

YOUTH 2000 RETREAT REGISTRATION

REGISTRATION FEE: \$60.00

* Includes lunch and dinner on Saturday * Does not include housing
Send \$60.00 Registration Fee (checks payable to St Jude YOUTH RETREAT)
and completed Liability Release

Form below by September 18th, 2018 to:

ST JUDE THE APOSTLE PARISH – YOUTH RETREAT
1025 West 5th Ave
Oshkosh, WI 54902

LIABILITY RELEASE FORM BELOW MUST BE COMPLETED BY ALL PARTICIPANTS

LIABILITY RELEASE FORM

RELEASE OF ALL CLAIMS

Name of Activity: YOUTH 2000 Retreat

Location: 519 Knapp St, Oshkosh 54902

Telephone: 920.420.3655

Date of Activity: Sept. 28,29,30-2018

The undersigned do hereby release, forever discharge and agree to hold harmless YOUTH 2000, Inc., and St Jude the Apostle Parish, St Raphael the Archangel Parish, Most Blessed Sacrament Parish, and the Green Bay Diocese, from and against any and all liability, claims, demands, lawsuits and expenses of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or participant (if participant is under 18, 18 or older).

The undersigned further agree to indemnify and hold YOUTH 2000, Inc., and St Jude the Apostle Parish, St Raphael Parish, and Most Blessed Sacrament, the Green Bay Diocese and its respective members, directors, employees, and agents (collectively, the "Indemnities,") harmless from and against any and all claims, demands, actions, lawsuits, and liabilities, including attorney fees and expenses and costs sustained by the Indemnities as a result of negligent, willful or intentional acts of the undersigned and/or participant (if participant is 18 or under, 18 or older).

If participant is under 18 years of age, I (we) the parent(s) or legal guardian(s) of the participant, do hereby grant permission for our child to participate fully in the YOUTH 2000 Retreat and all of its activities and hereby give permission to YOUTH 2000 and St Jude the Apostle Parish, St. Raphael Parish, Most Blessed Sacrament and the Green Bay Diocese to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery and I (we) fully and completely assume all responsibility for all medical bills. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) assume all responsibility and transportation costs.

This form MUST be signed by ALL participants. If participant is under 18, parent or legal guardian must sign.

NAME _____ AGE _____ SEX: M ___ F ___

ADDRESS _____ E-mail address: _____

CITY, STATE, ZIP CODE _____

TELEPHONE (_____) _____ CELL PHONE (_____) _____

****PARENT(S) OR LEGAL GUARDIAN(S) SIGNATURE**

(1) _____ DATE _____

(2) _____ DATE _____

PARISH/GROUP _____ CHAPERONE'S NAME _____

****PARTICIPANT'S SIGNATURE (if 18 or older)** _____

NOTE: ANY PARTICIPANT UNDER 18 YEARS OF AGE MUST HAVE WRITTEN PERMISSION
SIGNED BY A PARENT OR LEGAL GUARDIAN TO LEAVE RETREAT DURING RETREAT HOURS.

Youth Ministers, Chaperones and Volunteers, MUST complete the other side of form. (OVER →)

Liability Release/Registration Form, Page 2
YOUTH MINISTERS, CHAPERONES, AND VOLUNTEERS
HELPING WITH THE YOUTH 2000 RETREAT

***please note if you are a parent attending with ONLY your child – you are exempt from certain requirements**

All youth ministers and chaperones coming with a group, and all of the volunteers helping with the YOUTH 2000 Retreat MUST submit the following documents to the Sponsoring Party Registration Committee prior to the Retreat. No exceptions. Those arriving at the Retreat without the following documentation will not be admitted.

Youth Ministers, Chaperones and Volunteers:

- **The signed and completed YOUTH 2000 Retreat Registration and Liability Release Form (front side of this page).**
- **A letter on appropriate letterhead or documentation from your parish or diocese stating that you are in compliance with all Safe Environment requirements pertaining to the *Charter for the Protection of Children and Young People*.**

Attach the letter to your completed Registration and Liability Release Form

Parents attending with ONLY their children, do not need to send documentation of compliance with Safe Environment status. It IS needed IF also chaperoning other youth.

Name _____

Circle one: *youth minister *chaperone *volunteer *parent attending with child

Parish Name _____

City _____ State _____ Zip _____

Phone Number of Parish (_____) _____

For Registration Committee Use Only

Compliance letter received: Yes _____ No _____

(not required for a parent who attends with their child, only)

Received by (Registration Committee Volunteer name): _____

YOUTH MINISTERS AND CHAPERONES

There must be one adult chaperone for every eight youth, age 17 and younger, in your group.

_____ Number of youth in your group, age 17 and younger, attending the YOUTH 2000 Retreat

_____ Number of chaperones attending the YOUTH 2000 Retreat with your group

Names of adult chaperones for your group

(to be completed by the youth minister/chaperone in charge of the group):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____