

**DIOCESE OF
YAKIMA YOUTH CONVENTION**
FOR ALL HIGH SCHOOL STUDENTS

Make a RUCKUS!



We are thrilled to announce our 2019
Diocesan Youth Convention,

Make a Ruckus!

Based on Pope Francis' document,
Cristus Vivit, we hope to urge teens to
ground their lives in relationship with
Christ so that He can work through us as
his disciples to change the world.

*200 Catholic teens from around
Central Washington together for an
Amazing Weekend.*

NOV 1-3, 2019

St Joseph Sunnyside

Workshops **Mass** **Games**
Reconciliation **Fun** **Praise and Worship**
Adoration

Registration available at our LIFENITEs, back of church, Parish Office and

stpaulyakima.org/youth

CONTACT SHAWN AT 575-3713 or

email stpaullifeteen@hotmail.com for details or questions.

Diocese of Yakima Youth Convention

November 1-3, 2019

St Joseph Parish Sunnyside

- Group Name / Parish: **ST PAUL LIFETEEN**
- Group Leader: **Shawn Exner**

PLEASE PRINT

Name: _____ Age _____

Address: _____

City: _____ Zip _____ Home Ph # _____ Cell # _____

T-shirt size Small _____ Medium _____ Large _____ X Large _____

T-shirts included with registration. T-shirts not guaranteed after Oct 15

Your parish of St Paul Cathedral really wants you to be able to attend this great event. So, St Paul Cathedral will pay 1/2 towards your registration cost.

COST: \$40 per person ST PAUL LIFETEEN Students: Pay \$20

\$40 (St Paul pay \$20) for early registration before October 14th
\$45 (St Paul pay \$25) registration from October 14th –October 20th
\$50 (St Paul pay \$30) late registration October 21st –November 1st

This is NOT our Confirmation Retreat.

- Please make your check payable to: **St Paul Cathedral**
- Inform us of any special needs you may have.
- **We will be staying overnight Fri & Sat at St Joseph Sunnyside.**
- **Lunch & Dinner will be provided on Saturday only. Otherwise all meals are responsibility of the individual group. Please bring money for lunch Sun & eat dinner before you arrive Friday evening.**
- Have parents or guardians fill out and sign
- **(1) Reg forms** (this page)
- **(2) Medical Info & Parental/Guardian Consent Form/Liability Waiver (2 pages)**
- Send registration form along with payment to: **St Paul Cathedral**
- 15 S. 12th Ave Yakima, WA 98902

QUESTIONS? Contact Shawn at 575-3713 or by e-mail stpaullifeteen@hotmail.com

DIOCESE OF YAKIMA FIELD TRIP

MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

Participant's name _____

Birth date _____ Sex _____

Parent/Guardian's name _____

Home address _____

Home phone _____ Work phone _____

I, _____, grant permission for my child, _____,
Parent/Guardian name Child's name

to participate in this parish/school/youth ministry event that requires transportation to a location away from the parish/school/youth ministry site. This activity will take place under the guidance and direction of employees and/or volunteers from _____.

Name of parish/school youth group

A brief description of the activity follows:

Type of event _____

Date of event _____

Destination of event _____

Individual in charge _____

Estimated time of departure and 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 _____, its officers, directors, employees & agents,
Parish/school/youth group

And the of _____, its employees, and agents, chaperons, or

(Arch)Diocese

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/youth group, its officers, directors and agents, and the _____,

(Arch)Diocese

its employees and agents and chaperons, or representatives 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 claims arises from the negligence of the parish/school/youth group or _____.

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Signature _____ Date _____

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.) I understand that my medical insurance is always primary.

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. **Please be aware that your medical insurance is always primary.** In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship _____ Phone _____

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/youth group, its officers, directors, and agents, and the, (Arch)Diocese _____ chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as a 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 _____

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 _____

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

Signature _____ Date _____

Specific Medical Information: The parish/school/youth group 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 a medically prescribed diet? _____

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, chickenpox, etc.? If so, date and disease or condition: _____

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