

Eparchy of Passaic ByzanTEEN Rally 2019

July 28-31, 2019

Carpathian Village
Cresco, Pa 18326

Registration Form

*This form MUST be filled out completely and signed in order to participate in the Rally. Thank you.
ByzanTEEN Rally 2019 participant must be age 13 by November 1, 2019
and not have reached the age of 18 by July 10, 2019*

Please Print Legibly

Last Name _____ First Name _____

Age _____ Birthdate: ____/____/____ Grade _____ Male () Female ()

Address _____

City _____ State _____ Zip Code _____ - _____

Phone (Home) _____ (Cell) _____

Email _____ @ _____

Parent/Guardian Name(s) _____

Parish Name/City & State _____

Pastor _____

REGISTRATION DEADLINE – Friday July 12, 2019

Mail Forms to:

Eparchy of Passaic ByzanTEEN Youth Rally 2019

Byzantine Catholic Eparchy of Passaic
445 Lackawanna Avenue
Woodland Park, NJ 07424

ByzanTEEN 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 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.

If your child should require emergency medical attention and we are unable to reach you or any other authorized party, this form authorizes the Rally Staff to obtain medical treatment for your child. It must be signed and dated by the parent/legal guardian and sent in with the registration.

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

SIGNATURE OF PARENT/GUARDIAN _____ DATE ____/____/____

Please fill this form out **COMPLETELY** so your child 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. ALL medications, including over-the-counter medications must be turned in to the health personnel. List all medications:

The following over-the-counter medications will be available during the Rally if necessary or if requested. These medications will be administered under the direction of the health personnel. Dosages will be as listed on labels and generic equivalents will be used if available. Please circle **YES** if you approve using or **NO** if you do not wish the medication to be used:

Tylenol	yes	no	Tums	yes	no
Advil	yes	no	Pepto-Bismol	yes	no
Motrin	yes	no	Maalox	yes	no
Benadryl	yes	no	Immodium	yes	no

Topical antibiotic ointment yes no

(4) Additional Information/Permissions:

Blood type (if known): _____

Tetanus Vaccination-Date received if applicable: _____

Do you give your permission for your teen to receive a tetanus vaccination if he or she is in need of medical care (circle choice)? yes no

Please specify any activities that your child should NOT be allowed to participate in for health or other reasons:

All photography and videography are the property of and will be for Eparchy of Passaic ByzanTEEN Rally promotional use ONLY. By signing this form you give permission for pictures and videos of your teen(s) for this Eparchy of Passaic ByzanTEEN Rally promotional use.

Please circle Yes AND INITIAL your agreement:

Yes – I agree and give permission for this policy _____

RALLY AND ACTIVITY RELEASE AND WAIVER

I hereby give permission for my teen _____ to participate in all the activities of the Eparchy of Passaic ByzanTEEN Youth Rally 2019. I fully release, discharge and waive any claims or right of actions which I have or might have later 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. I attest that I have supplied the Eparchy of Passaic ByzanTEEN Youth Rally 2019 with any and all information necessary to insure proper supervision of my child's health and well-being. In case of apparent injury or illness, I wish my child to be sent to a reliable hospital and skilled medical attention be secured at once, for which I expect to pay the usual charges. I also wish that notification of any emergency be made immediately to me at the phone number I have listed. I wish the staff to treat my child as if he or she were their own. I also acknowledge that my child's early departure for medical, disciplinary or personal reasons is my sole responsibility.

SIGNATURE OF PARENT/GUARDIAN

DATE _____ / _____ / _____

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As a part of our ongoing effort to keep all Rally participants safe, we are requiring that parents provide approved legal guardians to pickup participants from the Rally at either the end of the Rally or should a need arise during the Rally. Please list any approved guardians below with their full name and their relationship to the rally participant. If there are any people who are not allowed to pickup rally participants, please notate that below. Please include any chaperones that may be taking your participant as part of a group. Thank you for your cooperation in helping keep our rally participants safe.

Full Name	Relationship
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

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Praying By Name For Those We Love– Prayer for the Living

Saint Paul tells us that Faith without good works is dead. The Church provides us with ways to perform good works. These are called the Corporal Works of Mercy and the Spiritual Works of Mercy. One of the Spiritual Works of Mercy is to Pray for the Living. During the Rally, you will have an opportunity to pray for your family and loved ones. Please list the names of your family and loved ones here and return this form with your Rally Application. Please PRINT legibly.

YOUR NAME: _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

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Remembering Our Departed Loved Ones – Praying for the Deceased

Saint Paul tells us that Faith without good works is dead. The Church provides us with ways to perform good works. These are called the Corporal Works of Mercy and the Spiritual Works of Mercy. One of the Spiritual Works of Mercy is to Pray for the Departed. During the Rally, you will have an opportunity to pray for your deceased loved ones by name during the Panachida Memorial Service. Please list the names of your departed loved ones here and return this form with your Rally Application. Please PRINT legibly.

YOUR NAME: _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____