

KUJENGA-VIONGOZI NEW ENGLAND 2009

"UMOJA: FOLLOW ME MY SHEEP, IN LOVE, PEACE, AND JOY"

SALVE REGINA UNIVERSITY

NEWPORT, RI

JULY 17-19, 2009

REGISTRATION/MEDICAL RELEASE FORM CHAPERONES, MENTORS & YOUTH REGISTRANTS (GRADE 9-12)

Please print all information clearly.

First Name		Last Name	
Address			
City		State	Zip
Home Phone		Other #	
Email			
Date of Birth		Age	Gender
T Shirt Size		Ancestry	
Parish			
(Arch) diocese			
Coordinator			
Roommate Request			
Kujenga Family Group (if applicable)			
Workshop Request		Alternate Workshop Request	
Choose the session that you would like to participate in:			
<input type="checkbox"/> Arts & Crafts		<input type="checkbox"/> Choir	
<input type="checkbox"/> Spoken Word		<input type="checkbox"/> Service Project	
<input type="checkbox"/> Proclaiming the Word		<input type="checkbox"/> Liturgical Dance	
<input type="checkbox"/> Prayer & Meditation			

THIS FORM MUST BE RETURNED WITH PAYMENT OF \$75.00

TO YOUR PARISH YOUTH MINISTER/KUJENGA COORDINATOR NO LATER THAN FRIDAY, JUNE 5, 2009.

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Will you graduate from High School by June 2009?			
*** SEE REVERSE SIDE ***			
*** IMPORTANT INFORMATION NEEDED FROM ALL PARTICIPANTS ***			
Health Insurance Co.			
ANY Medications		Policy Number	
ALL Allergies			
ANY Medical Conditions			
Emergency Contact			
		Phone Number	

***** A PARENT / GUARDIAN MUST FILL OUT THE FOLLOWING IF A YOUNG PERSON IS UNDER 18*****

I _____ give my daughter/son permission to participate in KUJENGA-VIONGOZI, from July 17-19, 2009 at Salve Regina University in Newport, Rhode Island. I understand that the Roman Catholic Archbishop of Boston is not responsible and assumes no liability for injuries and/or accidents that my child may incur while attending the KUJENGA-VIONGOZI weekend. In case of emergency, or should my child require medical assistance, I authorize staff of the Office of Cultural Diversity and a chaperone to seek appropriate professional help. I understand that if my son / daughter egregiously violates a rule, s/he will be relieved of his/her privilege to be a part of the Kujenga Viongozi weekend and I as the parent(s)/ guardian will be contacted and asked to take my child home immediately.

Signature: _____ Date: ____/____/____

NO PARTICIPANT UNDER 18 WILL BE ALLOWED TO ATTEND KUJENGA-VIONGOZI UNLESS THIS FORM IS SIGNED BY A PARENT OR GUARDIAN AND RETURNED TO US.

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**IF YOU ARE OVER 18 YEARS OF AGE, PLEASE INCLUDE CORI FORM AND
CERTIFICATION THAT YOU HAVE RECEIVED TRAINING IN A CHILD PROTECTION
PROGRAM.**

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