



REVIVE! Youth Concert
September 29th, 2018
Young Adults Registration Form

The purpose of this concert is to encourage our young people as they begin a new year at school, allow them to meet other youth from our Diocese, and to share in this unique experience all while showing our appreciation of them and the choice they made to say yes to Jesus!

Registration ends August 31st Limited space is available, register as soon as possible.

These are your CHECKLIST steps you need to complete in order to fully complete your registration.

- Complete Registration Form (Page 1 in this document)
- Complete Photo Release Form (Page 2 in this document)
- Complete Medical Release Form (Page 3 in this document)
- Complete Code of Conduct (Page 4 in this document)

Payment: Cost per person \$15 (*t-shirt included before August 31st*)
Balance is due at the time of registration
We accept: Visa, MasterCard, Discover, Check or Cash

Check – In Arrival Time: Saturday, September 29th General check-in time will be from 2:00 pm - 2:50 pm. All forms must be filled out in order for youth to attend. Payment must be made in full before arrival.

Departing Time: Saturday, September 29th at 8pm after our closing message and final concert.

Address: 43818 Sierra Drive Three Rivers, CA 93271 | Mailing address: PO Box 249 Three Rivers, CA 93271
For driving instructions please visit www.StTeresitaYCC.org Info page.

Please fill out in order to complete registration:

Youth Name: _____

Gender: Female Male Age: _____ Grade in school : _____

Address: _____ City: _____ Zip: _____

Name of Parent/Guardian: _____

Phone#: _____ Email Address: _____

T-Shirt Size (adult sizes): Small Medium Large X-Large XX-Large



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



YOUNG ADULT MEDICAL RELEASE FORM

Print Name:		
Parish/Organization:		
Your Address:		
City:	State:	Zip Code:
Home Tel. #:	Cell. #:	Work Tel.#:
Email Address:		
Emergency Contact Name:	Tel.#:	
Physician's Name:	Tel.#:	
Date of Birth:	Date of last tetanus shot:	
Please list all medical conditions/allergies/special health information:		
Please list any medications (prescriptions or non-prescription) that you would like us to be aware of:		
Medical Insurance Company:	Policy Number:	
Policy in the name of:	Relationship:	

In the event that the participant does not have insurance, payment in full for medical care becomes the responsibility of the patient.

I, _____, do hereby release, hold harmless and discharge the Diocese of Fresno and Santa Teresita Youth and Conference Center, its staff and volunteers from any and all liability, claim, loss, damage, cost or expense arising from my participation in this event. I waive such claims against such organization or any such person, arising directly or indirectly from or attributable in any legal way, to any action or omission to act of any such organization or person in connection with execution of this event. I authorize treatment by a licensed medial physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.

Signature:	Date:
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EVENT - CHAPERONE AND/OR DRIVER CODE OF CONDUCT

R13

Diocese of Fresno (DOF) and Entities of the Diocese of Fresno Code of Conduct Agreement for Chaperones and Drivers

NAME OF PARISH OR SCHOOL	NAME OF GROUP
NAME OF EVENT	DATE OF EVENT

In order to participate in any youth activities sponsored by DOF, all Adults must sign that they have read and agree to the following:

I agree to be responsible for the children assigned to me according to the guidelines of Risk Management Manual

I agree to follow the requirements of the Diocese of Fresno **Safe Environment Program**.

I agree to be a good role model in my interactions with all individuals on this trip or event by the following:

- I agree to dress appropriately at all times.
- I agree not to partake in the use of tobacco of any form or the consumption of any alcoholic beverages.
- I agree not to engage in any illegal activities including, but not limited to: using drugs, gambling, or the possession of any weapons.
- I agree to treat others with respect and will not engage in behavior that reflects poorly on me or the group.

PRINT NAME OF PARTICIPANT	SIGNATURE OF PARTICIPANT
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