

GOD IS LOVE...

The 63RD Annual Catholic Youth Convention

May 11-13, 2012

Doubletree Hotel & Robinson Center, Little Rock

Cost-\$70

(includes a t-shirt, all meals, except for lunch on way home and entry into all convention activities)

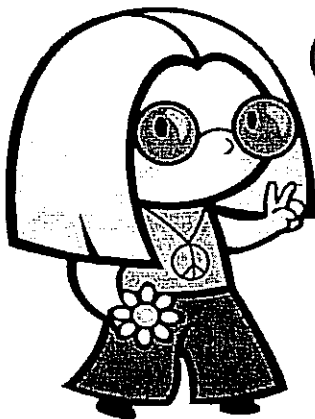
70's themed Dance

(Saturday night-so bring your best psychedelic-hippy-bell-bottomed dance groove attire)

What to bring-

Comfy, but appropriate clothing, toiletries items, snacks & drinks for bus ride,
baby items to donate to St. Josephs helpers,
70's stuff for dance, monetary donation for The Terry Skelton fund

**limited scholarships available, see Tony*



peace, love, & christ



VERY limited spaces available, sign up FAST! Once all 18 spots are filled, that's it!

2012 INDIVIDUAL REGISTRATION FORM
State Catholic Youth Convention
May 11 - 13, 2012

Each participant attending the convention **MUST** complete this form. Please complete the form carefully, supplying **ALL** the requested information **USING INK, PRINTING LEGIBLY, OR TYPING.**

CHECK ONE: Youth _____ Chaperone _____

Male ___ Female ___
LAST NAME FIRST (for name tag)

ADDRESS CITY & ZIP PHONE NUMBER

ATTENDEE'S CELL PHONE NUMBER: (____) _____

SCHOOL GRADE AGE EMERGENCY NUMBER

Handicaps/Allergies /Special (i.e., food) needs that we should be aware of: _____

T-Shirt - I want size (circle one): Small Medium Large X-Large **XX-Large** **XXX - Large**
Enclose an additional \$2.00 if ordering an XX Large or XXX Large; other sizes are included in your registration fees.

TOTAL REGISTRATION AND HOTEL FEES PAID _____

DEADLINE TO RETURN FEES AND FORM IS:

(This form is here for your use in collecting information from your youth group.
It does not have to be submitted to the Diocese.)

Expectations & Code of Behavior - Convention

At all Diocesan sponsored activities, we expect you to represent the Diocese of Little Rock well! We hope that you will display the mature, responsible leadership and character, which has for so many years been the trademark of Catholic youth within this diocese.

Expectations . . .

- Participants are expected to attend all sessions and wear their name badges (on upper chest) for all activities.
- All participants must be in their own room from evening curfew to 7:00 AM. **Guys and girls are not to be in the same sleeping room at any time.** Only convention participants are allowed in sleeping rooms.
- Dress code: **At All Times** - no halter-tops, no short shorts, no midriff tops, and no spaghetti strap tops, no sagging jeans, no inappropriate language on t-shirts. If dressed inappropriately, the individual will be asked to change. **Dress appropriately for Mass.**
- Ordering of food is not permitted after curfew.
- Smoking and the illegal use of drugs and/or alcohol will not be permitted at any time.

CODE OF BEHAVIOR . . .

1. Individuals are responsible for their own actions and will be asked to assume the natural consequences for any negative behavior. Each participant will take full responsibility for any damage or theft.
2. Participants should not leave the activity site unless accompanied by an adult from their parish.
3. The possession and/or use of alcohol, drugs and firearms or explosives are prohibited. Any of these items found in a hotel room are considered belonging to those assigned to the room.
4. Christ-like behavior is promoted and expected at all times. Therefore, inappropriate contact, touch, gesture, language, or activity of a sexual nature is unacceptable.

Infractions of the Code of Behavior or any other inappropriate activity will result in the diocesan director discussing the infraction with the participant. In the unlikely event that a behavior problem based on the above requires extreme action, it is likely to result in dismissal from convention. One's parent/guardian is responsible for removing the participant from the convention site.

I understand and accept this code of behavior.

(Participant's Signature)

(Date)

I consent to the conditions stated above on participation in this event.

Parent/Guardian's Signature)

(Date)

()

(Phone Number - Day)

()

Cell Phone Number

()

(Phone Number - Night)

Diocese of Little Rock / Office of Catholic Youth Ministries

PARENTAL/GUARDIAN MEDICAL CONSENT AND LIABILITY WAIVER

Participant's Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian's Name: _____ Home Phone(_____) _____

Alternate Phone Number: (_____) _____ Cell Phone Pager Work

Parish: _____ Grade _____ Age _____ Sex: M/F

CONSENT & LIABILITY WAIVER

Important! To be filled out by the Parent/Guardian for youth under 18 years of age. If participant is 18 years of age or older, consent must be signed by the individual.

I (name of parent/guardian) _____, grant permission for my child, (participant's name) _____, to participate in (event) _____ Catholic Youth Convention, to be held May 11 - 13, 2012, (time) _____ and (location) Double Tree Hotel and Robinson Convention Center.

