

YOUTH 2000 RETREAT REGISTRATION

REGISTRATION FEE: \$40.00

* Includes lunch and dinner on Saturday * Does not include housing

Send \$40.00 Registration Fee (checks payable to St. Joseph Catholic Church and completed Liability Release Form below by

September 1st to:

St. Joseph Catholic Church

2607 Lumpkin Rd

Augusta, GA 30906

*****LIABILITY RELEASE FORM BELOW MUST BE COMPLETED BY ALL PARTICIPANTS*****

LIABILITY RELEASE FORM

RELEASE OF ALL CLAIMS

Name of Activity: YOUTH 2000 Retreat

Location: Alleluia Community School Campus

Telephone: 706 798 1920

Date of Activity: Sept 23, 24, 25, 2011

The undersigned do hereby release, forever discharge and agree to hold harmless YOUTH 2000, Inc., and St. Joseph Catholic Church, The Diocese of Savannah and Alleluia Community School from and against any and all liability, claims, demands, lawsuits and expenses of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or participant (if participant is under 18, 18 or older).

The undersigned further agree to indemnify and hold YOUTH 2000, Inc., and St. Joseph Catholic Church, The Diocese of Savannah and Alleluia Community School and its respective members, directors, employees, and agents (collectively, the "Indemnities") harmless from and against any and all claims, demands, actions, lawsuits, and liabilities, including attorney fees and expenses and costs sustained by the Indemnities as a result of negligent, willful or intentional acts of the undersigned and/or participant (if participant is 18 or under, 18 or older).

If participant is under 18 years of age, I (we) the parent(s) or legal guardian(s) of the participant, do hereby grant permission for our child to participate fully in the YOUTH 2000 Retreat and all of its activities and hereby give permission to YOUTH 2000, St. Joseph Catholic Church, The Diocese of Savannah and Alleluia Community School to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery and I (we) fully and completely assume all responsibility for all medical bills.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) assume all responsibility and transportation costs.

This form **MUST** be signed by **ALL** participants. If participant is under 18, parent or legal guardian must sign.

NAME _____ AGE _____ SEX: M ___ F ___

ADDRESS _____

CITY, STATE, ZIP CODE _____

TELEPHONE (_____) _____ CELL PHONE (_____) _____

****PARENT(S) OR LEGAL GUARDIAN(S) SIGNATURE**

(1) _____ DATE _____

(2) _____ DATE _____

PARISH/GROUP _____ CHAPERONE'S NAME _____

****PARTICIPANT'S SIGNATURE (if 18 or older)** _____

NOTE:

~ANY PARTICIPANT **UNDER 18 YEARS OF AGE** MUST HAVE A WRITTEN PERMISSION SIGNED BY A PARENT OR LEGAL GUARDIAN TO LEAVE THE RETREAT DURING RETREAT HOURS.

~EACH PARTICIPANT, **UNDER 18** MUST HAVE A CHAPERONE AGE 25 OR OLDER ASSIGNED HIM/HER TO ATTEND. THE GROUPS ATTENDING ASSIGN CHAPERONES **NOT** SPONSORING PARTIES.

~ALL PARTICIPANTS **18 OR OLDER** MUST SIGN AND RETURN THE DIOCESAN CODE OF CONDUCT INCLUDED WITH THIS FORM.

Youth Ministers, Chaperones and Volunteers, **MUST** complete the other side of form.

OVER 

**YOUTH MINISTERS, CHAPERONES, AND
VOLUNTEERS HELPING WITH THE YOUTH 2000 RETREAT**

All youth ministers and chaperones coming with a group, and all of the volunteers helping with the YOUTH 2000 Retreat **MUST** submit the following documents to the Sponsoring Party Registration Committee prior to the Retreat. No exceptions. Those arriving at the Retreat without the following documentation will not be admitted.

- The signed and completed YOUTH 2000 Retreat Registration and Liability Release Form (front side of this page).
- All Chaperones coming from outside the Diocese of Savannah must have their diocese complete and submit the form found on the following website to the Diocese of Savannah for approval:
 - <http://diosav.org/sites/all/files/cvp-veri-form-vis-adults.pdf>
- All Chaperones within the Diocese of Savannah must complete the following procedure:
 - Virtus training and online registration
 - Completed background check on file in parish office
 - Signed diocesan code of conduct on file in parish office
 - Virtus dates, background check release and code of conduct are available at diosav.org
 - The names will be submitted to the diocese to insure that the procedure has been followed

Name _____

Circle one: *youth minister *chaperone *volunteer

Parish Name _____

City _____ State _____ Zip _____

Phone Number of Parish (_____) _____

<p><i>For Registration Committee Use Only</i></p> <p>Compliance letter received: Yes _____ No _____</p> <p>Received by (Registration Committee Volunteer name): _____</p>

YOUTH MINISTERS AND CHAPERONES

There must be one adult chaperone for every five youth, age 17 and younger, in your group.

_____ Number of youth in your group, age 17 and younger, attending the YOUTH 2000 Retreat

_____ Number of chaperones attending the YOUTH 2000 Retreat with your group

Names of adult chaperones for your group (to be completed by the youth minister/chaperone in charge of the group):

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