



SKYE – Spiritual Youth Encounter
October 7th - 8th, 2017
Ages 14 - 20

Youth Name: _____

Gender: Girl Boy Age: _____ Grade in school (*during May 2017*): _____

Address: _____ City: _____ Zip: _____

Name of Parent/Gardian: _____

Tel#: _____ Email Address: _____

Attending with FAMILY and/or FRIENDS? Yes No

Name? _____ Relationship: _____

Name? _____ Relationship: _____

Registration ends September 15th. Limited space is available. Please register as soon as possible.

Register on-line at www.StTeresitaYCC.org under the in Info. Page.

Complete Registration Form, Youth Permission Slip, and Photo Release Form
NO one will be allow to attend without completed forms-No exceptions
Please read **Summer Camp Handbook**

Payment: Deposit \$40 Total Cost per person \$75 (includes the deposit)
We accept: Visa, MasterCard, Discover, Check or Cash
(Scholarship applications available upon request)

Check – In Arrival & Departure Time:

Saturday, October 7th arrival registration between 7:30am – 8am.

Sunday, October 8th departure at 1pm after lunch.

All forms must be filled out in order for child to attend. Payment must be made in full before retreat starts or during arrival registration. Children will be release to parents only, unless prior arrangements have been made.

Address: 43818 Sierra Drive Three Rivers, CA 93271

For driving instructions please visit www.StTeresitaYCC.org information page.

For more information or questions please contaCt us at
tel: 559-561-1038 fax: 559-561-1039 or email: info@stteresitaycc.org
mail: PO Box 249 Three Rivers, CA 93271



YOUTH HEALTH AND PERMISSION SLIP FORM

TO THE PARENT/LEGAL GUARDIAN: You must give permission on this form for your child to attend and participate in events and activities held at Santa Teresita Youth Conference Center (STYCC).

Name of Child	School/Parish Name
Name of Parent(s)/Guardian(s)	School Year Fall 2017
EVENT/ACTIVITY/SPORT SKYE Retreat	

(Parent/Guardian initial) Permission to SWIM and use POOL *Failure to initial will result in the withholding of your child from pool use.*

My child is physically fit and capable of participation in this activity. I have told my child to follow the rules and instructions, given by STYCC personnel or agents, chaperones, or diocesan personnel responsible for all school/parish/organization events and activities. I understand that participation in this event/retreat/camp may involve some risk (including any travel to and from these events or activities) and that unforeseen events can occur. I am aware that a swimming pool is on the youth retreat premises and that my child may enter the pool during designated supervised times. I declare that my child is able to swim and tread water. The pool depths range from 3ft to 7ft.

In exchange for permitting my child to participate in this activity, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against STYCC and the Catholic Diocese of Fresno. I release and discharge STYCC and the Catholic Diocese of Fresno from all liability or responsibility from death, illness, personal injury, or property damage arising out of this activity.

This permission, waiver, release, and consent applies to Santa Teresita Youth Conference Center, and to the Roman Catholic Diocese of Fresno, The Roman Catholic Bishop of Fresno (a corporate sole), all other Diocese of Fresno schools, all parishes, affiliated organizations, and their officers, clergy, agents, and employees.

Trip Information:

Destination of Field Trip:	Riata Ranch & Kaweah Lake in Three Rivers
Departure Date and Time:	June 20 th – 22 nd , 2017 at 8am
Estimated Return Date and Time:	June 20 th – 22 nd , 2017 at 5pm
Mode of Transportation:	Three Rivers School Bus

Continued on reverse side and/or next page

Address:	City:	Zip:
Parent(s)/Guardian(s) Names		
Mother:		Father:
Daytime Telephone Number(s) of Parent(s)/Guardian(s)		Nighttime Telephone Number(s) of Parent(s)/Guardian(s)
Mother:	Father:	Mother: Father:
Cell Telephone Number(s) of Parent(s)/Guardian(s)		Child's Date of Birth
Mother:	Father:	
Emergency Contact <i>Other</i> than Parent/Guardian		
Name:		
Relationship:		Telephone Number:
Allergies (foods, drugs, insects, etc.)		
Medications (name, dosage, reasons)		
Other information or Special Health/Physical Considerations (<i>Attach extra sheet if necessary</i>)		
Insurance Carrier:		Insurance Group or ID Number:
Name of Child's Doctor:		Telephone Number:
Name of Child's Dentist/Orthodontist:		Telephone Number:

In the event of an emergency, and if STYCC is unable to contact me, I authorize STYCC personnel or other adult leadership, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly license physician, surgeon, or dentist. I expect to be contacted as soon as possible. I agree that if emergency medical or dental services are required for my child, the Diocese of Fresno and STYCC will not be responsible to pay for any medical or dental expenses. A copy of this form shall be valid as the original and may be given to the adult leader of the activity.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____



Release of Photo/Video Production

Parents/Guardians: Please complete this form granting permission for your child's photograph or video image to be used in a STYCC produced document (e.g. website, publication, video production).

NAME (<i>Child or Adult attending STYCC</i>)	DATE
PROJECT EVENT TITLE	

I hereby grant STYCC (hereinafter called PRODUCER), their nominees, designees, and successors full authorization and the absolute right and permission to sell, assign, convey, reproduce, copyright, use or publish photographic reproductions, portraits, or pictures of me, motion picture or video tape pictures of me, or in which I may be included in whole, in part, or in composite, or in which character or form is distorted, in conjunction with my own or any other picture, product, person, name or reproduction, in color or otherwise, made through any media at its studios or elsewhere, for art, advertising, commerce, business or trade, or any other lawful purpose whatsoever.

I hereby waive any right I may have to inspect or approve the finished product or the advertising copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge and agree to hold harmless PRODUCER, its nominees, designees, successors, and assignees or others for whom they are acting from any liability of any nature or description by virtue of any use whatsoever, whether intentional or otherwise, or from any change that may occur or be produced in the taking of said picture or pictures, or any processing tending towards the completion of the finished product, unless it can be shown that said use or change is solely for its purpose of subjecting me/named child to conspicuous ridicule, scandal, reproach, scorn and indignity.

For MINORS Release

If the student is under 18 years of age, the parent or legal guardian of the model must sign below.

I, parent and/or legal guardian of the above named child, do hereby consent and grant my permission to all of the foregoing.

SIGNATURE OF PARENT OR GUARDIAN

For ADULT Release

SIGNATURE (If Adult Attending)
ADDRESS
TELEPHONE