



CHRIST CHURCH CATHEDRAL YOUTH EVENT

2008 YOUTH MINISTRY REGISTRATION/RELEASE FORM

Please fill out form in full and return to: 2008 Cathedral Youth Event Christ Church Cathedral 318 E Fourth St. Cincinnati, OH 45202	Cost of Event: _____ <u>\$20.00</u> Amount Included: _____ Scholarship Amount Requested: _____
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If you have any questions or concerns, please contact J.J. Engelbert, Youth and Young Adult Minister for Christ Church Cathedral.
 Office: 513.842.2079 E-mail: jjengelbert@cccath.org

Youth Information

Youth's Name:							
Nickname:							
Sex: Male Female (circle one)	T-Shirt Size: (circle one)	S	M	L	XL	XXL	XXXL
Street Address:							
City, State, ZIP:							
Date of Birth:							
Grade and School:							
Home Parish/City:							
Telephone Number:	<i>This telephone number belongs to the youth and is a (circle one) landline number cell number</i>						
Email Address:	<i>This email address belongs to the youth.</i>						

Parent/Guardian Information

	<i>First Parent/Guardian</i>	<i>Second Parent/Guardian</i>
Name:		
Address City, State ZIP:	<i>(if different than the youth's)</i>	<i>(if different than the youth's)</i>
Telephone Numbers:	Home: Work: Cell:	Home: Work: Cell:
Email Addresses: (optional)	Home: Work:	Home: Work:

(please see reverse)

Non-negotiable rules and commitments:**acknowledged and made by the youth participant and their parent/guardian(s):**

1. The following are strictly prohibited:
 - possession and/or consumption of alcohol, illegal drugs, or any tobacco products
 - lewd, crude or socially unacceptable behavior (verbal and/or physical)
 - fighting or any violent behavior that may endanger you or those around you
 - sexual contact of any kind.
2. Participants will not leave the premises or enter an 'off-limits area' at any time without a chaperone.
3. Participants will remain in assigned sleeping area at the start of lights out/quiet time.
4. Participants agree to abide by the rules of the event facilities when on trips.

Non-compliance with these non-negotiable rules may result in the participant's immediate return home at the parent's time and expense!

Should it become necessary to send my child home for infraction of any of these community standards, I/we agree to come pick her/him up – day or night – upon notification from the adult in charge of the event.

Parent/Guardian's Authorization:

1. I give my permission for my child to attend the events of the Christ Church Cathedral Youth Event and agree to the above non-negotiable rules.
2. In case of medical emergency, I/we understand that every effort will be made to contact the parent or guardian. In the event that I/we cannot be reached, I/we hereby give permission to the dentist or physician designated by the staff to hospitalize, secure proper treatment and/or to order an injection, anesthesia, or necessary surgery for my child.
3. I/we hereby give permission to the representatives of the Christ Church Cathedral Youth Event to transport my/our minor child in private automobiles and/or vans on special trips. I/we realize that private vehicles may be operated by paid staff as well as volunteers. I/we hereby release and waive any claims I/we may have for injuries to such minor child including claims for medical treatment expenses for such minor child against any such person and the church for their failure to exercise due care in transportation to and from and participation in such special trips. I/we do not waive or release claims that may arise from intentional, wanton, or willful misconduct by such staff or volunteers.
4. Christ Church Cathedral in conjunction with sponsored events on and off site will not be held liable.

We understand and agree to abide by these rules and commitments.

Date:	Youth Participant's Signature:
Date:	Parent/Guardian's Signature:
Insurance Carrier:	Policy Number:

My child has the following medical conditions, allergies, medications or special needs:

Additional Emergency Contact:

In an emergency, we will attempt to contact the youth participant's parents/guardians first. If neither can be reached, we will attempt to contact another adult. Please note below who you would like us to contact:

Name:	Phone Number(s)
Relationship to the youth:	Home:
	Work:
	Cell: