

# Diocese of Rapid City Steubenville Rochester Registration Form 2009

## Medical Permission Form, Liability Waiver, Permission to Photograph, Code of Conduct and Cancellation Policy

**Instructions:** A separate copy of this waiver must be completed, **leave no spaces blank**, for each participant traveling to **Steubenville Rochester, MN**. This copy must be signed or you will not be permitted to travel. Please keep a copy of this signed waiver at home. By signing this waiver, you agree that you may be giving up legal rights and remedies available to you, your child's other parent and your child. Read and complete this waiver carefully.

Participant(Print Clearly) \_\_\_\_\_ Parish \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent Cell \_\_\_\_\_ Email \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Age \_\_\_\_\_

Group # \_\_\_\_\_ Allergies \_\_\_\_\_

Dr.'s Name \_\_\_\_\_ Medications/Medical Conditions \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**T-Shirt (circle one)- Men's Cut- S- M-Lg-XL- XXL *or*  
Women's Cut-(loose fit) -S-M-LG-XL-XXL**

**Roommate Preference(s)** \_\_\_\_\_

**Nature of Risks:** I understand that travel to and from Rochester, MN may involve certain risks beyond the reasonable control of the Diocese and all parishes within it, and their respective officers, directors, volunteers and agents, and chaperones or representatives associated with Steubenville Rochester, including but not limited to accidents, emergencies, exposure to reckless conduct of persons, and/or negligence of the Steubenville Rochester security and medical personnel, and the Dioceses and Steubenville Rochester et al. disclaim any and all responsibility for any such risks.

**Medical Permission for Participant:** I hereby grant permission in the event of an emergency or accident for emergency medical care to be administered to myself during the Steubenville Rochester and/or during or after transportation to a hospital or doctor for emergency medical care.

**Waiver of Liability/Hold Harmless:** By signing this liability waiver, I agree and acknowledge that I may be giving up important legal rights and remedies available to myself, my family, my heirs, successors, and assigns. I agree that if I have an illness requiring dismissal from Steubenville Rochester, or there is an accident or emergency requiring my dismissal from Steubenville Rochester or if Steubenville Rochester must be discontinued in event of accident or emergency, I will be sent home at my expense, I am assume the risk of any loss of any non-refundable or additional costs associated with travel and fees for Steubenville Rochester, with no right of reimbursement or refund for any amount in connection with the Diocese et al. or Steubenville Rochester.

**Code of Conduct:** It is expected that youth and adults will follow all directions of all Steubenville Rochester and Diocesan Staff and Volunteers. Load and unload buses at times given by adult leaders. Males and females are not allowed in the same sleeping area. Cell phones, ipods, and other distracting

technology are not allowed. The use of drugs, tobacco, alcohol or items that endanger people are prohibited. Language and behavior should exemplify Christian values. Respect the rights and property of others. Theft and vandalism will not be tolerated. Clothing must be modest. Any instances of lack of cooperation or insubordination will not be tolerated and will be subject to possible removal and barring from Steubenville. Parents will be informed of such infraction(s). The child will be taken home at the parent's expense. Any and all expenses relating to travel are also the parent's expense.

**Photograph permission:** I give my permission to have my minor child photographed by Steubenville Rochester, and/or the West River Catholic and /or the Youth Office of the Diocese of Rapid City. These photos will be use for promotional materials or publications including printed materials or website.  Check here if your do not want your children to be photographed.

**Cost:** \$315. The deposit of \$100, with this form and the Rochester form, are accepted beginning December 1<sup>st</sup>. The final payment of \$215 is due April 20<sup>th</sup>. Registration instructions are at [www.rapidcitydiocese.org](http://www.rapidcitydiocese.org) in the youth section.

**Cancellation Policy: All payments are non-refundable.** \* If your child is the on the waiting list and does not make it to the main participant list, you will receive your deposit back. Binding non-refundable contracts are signed for services provided for the event. No Diocesan funding is given to this event.

I fully understand the consequences of and sign this Registration Form, including Medical Permission, Liability Waiver, Permission to Photograph, and Code of Conduct and Cancellation Policy knowingly, freely, and willingly. I understand that all payments are non-refundable.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Gaurdian: \_\_\_\_\_ Date: \_\_\_\_\_

**Registration payments should be made to your parish and sent as a group.**  
The Parish Contact Person/Youth Minister mails registration forms & payments to:  
Diocese of Rapid City attn: Steubenville PO Box 678, Rapid City, SD 57709

**ALL chaperones must have had a background check through their parish  
Safe Environment Coordinator prior to the event .**  
Adult chaperones are required for every 8 youths.

**Event Contact:** Provatia Potvin, 343-3541, ppotvin@diorc.org

Office Use : Dep \_\_\_\_\_ # \_\_\_\_\_ date \_\_\_\_\_ f \$ \_\_\_\_\_ # \_\_\_\_\_ date \_\_\_\_\_