I agree on behalf of myself, my child's other parent if known, or living (name of parent) _____. My child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Little Rock, the sponsoring parish (its pastor, youth minister, other agents, etc.) or any representatives associated with the scheduled activity unless the parties involved were careless or negligent. My signature also allows the use of any photographs of my child taken at this event to be used for promotional purposes. Additionally, my signature gives permission for my child to be contacted through social media, such as facebook, twitter, etc. as well as e-mail.

Signature (Parent/Guardian)

Date

MEDICAL CONSENT

Medical Matters

I hereby warrant 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 in accordance to your wishes:

Emergency Medical Treatment

In the event of any 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 any emergency and you are unable to reach me, contact:

Name & Relationship _____ Phone (____) _____

Family Doctor: _____ Phone (____) _____

Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

My child is taking the following medication at the present time:

Medication(s): _____ Dosage _____ Medication _____ Dosage _____ Medication _____ Dosage _____

Administer: _____

_____ I hereby DO NOT GRANT PERMISSION for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

_____ I hereby GRANT PERMISSION for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. (Please initial)

MEDICAL CONDITIONS INFORMATION

(Diocesan personnel will take reasonable care to see that the following information will be held in confidence)

My son/daughter has: _____

Has had an episode of the following or has been diagnosed __ Seizures __ Asthma __ Diabetic

Allergic reactions to the following (foods, dyes, latex, etc.) _____

Has had medical surgery within the last six months? __ Yes __ No Still under Doctor's care? __ Yes __ No

Has a medically prescribed diet? _____

The following physical limitations? _____

Immunizations current and up to date: __ Yes __ No Date of last tetanus/diphtheria immunization _____

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

INSURANCE INFORMATION

(Please attach a copy of the Insurance Card, front and back, with this form)

Insurance Carrier: _____

Name of Insured: _____

Insurance ID Number: _____ Insurance Policy Number: _____

Father's Name: _____ Birth Date: _____

Place of Employment: _____

Mother's Name: _____ Birth Date: _____

Place of Employment: _____

_____ No, I do not carry medical insurance at this time.

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself).

Signature (Parent/Guardian) Parent Guardian must sign for anyone under 18 years of age

Date

Signature (Participant 18 years of age or older must sign own consent)

Date

Catholic Youth Convention - Chaperone Guidelines

Welcome! As a chaperone, you play an important part in ensuring the positive experience of this event. We offer the following list of guidelines to help you fulfill your role as a chaperone.

We require that:

- ☞ all chaperones enforce the code of behavior and set an example for youth.
- ☞ all chaperones are responsible that each youth assigned to you attend all scheduled functions of this event. (Youth may not leave a session or return to their hotel room without an adult).
- ☞ while at general sessions, seating is by parish. Chaperones must spread out among their teens to be present and available to your group. It is expected that chaperones will not leave the conference area and expect other adults to be responsible for youth in your charge
- ☞ chaperones do not go anywhere during this event where teens are not allowed (i.e., bars, lounges, etc.) nor, should chaperones consume any alcoholic beverages or illegal drugs during the weekend.
- ☞ chaperones check youth rooms at curfew to make sure all youth are accounted for. Chaperones are expected to take their turn monitoring the halls and other areas as requested by the chaperone in charge of the floor. Food orders, after curfew, must be picked up in the lobby by an adult chaperone.
- ☞ strictly enforce curfew.
- ☞ any alcohol, drugs, or firearms found with/on a person or in a hotel room will be considered the possession of those in that room and will result in immediate dismissal by the diocesan director of youth ministries. All adults are expected to inform the diocesan director if any of these items are found.

REMEMBER: While at the convention, you are **TOTALLY** responsible for both the behavior and the needs of the youth entrusted to your care. Please pay close attention to both. Wherever we are, we represent the youth of the Catholic Church of Arkansas.

All chaperones are expected to follow these rules. In the interest of safety and security, do not leave your group without a chaperone. Should an emergency arise, check in with the diocesan youth director, head chaperone, or an Adult Advisory Council member. With these things in mind, we believe all, adults and youth alike, will indeed have a joyful celebration of youth.

I understand and accept these chaperone guidelines.

(Chaperone's Signature)

(Parish/City)

(Form to be sent into diocesan office with registration materials.)

ADULT MEDICAL RELEASE FORM

Date: _____ Parish: _____

Print Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: (____) _____ Work Phone Number: (____) _____

Physician's Name: _____ Phone # (____) _____

Date of Birth: _____ Date of last tetanus shot: _____

Please list all medical conditions/allergies/special health information: _____

Please list any medications (prescriptions or non-prescription) that you would like us to be aware of:

Medical Insurance Company: _____ Policy Number: _____

Policy in the name of: _____ Relationship: _____

Emergency Contact Name and Number: _____

In the event that the participant does not have insurance, payment in full for medical care becomes the responsibility of the patient.

I, _____, do hereby release, hold harmless and discharge the Diocese of Little Rock, its staff and volunteers from any and all liability, claim, loss, damage, cost or expense arising from my participation in this event. I waive such claims against such organization or any such person, arising directly or indirectly from or attributable in any legal way, to any action or omission to act of any such organization or person in connection with execution of this event. I authorize treatment by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.

Signature: _____