

CONSENT FORM

Event Name/Description: **Provincial Youth Event**
 Where: **Peterkin Camp & Conference Center in Romney, WV**
 Event Date(s): **March 23-25** Begin Time: **Fri @ 7pm** End Time: **Sun @ 12pm**
 Mode of Transportation: **with your Diocese*** Event Contact Person: **Teri Valente**
 Phone: **302-945-0610 ext 5** e-mail : terivalente@gmail.com
 Cost: **\$100** Deadline: **March 5**

Name of Participant: _____

DOB: _____ Gender: M / F Grade in school: 6 7 8 9 10 11 12

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Parish: _____ Diocese: **Delaware**

Parent/Guardian Name: _____

Parent/Guardian Phone: _____ Cell: _____

Other Emergency Contact: _____ Phone: _____

Insurance Company: _____

Primary Insured: _____ Relationship: _____

Group/Plan #: _____ Policy#: _____

Special Needs (medication, allergies, physical / dietary limitations?): _____

Please send any medications in original bottles together in a ziplock bag with your child's name clearly printed on the outside.

Medication Chart

Medication	Dosages & Times to Be Given					
	Wake Up	Breakfast	Lunch	Dinner	Evening	Bed Time

Parent / Guardian Signature: _____ Date: _____

Please Print Clearly

WAIVER & RELEASE FORM

- I hereby give permission to this youth to attend and participate in activities of the above named event
- I hereby give permission for this youth to ride in any vehicle designated by the adult in whose care this minor has been entrusted while attending and participating in this event.
- I understand the general guidelines of behavior – that the participant must respect and obey the instructions of the supervising adults and that NO alcohol, tobacco, illegal drugs, or sexual misconduct will be tolerated at the event – and that the supervising adults have the right to reasonably enforce the established rules of conduct.
- I will assume all transportation costs for the youth if problems occur during this event and s/he must be sent home.
- I will take no civil or legal action against the supervising adults for the normal care of the minor in their charge.
- I am aware that the Diocese of Delaware Safe Church Policies and Practices are available for me to review at <http://www.dioceseofdelaware.net/resources.html>
- I understand that every effort will be made to contact me in the event of any accident or injury to my child. In the event I cannot be reached, I hereby authorize any supervising adult, in whose care this minor has been entrusted, to consent to whatever medical or surgical treatment may be necessary or advisable by the physician or nurse treating such injuries. I understand that I am responsible for the cost of all medical treatment that is administered to my child.

Please check if we can use your child in a photo promoting youth activities: Yes _____

Signatures

Participant Printed Name: _____

Participant Signature: _____ Date: _____

Parent / Guardian Printed Name: _____

Please Mail completed forms to:

Teri Valente
PYE REGISTRATION
35143 Homestead Way
Lewes, DE 19958

**Once it is clear which students from which parts of the state are attending – we will work out transportation for the Diocese of Delaware Youth. We will most likely car pool.*