por el Coordinador de Pastoral Juvenil Parroquial hasta que el joven cumple 18 años.**—

# Youth Medical Information and Parental/Guardian Consent Form/Liability Waiver

Participant's first name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Parent/Guardian's first name: \_\_\_\_\_ Last name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Parent/Guardian cell phone number: \_\_\_\_\_

Youth minister's first name: \_\_\_\_\_ Last name: \_\_\_\_\_

Youth minister's cell phone number: \_\_\_\_\_

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I, \_\_\_\_\_ (parent/guardian's name) grant permission for my child, \_\_\_\_\_ (child's name) to participate in this diocesan/parish/school event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from \_\_\_\_\_ (name of parish/school).

A brief description of the activity follows:

Type of event: **Idaho Catholic Youth Conference**

Date of event: **March 8-10, 2019**

Destination of event: **Ford Idaho Center Sports Center, Nampa, ID**

Individual in charge of group: \_\_\_\_\_

Estimated date and time of departure: \_\_\_\_\_

Estimated date and time of return: \_\_\_\_\_

Mode of transportation to and from event: \_\_\_\_\_

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns to hold harmless and defend

\_\_\_\_\_ (name of parish/school), its officers, directors employees and agents, and the Diocese of Boise, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Diocese of Boise, its agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Diocese of Boise.

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

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**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child.

*--- Of the following statements pertaining to medical matters, sign only those that are applicable. ---*

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

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

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

**Youth Medical Information and Parental/Guardian Consent Form/Liability Waiver (cont.)**

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other Medical Treatment:** In the event it comes to the attention of the parish/school, its officers, directors and agents, and the Diocese of Boise, chaperones, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea. I want to be called collect (with phone charges reversed to myself).

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

**Medications:** My child is taking medication at present. My child will bring all such medications necessary and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows: \_\_\_\_\_  
\_\_\_\_\_

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

**I grant permission for non-prescription medication** (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

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

**ONLY SIGN THIS SECTION IF YOU DO NOT WANT ANY MEDICATIONS GIVEN TO YOUR CHILD EXCEPT IN LIFE-THREATENING/EMERGENCY SITUATIONS**

**No medication of any type**, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

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

**Specific Medical Information:** The parish/school will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have any physical limitations? \_\_\_\_\_

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?  
\_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition: \_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Photographs and videos:** Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced periodically by the Diocese of Boise or local parishes. (Participants would not be identified without specific written consent. Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the parish/Diocese of Boise in writing. Please note that the Diocese of Boise has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate.