

YOUTH 2000 REGISTRATION

REGISTRATION FEE: \$50.00

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

Send \$50.00 Registration Fee (Checks payable to Esto Vir-Oshkosh Retreat)

Send Registration Fee and completed Liability Release Form To:

Esto Vir-Oshkosh Retreat

280 Westbrook Drive

Oshkosh, WI 54904

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

YOUTH MINISTERS, CHAPERONES, AND VOLUNTEERS, MUST COMPLETE BOTH SIDES OF THIS FORM

LIABILITY RELEASE FORM

RELEASE OF ALL CLAIMS

Name of Activity: YOUTH 2000 Retreat

Location: Lourdes High School, Oshkosh, WI

Telephone: 920-232-8793 or 920-424-6614

Date of Activity: November 11, 12, 13 ~2011

The undersigned do hereby release, forever discharge and agree to hold harmless YOUTH 2000, Inc., Unified Catholic Schools of Oshkosh, Most Blessed Sacrament Parish, and the Diocese of Green Bay 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., Unified Catholic Schools of Oshkosh, Most Blessed Sacrament Parish, and the Diocese of Green Bay 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, Unified Catholic Schools of Oshkosh 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****

X _____ DATE _____

TELEPHONE (_____) _____ PARENT CELL PHONE (_____) _____

PARISH/GROUP _____ CHAPERONE'S NAME _____

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

I am willing to participate as an Altar Server, Mass Reader, Rosary Leader, Prayer Leader, Mary Crowning or Anywhere Needed (Circle Choice (s))

I would be willing to serve on the following days: Friday Saturday Sunday Any day (Check One or More)

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. ALL CHAPERONES MUST FULFILL AND BE IN COMPLIANCE WITH THEIR DIOCESAN POLICIES AND REQUIREMENTS FOR PROVIDING A SAFE AND SECURE ENVIRONMENT FOR MINORS. EACH CHAPERONE MUST SUBMIT A LETTER FROM THEIR PARISH OR DIOCESE STATING THEY ARE IN COMPLIANCE. A PERSON CANNOT VOUCH FOR THEMSELVES THAT THEY HAVE COMPLIED.



**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).
- A letter from your parish or diocese stating you are in compliance with the *Zero Tolerance Policy* issued by the USCCB and that you have completed the training required by your Diocese and have completed a current background check. Attach the letter to your completed Registration and Liability Release Form.

Name _____
Circle one: ***youth minister** ***chaperone** ***volunteer**
Parish Name _____
City _____ State _____ Zip _____
Phone Number of Parish (_____) _____

For Registration Committee Use Only
Compliance letter received: Yes _____ No _____
Received by (Registration Committee Volunteer name): _____

YOUTH MINISTERS AND CHAPERONES

There must be one adult chaperone for every seven 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. _____

How did you hear about YOUTH 2000?
(Please check all that apply)

___ Attended last year and received a post card	___ Church
___ E-mail	___ Friend attended last year and told me
___ Compass Newspaper	___ Other: _____
___ Pastor	