



INTO THE DARK: FROM DARKNESS TO LIGHT
NOVEMBER 9th, 2019 9:00am – 4:30pm
(Held in the Youth Building and the Virginia Museum of Fine Art)
MIDDLE SCHOOL YOUTH RETREAT DAY
YOUTH REGISTRATION FORM

Participant Information:

First Name _____

Last Name _____

Name for Name Tag _____

Home Address _____

City/State/Zip _____

Parent(s) Name(s) _____

Email for Registration confirmation:

Emergency Contact for the Day of the Retreat:

Name: _____

Number: _____

Health Information for Registrant:

Insurance Company _____

Insurance ID _____

Insurance Group # _____

Cardholder's Name _____

Participant Allergies _____

Current Medications to be aware of _____

Transportation Permission, Release of Liability and Medical Release

I hereby give my permission for _____ to be transported to and from the Virginia Museum of Fine Arts.

As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Parish of St. Edward the Confessor and Catholic Diocese of Richmond, its employees and agents, chaperones or representatives associated with this 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 Diocese, its employees and agents and chaperones, 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 claim arises from the negligence of the Diocese.

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. In the event of an emergency, I hereby give permission to transport my child to a hospital or emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the even of an emergency, if you are unable to reach me at the above numbers I give permission for the noted emergency contact to be notified. I will not hold the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Parent/Guardian Signature: _____ Date: _____

Use of Picture and/or Video

I give permission for pictures and/or video of my child (named above) engaged in activities related to any Parish event to have their pictures posted in the Parish publications or website, including the Catholic Diocese of Richmond publications or websites. Names of participants will not be used without expressed permission from the parent or guardian. If not box is checked below, the Parish and Diocese assume you give permission.

Yes No Parent/Guardian Signature _____ Date: _____