

# YOUTH 2000 REGISTRATION

## Registration Fee: Youth \$40, Chaperone \$20

Includes lunch and dinner on Saturday. Does not include housing. Ages 13-17 must be chaperoned.

Make checks payable to *Covington Youth Retreat Committee*. Mail fee and completed forms by October 2, 2009 to:  
Covington Youth Retreat Committee, P.O. Box 17955, Ft. Mitchell, KY 41017-0955.

**Want a free T-shirt? Register by September 25! Circle one: S M L XL**

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## LIABILITY RELEASE

Name of Activity: YOUTH 2000 Retreat  
Telephone: 859-426-8055

Location: Thomas More College  
Date: October 9-11, 2009

In consideration of Participant's participation in the above Activity, the Participant, or if applicable the Participant's parent / guardian in custody of Participant ("Undersigned")\*, does hereby release, forever discharge and agree to hold harmless YOUTH 2000, Inc., the Diocese of Covington, Thomas More College, and the Covington Youth Retreat Committee, and their respective members, officers, directors, employees, chaperones, and agents ("Hosts") from and against any and all liability, claims, losses, demands, lawsuits, costs, damages, and expenses of any kind arising directly or indirectly in connection with the Activity, and waive any such claims. The Undersigned remains legally responsible for Participant's personal acts, and the Undersigned agrees to indemnify and hold harmless the Hosts from and against any and all liability, claims, losses, demands, lawsuits, costs, damages, and expenses of any kind incurred by any person in connection with Activity, including the cost of medical treatment and including attorney fees and expenses and costs sustained by any of the Hosts in connection with Participant's participation in the Activity.

If Participant is under 18 years of age, the Undersigned, a parent or legal guardian of Participant, grants permission for Participant to participate fully in the YOUTH 2000 Retreat and all of its activities and hereby gives permission to the Hosts to take Participant to a doctor or hospital and authorize medical treatment, including but not limited to emergency surgery, for which medical expenses Hosts shall not be responsible.

Participant agrees to abide by instructions from the Hosts while at Activity, and agrees that the Hosts will not be liable if Participant fails to cooperate with Hosts. Hosts shall have the right to terminate participation of Participant for failure to cooperate. Further, should it be necessary for Participant to return home due to medical reasons, disciplinary action, or otherwise, the Undersigned assumes all responsibility and transportation costs.

*The Participant **MUST SIGN** below; or  
if Participant is under 18, the parent or legal guardian must **SIGN AND NAME A CHAPERONE**.*

\*PARTICIPANT'S SIGNATURE (if 18 or older) \_\_\_\_\_ DATE \_\_\_\_\_

\*PARENT / LEGAL GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CHAPERONE NAME \_\_\_\_\_ *NOTE: Ages 13-17 must be chaperoned.*

Minors may not leave during retreat hours without written permission of parent or legal guardian.

*Registration information — please print legibly:*

PARTICIPANT NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX: M \_\_\_ F \_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

PARISH/SCHOOL/GROUP \_\_\_\_\_

***ATTENTION Chaperones, Youth Ministers, and Volunteers:  
You must complete BOTH SIDES of this form.***



## CHAPERONE, YOUTH MINISTER, & VOLUNTEER INSTRUCTIONS

All chaperones, youth ministers accompanying a group, and volunteers helping with the Retreat MUST register and show child protection compliance as follows.

1. Complete and sign the Registration and Liability Release (front side of this page).
2. Complete this second page and submit both pages with fee. [Note: Fees are waived for some volunteers; check with your coordinator.]
3. Be fully compliant with your diocesan program for protection of minors. You CANNOT be admitted unless compliance has been verified as follows.
  - a. *Members of the Diocese of Covington:* You must be fully VIRTUS compliant. It is your responsibility to be current with the VIRTUS website. Upon receiving this form, our Committee will verify your status with the Chancery.
  - b. *Members of other dioceses:* Attach to this form a LETTER from your parish or diocese stating that you are in compliance with the Zero Tolerance Policy of the USCCB, have completed the required training, and have a current background check.

Name \_\_\_\_\_

Circle one:    youth minister        chaperone        volunteer (committee \_\_\_\_\_)

Parish Name \_\_\_\_\_

Parish City / State / Zip \_\_\_\_\_

Parish Phone Number (\_\_\_\_\_) \_\_\_\_\_

<p><i>For Registration Committee Use Only</i> <b>VIRTUS or Diocesan Letter Verified:</b>    Yes _____    No _____</p>
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### CHAPERONE ASSIGNMENTS

We require one registered adult chaperone (over 21) for every seven youths age 13-17 in your group. Chaperones sharing duties must both be registered. Names of minors chaperoned by the person named on this form:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_