



# DAY OF THE SPIRIT • NOVEMBER 2-4, 2018

## FOR MIDDLE SCHOOL YOUTH IN GRADES 6-8

Registration fee of \$75.00 due by October 26, 2018

To: Diocese of Baker • Attn: **Day of the Spirit**  
641 SW Umatilla Ave • Redmond, OR 97756

Office Use Only
Date _____
Check _____
Amount _____

**Day of the Spirit Registration will be completed once the following items are received at the Diocesan Office.**

- Registration Form** completed and Signed by Youth Minister or Pastor.
- Medical Release Form** completed and Signed by Parent or Legal Guardian.
- Your Check written out to the "Diocese of Baker" for \$75.00

For a refund, we must be notified at least 5 business days in advance that you will be unable to attend.

**ALL PARTICIPANTS** must attend the whole weekend. For smooth operation and the most benefit we can not accept late arrivals or allow anyone to leave early.

Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
Please Print

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent's/Guardian Names \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Parish \_\_\_\_\_ City \_\_\_\_\_

Priest \_\_\_\_\_ Youth Minister \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**Youth Minister's or Pastor's Signature**

**Youth:** By signing this registration form, I understand the behavioral expectations (i.e. I will not use or be in possession of alcohol/tobacco/drugs for the duration of the event; I will not engage in inappropriate conduct with members of the opposite sex; I will not use inappropriate language or tell inappropriate jokes; etc.) I will also dress modestly and not wear inappropriate clothing. I understand that if a leader deems my clothing inappropriate I will be asked to change. Cell Phones, iPods, electronic devices will be stowed away and kept out of sight or they will be confiscated until the end of the event.

**Parent/Guardian:** By signing this registration form, I understand that if my child is found in violation of the behavioral expectations and needs to leave the event, I will pick him/her up.

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT AND RELEASE OF ALL CLAIMS

For Youth attending \_\_\_\_\_ (name of event). To be completed by parent/guardian of minor.

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_ Age \_\_\_\_  
Last First Initial  
 Father/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Mother/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Father Cell Phone \_\_\_\_\_ Mother Cell Phone \_\_\_\_\_  
 Home Address \_\_\_\_\_  
City State Zip Code

I, (as parent or guardian of participant give my consent for the administration of any emergency treatment deemed necessary by a registered nurse, EMT, licensed physician or dentist; and the transfer of the minor to any hospital reasonably accessible when medically necessary. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Do you carry medical/hospital insurance? No \_\_\_ Yes \_\_\_ If yes, Please indicate:

Company \_\_\_\_\_ Policy/Group# \_\_\_\_\_

I also give my permission to the Health Care Provider or his/her designated to give the to give the following medications (or their generic equivalents) to my child, in accordance with recommended package dosing for the specific indications below. These medications are available and need not be brought by participants:

	Yes	No		Yes	No
<b>Tylenol:</b> Mild fever or discomforts	<input type="checkbox"/>	<input type="checkbox"/>	<b>Bendryl:</b> Allergy Symptoms	<input type="checkbox"/>	<input type="checkbox"/>
<b>Ibuprofen:</b> Mild fever or discomforts	<input type="checkbox"/>	<input type="checkbox"/>	<b>Antacid:</b> Upset Stomach	<input type="checkbox"/>	<input type="checkbox"/>
<b>Throat Lozenges:</b> Cough/sore throat	<input type="checkbox"/>	<input type="checkbox"/>	<b>Anti-diarrhea:</b> For Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
<b>Topical Creams:</b> Itching, sunburn, bites	<input type="checkbox"/>	<input type="checkbox"/>	<b>Permission to follow recommendations by the Oregon Poison Control</b>	<input type="checkbox"/>	<input type="checkbox"/>

Food Allergies/Needs \_\_\_\_\_ Drug Allergies \_\_\_\_\_  
 Disability/Chronic Illness \_\_\_\_\_  
 Are there any activities your child should be excluded from for any reason? \_\_\_\_\_

Is child taking medication prescribed by a physician now? Yes \_\_\_ No \_\_\_ Please list all medications prescribed, the size of dose, and when it is to be taken. Keep it in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

**All Medication must be given to the Nurse and will be dispensed according to directions and by the Nurse.**

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific time taken each day \_\_\_\_\_  
 Reason for taking \_\_\_\_\_  
 Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific time taken each day \_\_\_\_\_  
 Reason for taking \_\_\_\_\_  
 Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific time taken each day \_\_\_\_\_  
 Reason for taking \_\_\_\_\_

### RELEASE OF ALL CLAIMS

As Parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Baker and its officers, directors, employees, agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate officers, directors and agents of the Diocese of Baker its employees, agents, chaperons or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.

### PROMOTION PERMISSION

I, \_\_\_\_\_ (parent or legal guardian)  DO  DO NOT (check one) give my permission for above named youth's image to appear on the Diocese of Baker website or in future promotional publications for the Diocese.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_