

Eparchy of Passaic

ByzanTEEN Youth Rally 2019

July 28-31, 2109

Carpathian Village

Cresco, Pa 18326

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: _____ Birth Date: __/__/____ Male: () Female: ()

Address: _____

City: _____ State: _____ Zip Code: _____ - _____

Phone (Home): _____ (Cell): _____

Email: _____ @ _____

Parish Name/City & State: _____

Pastor: _____

Registration Deadline:

Friday July 12, 2019

Mail, fax or email completed forms to:

ATTN: ByzanTEEN Youth Rally 2019

Fax: 973-890-7175

Mail: 445 LACKAWANNA AVENUE

WOODLAND PARK, NJ 07424

Email: passaicteenrally@gmail.com

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 of Passaic, 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 of Passaic, any of its employees, agents and all affiliated individuals for damage based on negligence of the Eparchy of Passaic, 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 Eparchy of Passaic ByzanTEEN Youth Rally promotional use ONLY. By signing this form you give permission for pictures and videos of this Eparchy of Passaic ByzanTEEN Youth Rally for 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 Eparchy IS REQUIRED. The Rally Directors 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 training will be provided.

*Chaperone space is limited. Acceptance of chaperone registration is at the discretion of the Rally Directors.

Chaperone Signature

Date

ByzanTEEN Youth Rally 2019

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 the Rally. Please print legibly.*

Last Name _____ First Name _____

Incase 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 out this form 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:

(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. 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