

# ByzanTEEN Rally 2022

## Chaperone Registration Form

*This form MUST be filled out completely and signed in order to participate in the Rally. Thank you.  
Please Print Legibly*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Age \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male ( ) Female ( )

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

Parish Name/City & State \_\_\_\_\_

Pastor \_\_\_\_\_

### **ByzanTEEN Rally 2022 Registration Fee:**

**\$325 per person early-bird registration received before May 1, 2022**  
**\$350 per person for registrations received May 1 through June 10, 2022**

***REGISTRATION DEADLINE – Friday June 10, 2022 @ 5 PM***

The **NON-REFUNDABLE** payment is to be included in FULL with this Registration Form, the Confidential Medical History and Authorization Form, the Travel Info Form, and any other required information. Please make check payable to “ByzanTEEN Youth Rally 2022.” Mail Forms and Payment to:

**ByzanTEEN Youth Rally 2022**

Byzantine Catholic Archeparchy of Pittsburgh

66 Riverview Ave

Pittsburgh, PA 15214

Request for roommate or any additional information:

**ACTIVITY RELEASE**

I fully release, discharge and waive any claims or right of actions which I have or might have later have arising from any negligent acts or omissions of the Eparchy, any of its employees, agents and all affiliated individuals arising out of any activity associated with the Rally. I agree to indemnify and hold harmless the Eparchy, any of its employees, agents and all affiliated individuals for damage based on negligence of the Eparchy, any of its employees, agents or all affiliated individuals arising out of any incident during the Rally, and that the aforementioned persons cannot be held responsible for any social media incident that occurs during the Rally.

All photography and videography are the property of and will be for ByzanTEEN Rally promotional use ONLY. By signing this form you give permission for pictures and videos of for this ByzanTEEN Rally promotional use.

**CHAPERONE SAFE ENVIRONMENT INFORMATION AND APPROVAL**

In accordance with the Safe Environment Policy mandated by the U.S. Catholic bishops, ALL Rally chaperones must be approved and cleared by their respective Eparchy. A Letter of Approval from the Safe Environment Office of the respective Eparchy IS REQUIRED. The Rally Planning Office may also require a copy of the cleared Background Check Form before registration is accepted and attendance permitted. All chaperones participating in the Rally are expected to attend all events, follow all rules of conduct and assist in overseeing the activities of the teens. A chaperone guideline will be provided.

***\*Chaperone space is limited. Acceptance of chaperone registration is at the discretion of the Rally Planning Committee.***

\_\_\_\_\_  
CHAPERONE SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

# ByzanTEEN Rally 2022

## Confidential Medical History and Authorization Form

*This form MUST be filled out completely and signed in order to participate in the Rally. Thank you.  
Information on this form is confidential and will be destroyed after Rally. Please Print Legibly*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

In case of an emergency, please notify:

Name(s) \_\_\_\_\_

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

### Physician information:

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**Health Insurance Information: Please include a copy (front and back) of your medical insurance card, prescription card and dental card. These are required if emergency care is needed.**

### MEDICAL RELEASE

In the event I am unable to do so at the time of the emergency, I hereby give permission to the health personnel to perform routine tests and treatment for my health. In the event of an emergency or other acute event where time will not allow my designated contact person to be reached, I hereby give permission for the health personnel to secure necessary consultative care for me, including hospitalization, anesthesia, surgery and other medical treatment. I hereby give permission for any health personnel to view my medical history so I may be treated as necessary. I hereby agree to accept any financial responsibility for any and all medical attention necessary.

SIGNATURE OF CHAPERONE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Please fill this form out COMPLETELY so you can be treated properly.

**(1) Medical History (please circle yes/no):**

ADD/ADHD	yes	no	
Allergies	yes	no	If yes complete (2) below.
Asthma	yes	no	
Autism Spectrum Disorder	yes	no	
Bipolar/Depression	yes	no	
Bleeding/Clotting Disorder	yes	no	
Convulsions/Epilepsy	yes	no	
Diabetes/Low Blood Sugar	yes	no	
Emotional Disorder	yes	no	
Heart Disease	yes	no	
High Blood Pressure	yes	no	
Migraines	yes	no	
Mobility Disability	yes	no	

Other \_\_\_\_\_

**If “yes” to any of the above, please give any special information here:**

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**(2) Allergies (please circle yes/no):**

Penicillin or Other Antibiotics/Medications    yes    no

If yes please specify \_\_\_\_\_

Insect Bites/Stings    yes    no

Environmental    yes    no

Dietary    yes    no    If yes circle all that apply:

Gluten / Tree Nuts / Peanuts / Soy / Lactose Intolerant / Shellfish

Other (Specify) \_\_\_\_\_

Is an epipen required to be carried?    yes    no

**If “yes” to any of the above, please explain the reaction:**

**(3) Medications:**

Please list all medications to be taken (including inhalers and non-prescription medications). Medications brought must be in the original prescription packaging and dispensed by health personnel. ALL medications, including over-the-counter medications must be turned in to the health personnel. List all medications:

**(4) Additional Information/Permissions:**

Blood type (if known): \_\_\_\_\_

Tetanus Vaccination-Date received if applicable: \_\_\_\_\_

Do you give your permission to receive a tetanus vaccination if in need of medical care (circle choice)?    yes    no

# ByzanTEEN Rally 2022

## Travel Information Form

*A copy of this form MUST be filled out and returned with your reservation. Thank you.*

ByzanTEEN Rally 2022 will be held at:

Mount St. Mary's University, 16300 Old Emmitsburg Road, Emmitsburg, MD 21727

For those driving you can get directions and maps by visiting <https://msmary.edu/>

For those flying in, Baltimore/Washington International (BWI) is the closest large airport and Harrisburg, P A, is the closest smaller airport. You must arrange your own transportation to and from the airport and Rally site (Mt StMary University) on your arrival and departure dates. Travel Time by bus between BWI and the University is about 90 minutes.

ARRIVAL AND REGISTRATION TIME ON THURSDAY: 3 PM-5 PM

RALLY CLOSING AND DEPARTURE TIME ON SUNDAY: 11 AM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

**I will be traveling to and from the Rally by (circle one):**

**Personal Auto**

**Charter Bus**

**Airline**

**If by Charter Bus, which parish/eparchy group are you traveling with?**

Name of Group Leader/Travel Chaperone

Contact Number of Group Leader -----

**If by Airline, which parish/eparchy group are you traveling with?**

Name of Group Leader/Travel Chaperone

Contact Number of Group Leader -----

**Airline and Flight Information:** Airport will be \_\_\_\_\_

Arriving Thursday 6/30/22 on \_\_\_\_\_ Airlines Flight # \_\_\_\_\_ at \_\_\_\_\_ :

Departing Sunday 7/3/22 on \_\_\_\_\_ Airlines Flight # \_\_\_\_\_ at \_\_\_\_\_ :

**Plan to arrive at your airport 2 hours before your boarding time to get through baggage/security.**