



REVIVE! Youth Concert
September 29th, 2018
Young Adults, also Youth Ages 14-18 (9th,10th, 11th, and 12th graders)

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 Youth Permission Slip (Page 2-3 in this document)
- Complete Photo Release Form (Page 4 in this document)
- Complete Youth Code of Conduct (Page 5 in this document)

Payment: Cost per child \$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

Phone: 559-561-1038

Fax: 559-561-1039

E-mail: info@stteresitaycc.org



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 <div style="text-align: center; font-weight: bold;">FALL 2018</div>
EVENT/ACTIVITY/SPORT REVIVE Youth Concert	

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: <div style="text-align: center;">Santa Teresita Youth Conference Center (S.T.Y.C.C.) 43816 Sierra Drive, Three Rivers, Ca, 93271</div>
Departure Date and Time:
Estimated Return Date and Time:
Mode of Transportation:

Continued on reverse side and/or next page

Address:	City:	Zip:
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Parent(s)/Guardian(s) Names	
Mother:	Father:
<i>Daytime</i> Telephone Number(s) of Parent(s)/Guardian(s)	<i>Nighttime</i> Telephone Number(s) of Parent(s)/Guardian(s)
Mother: Father:	Mother: Father:
<i>Cell</i> 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: _____



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 <p style="text-align: center;">REVIVE Youth Concert</p>	

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

EVENT - YOUTH CODE OF CONDUCT AGREEMENT

Diocese of Fresno (DOF) and Entities of the Diocese of Fresno: Code of Conduct Agreement

for Participants under the age of 18 and Non Participating Parents or Guardians

NAME OF PARISH OR SCHOOL	NAME OF GROUP
NAME OF EVENT REVIVE Youth Concert	DATE OF EVENT September 29, 2018

In order to participate in any youth activities sponsored by DOF, all youth participants, under the age of 18, and a parent or legal guardian must sign that they have read and agree to the following:

PARTICIPANT AGREEMENT (under the age of 18):

- I agree to politely obey the requests and directions of the adult leaders.
- I agree to stay with my assigned group or buddy at all times.
- I agree to participate in the approved activities at all times.
- I agree to dress appropriately at all times.
- If the event involves an overnight stay, I agree to stay in my assigned room and observe the bedtime and quiet hours schedule until group activities begin the next day unless otherwise directed by an adult leader.
- I agree to be on time to activities and will observe all check-in rules.
- I agree to treat others with respect and will not engage in behavior that reflects poorly on me or the group which includes, but not limited to: stealing, swearing, fighting, being physically or verbally abusive, being dishonest, damaging property, threatening others, or engaging in disruptive behavior.
- I agree not to participate in hazing, teasing, bullying, or similar activities.
- I agree not to engage in any illegal activities including, but not limited to: smoking, using drugs, gambling, possession of tobacco, drugs, or any weapons.
- As a participant, I will take responsibility for my actions and understand that I will be sent home if I do not comply with this Code of Conduct to the satisfaction of the adult leaders.

PRINT NAME OF PARTICIPANT	SIGNATURE OF PARTICIPANT
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PARENT / GUARDIAN AGREEMENT (requires signature and all contact information)

- I have reviewed the Code of Conduct with my child. He or she understands that the Code of Conduct and promises to comply with the demands in order to participate.
- If my child does not comply with this Code of Conduct to the satisfaction of the adult leaders, I agree to immediately retrieve my child from the activity or event, at my own expense.

PRINT NAME OF PARENT/GUARDIAN: _____ SIGNATURE OF PARENT/GUARDIAN: _____