

# Youth Registration and Liability Release Form

## Franciscan University of Steubenville's 2012 High School Youth Conferences

This entire page must be completed and legible for each youth to attend the conference! Please make sure a parent or legal guardian has signed this form on the designated signature line! Thank You!

### REGISTRATION FORM – YOUTH PARTICIPANT

#### Registration Information:

Participant's Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Name of Parent(s)/Legal Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

Year of Graduation \_\_\_\_\_

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

Phone # (\_\_\_\_) \_\_\_\_\_

Gender: (circle one) F M

**Group Leader's Name: Vicky Petro**

### LIABILITY RELEASE FORM – YOUTH PARTICIPANT

#### Parent/Guardian Release

I, \_\_\_\_\_ (print name), give permission to my above named son/daughter to attend Franciscan University of Steubenville's High School Youth Conference to be held on **July 13-15, 2012** (dates). If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by appropriate health care personnel. I give my permission to Franciscan University of Steubenville and its agents to share and disclose health and medical information for the treatment and care of my child and to disclose this information to Chaperones who are responsible for my child. I release Franciscan University of Steubenville and its agents of all responsibility and consequences that may arise as a result of any injury suffered and resulting treatment. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment. By signing this form, I acknowledge that my child's Group Leader has informed me of the possible sleeping arrangements and conditions, and also of the list of recommended things my child should bring along to make their stay more comfortable. I understand these things are contained in the document 'On-Campus Group Registration Terms and Conditions', and that this document can be made available to me by my child's Group Leader who, I understand, has read this document in its entirety as a required condition of being a Group Leader at a Franciscan University High School Youth Conference.

My child agrees to abide by all the rules and regulations stated by Franciscan University of Steubenville and the conference staff. I understand that Franciscan University of Steubenville will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the conference at my expense.

X \_\_\_\_\_ DATE \_\_\_\_\_

**SIGNATURE OF PARENT OR LEGAL GUARDIAN**

Family Physician \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical History: \_\_\_\_\_

#### In the case of an emergency, please contact:

Name \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

This form is to be filled out by each Youth and parent/guardian. Due Date: Due at check-in on the opening day.