

DIOCESAN CATHOLIC YOUTH CONFERENCE

DCYC 2017

Sunday, October 22
Iowa Events Center Des Moines
9:00am - 4:30pm

REGISTRATION INFORMATION COLLECTION FORM

FOR GROUP LEADER USE ONLY - ALL INFORMATION MUST BE SUBMITTED ONLINE TO BE VALIDLY REGISTERED

DCYC Track Attending: [] Middle School Track (\$30) [] High School Track (\$30)

Email Address of Attendee: _____

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell/Home Phone: _____ Date of Birth: _____

Gender: [] Female [] Male T-Shirt Size: [] Small [] Medium [] Large [] XL [] 2XL [] 3XL

Type: [] Youth [] Adult Parish/Group: _____

YOUTH ONLY

Grade at time of DCYC: [] 6th [] 7th [] 8th [] 9th [] 10th [] 11th [] 12th

Volunteering as an Ambassador: [] Yes (\$5 registration discount) [] No

Ambassadors help to promote the conference and serve as a host for a breakout workshop, introducing the workshop facilitator and leading prayer.

Parent/Guardian(s) First & Last Name(s): _____

Parent/Guardian(s) Address if different than above: _____

CHAPERONE ONLY

Have you completed the VIRTUS: Protecting God's Children Training and passed a background check with the parish? [] Yes [] No If the answer is no, the parish and/or diocese will help you complete these safe environment requirements, which only take about one hour to complete.

Emergency Contact Name: _____

Emergency Contact Phone: (_____) _____

Dietary/Medical Needs we should be aware of: _____

RETURN THIS FORM TO _____ NO LATER THAN _____
(GROUP LEADER NAME) (DATE CHOSEN BY GROUP LEADER)

LIABILITY WAIVERS ARE TO BE COLLECTED BY THE GROUP LEADER & SUBMITTED TO THE DIOCESAN PASTORAL CENTER
Group Leaders can find registration instructions and deadlines for submission at www.dmdiocese.org/dcyc.cfm.

PARTICIPANT LIABILITY WAIVER / PARENTAL CONSENT

TO BE COLLECTED BY THE GROUP LEADER & SUBMITTED TO THE DIOCESAN PASTORAL CENTER BEFORE DCYC

PARENTAL CONSENT (FOR YOUTH PARTICIPANTS)

I give permission for my child, _____, to participate in the 2017 Diocesan Catholic Youth Conference for the Diocese of Des Moines, to be held on Sunday, October 22, 2017 at the Iowa Events Center Des Moines, Iowa.

(PRINT PARTICIPANT NAME)

I hereby grant permission for the following travel arrangements: (PLACE A ✓ NEXT TO THE OPTION YOU ARE GRANTING PERMISSION FOR)

_____ • I give permission for my child to travel to and from the Iowa Events Center in Des Moines, IA with _____ I understand that additional travel may be necessary as part of the trip and to return home. I assume responsibility for his/her transportation to and from the group's pick-up site for this event. I understand that, if it becomes necessary for the participant to return home because of illness or disciplinary reasons, I will be responsible for the expense of immediate transportation home with no right of reimbursement for any amount in connection therewith or I will personally pick up my child or arrange for pick up.

(PRINT NAME OF PARISH OR GROUP)

OR

_____ • I assume responsibility for my child's transportation to and from the Iowa Events Center in Des Moines, IA, where they will meet up with _____ I understand that, if it becomes necessary for the participant to return home because of illness or disciplinary reasons, I will be responsible for the expense of immediate transportation home with no right of reimbursement for any amount in connection therewith or I will personally pick up my child or arrange for pick up.

(PRINT NAME OF PARISH OR GROUP)

LIABILITY WAIVER (FOR CHAPERONES & YOUTH PARTICIPANTS)

- I hereby waive _____, the Diocese of Des Moines, and all staff and volunteers from any and all liability for accident or injury which might occur as a participant during the 2017 Diocesan Catholic Youth Conference.
(PRINT NAME OF PARISH OR GROUP, IF APPLICABLE)
- I understand that first aid treatment will be offered to participants in case of injury or illness and if serious illness or injury develops, medical and/or hospital care will be given. I further understand that in case of serious injury or illness, attempts will be made to notify parents/emergency contacts. If it is impossible to contact the aforementioned person(s), I give permission for emergency treatment or surgery as recommended by the attending physician. I furthermore understand that the participant is responsible for any doctor, hospital, and/or ambulance fees arising from treatment.
- I hereby authorize the Diocese of Des Moines, the aforementioned parish/group, and their agents to utilize the participant's photographic image for the specific purpose of publication of promotional material, which may be posted on the Diocese of Des Moines and parish/group websites or social media sites. I understand that I will receive no compensation, should any photograph of the participant be used.

Signed: _____
(ADULT PARTICIPANT OR PARENT/GUARDIAN OF YOUTH PARTICIPANT)

Date: _____

Printed Name of Signee: _____

City/Parish _____

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