

**Submit ONE form per participant.
Incomplete forms cannot be processed. Please print legibly.
Adult participants must complete BOTH sides.**

YOUTH 2000 RELEASE & REGISTRATION

Name of Activity: YOUTH 2000 Retreat
Telephone: 859-466-1283

Location: Notre Dame Academy, Park Hills, KY
Date: October 28-30, 2011

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, Notre Dame Academy, 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.

SIGNATURE of Participant _____ **DATE** _____

If minor registrant, required:
PARENT/LEGAL GUARDIAN SIGNATURE _____ **DATE** _____

Please print legibly:
PARTICIPANT (name) _____ **AGE** _____ **SEX: M__ F__**

STREET ADDRESS _____

CITY, STATE, ZIP _____

PARISH _____ **GROUP/SCHOOL** _____

HOME PHONE (_____) _____ **CELL PHONE (_____)** _____

EMAIL _____

CHAPERONE'S NAME (required for minor participant) _____

Participants UNDER AGE 18 must be chaperoned and may not leave during Retreat hours without written permission signed by the parent or legal guardian. **Parent is responsible for providing a chaperone.**

FEES AND DEADLINES

Mail fee and completed form by October 21, 2011, to Covington Youth Retreat Committee, P.O. Box 17955, Ft. Mitchell, KY 41017-0955. Fee is \$50 per youth participant (ages 13 to 30) and \$40 per adult participant. Make checks payable to Covington Youth Retreat Committee. Download extra forms at www.nkyouth.com.

EARLY BIRD DISCOUNT! \$40 per youth, \$30 per adult if postmarked by October 15.

IMPORTANT: Adult participants must complete BOTH SIDES of this form. 

ADULT PARTICIPANT EXTENDED FORM

Youth Participants ages 13-30 complete other side only.

Your name (please print) _____

Are you 21 or older? Yes ___ No ___

Check: Participating as a: youth minister___ chaperone___ volunteer___ (committee _____)

Every chaperone, every youth minister accompanying a group, and every adult volunteer helping with the YOUTH 2000 Retreat MUST show child protection compliance as follows:

1. **Complete and sign the Liability Release and Registration form (other side of this page).**
Note: Submit ONE form per participant. Download extra forms at www.nkyouth.com.
2. **Complete this second page and submit both pages with your 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:
 - ✓ **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.*
 - ✓ **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.*

CHAPERONE ASSIGNMENT

Do you have a co-chaperone? Yes ___ No ___ If yes, co-chaperone's name: _____

Check one: \$40 chaperone fee (\$30 by Oct. 15) is enclosed ___ OR will be paid by my co-chaperone ___

I understand minors can leave during Retreat hours only with written permission of parent/guardian: Yes ___ No ___

Minors (age 13 to 17) must be accompanied by a chaperone. Each registered chaperone must be 21 or older and can be responsible for up to seven minors. Co-chaperones sharing duties must each register separately. Names of minors chaperoned by the person named on this form:

1. _____

5. _____

2. _____

6. _____

3. _____

7. _____

4. _____

For Registration Committee Use Only
VIRTUS or Diocesan Letter Verified: Yes ___ No ___
Notes: