

WITNESS 2 HOPE

Catholic Middle School Leadership Institute

August 12th-15th, 2010

REGISTRATION FORM

Name _____ Male _____ Female _____

Address _____ Phone _____

City/Town _____ State _____ Zip _____ DOB ____/____/____

High School _____ Graduation Year _____

Email _____

Parent/ Guardian's Email _____

Parish _____

Parish Pastor _____

Parish Sponsor (DRE, YM etc.) _____ Phone# _____

Parish Address _____ Town/ City _____ Zip _____

Mail completed form with minimum of \$100 deposit check made payable to:

The Office for the New Evangelization of Youth & Young Adults,

Re: Witness to Hope

66 Brooks Drive

Braintree, MA 02894

Remaining payment should be made at Registration on August 12th.



"The young are our hope"-JP II

PERMISSION FORM

Name of Youth: _____ Age: _____

Parish: _____ Town: _____

Parent/Guardian - Release and Consent Form

I, _____, the undersigned give permission for my son/daughter,

_____, to attend the Witness to Hope Leadership Formation to be held at St. Thecla Retreat House in Billerica, Massachusetts from August 12th, 2010. I give permission for my daughter/son to be transported in privately owned and/or public vehicles to and from the Witness to Hope location.

In case of medical emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of my child. In the event that I cannot be reached, I give permission for my son/daughter to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel. In addition, I give permission for the release of medical records to an attending physician in case of illness. I relieve the Archdiocese of Boston, the Witness to Hope Staff, and parish leaders of all responsibility as a result of scheduling such treatment.

I hereby release the Roman Catholic Archdiocese of Boston, a corporation sole, its agents, servants, and employees and all priests incardinated to the Roman Catholic Archdiocese of Boston, from any and all liabilities for personal property incident to this event and any aforementioned medical care and treatment which is provided. I will not hold the Witness to Hope staff, the Archdiocese of Boston, or the representatives associated with the Witness to Hope program responsible in the event of injury.

My child agrees to abide by all the rules and regulations as outlined in the Witness to Hope Code of Behavior. I understand that neither the Witness to Hope nor the Archdiocese of Boston will be held liable if my child fails to cooperate with these regulations. I also realize that infractions of these rules may result in the immediate dismissal from the Witness to Hope program. I will be responsible for any costs or other requirements for immediate transportation home.

Youth Participant Code of Behavior Commitment Form

As a member of my parish, I understand and agree to abide by the *Witness to Hope Code of Behavior*. I also understand and agree that I will notify my parents or guardian at the time of any infractions requiring my dismissal from the Witness to Hope Formation Program. In that circumstance, I understand and agree that I will be sent home at my own or my parents' or my guardian's expense.

Signature of Youth Participant: _____ Date: _____

In addition for Applicants under 18 years:

I certify that the above information is correct. I give permission to the Office for the New Evangelization to email my child about this and other programs offered by ONE. I understand that parents will be copied on these emails to the best of their ability. I also give my permission for my child to be photographed for promotional use."

As evidenced by my signature below, RCAB and Its agents, may use my child's, image, photograph and sound for editorial purposes and office functions, and hereby release RCAB and Its Agents from any liability resulting from such use.

I **GIVE** permission _____

I **DO NOT** give permission _____

Signature of Parent or Guardian: _____ Date: _____



MEDICAL INFORMATION

NAME OF PARTICIPANT _____ Date of Birth _____

Address _____ Male _____ Female _____

City _____ Zip _____ Phone _____

Social Security Number _____

IN CASE OF EMERGENCY, PLEASE NOTIFY: _____

Phone: Day _____ Evening _____ Cell/Beeper _____

Relationship to Participant: _____

Emergency Information (Family Physician or Clinic):

Name _____ Emergency Phone _____

Address _____ City _____ State _____ Zip _____

Insurance Company: _____

Policy Carrier: _____ Policy Number: _____

****YOU MUST ENCLOSE A PHOTOCOPY OF THE PARTICIPANT'S MEDICAL CARD****

HISTORY:

Are there any limitations to the activities in which your child can participate?

Yes _____ No _____ If yes, please explain _____

Is there anything about your child's health that we should be aware of such as:

_____ Diabetes _____ Fainting Trouble _____ Epilepsy
_____ Heart Problems _____ Migraines _____ Bleeding Disorders
_____ Asthma _____ Severe Allergic Reactions (Bee Sting / Food / Other)

_____ Any other health issues we should be made aware of: _____

If any of the above is checked, please submit a statement of how the person has been treated and with what medications: _____

My child is or may be allergic to: _____

My child must take the following medications: _____

Please indicate dosage, frequency, reason for medication, etc. _____

PLEASE BE ADVISED THAT ADULTS CAN NOT DISPENSE ANY MEDICATIONS

Please give the dates of the last shots for the following

Tetanus _____ DPT _____ PPD (TB) _____

Signature of Parent or Guardian: _____ Date: _____



WITNESS 2 HOPE

CODE OF BEHAVIOR

Welcome to Witness to Hope!

We are glad that you will be sharing this experience with us at St. Thecla Retreat House. We know that you will represent your parish well during the four days of the Witness to Hope Program. We expect that you will display the mature, responsible leadership which has for so many years been the trademark of leadership institutes like this one.

We want you to know what our expectations are for you during the Witness to Hope Program. Please read these items over carefully. They have been crafted in light of our experience with other similar leadership programs over many years. We believe that these rules will ensure that the Witness to Hope experience will be enjoyable and profitable for all. Please note that all participants on the Witness to Hope program will be expected to live by these regulations during the entirety of this event.

Some of the Rules:

1. Adult team members will look after the welfare of all youth participants during Witness to Hope. Each participant and his/her parish will take full responsibility for any damage done during the Witness to Hope program.
2. Adult team members will help implement the Witness to Hope code of behavior. Please respect these adults as they fulfill this role.
3. Participants are expected to attend all Witness to Hope activities.
4. Shoes must be worn at all times in public areas outside of the bedrooms.
5. **No visiting is allowed in rooms by members of the opposite sex.**
6. All participants must stay in their respective rooms during the hours assigned for sleep. There is no switching of rooms.
7. **The purchase, possession, or consumption of any alcoholic beverage and the possession or use of any illegal drugs by any individual will not be tolerated. Any infraction of these rules will mean immediate dismissal from the conference.**
8. Whenever the schedule calls for small group activities, each participant must be with the leader(s) and members of his or her small group.
9. All participants will be expected to observe the rules of St. Thecla Retreat House which relate to the use of that facility.
10. In the unlikely event that a behavior problem based on the above requires extreme action, it is likely that immediate dismissal from the program will result.
11. **Smoking is prohibited during the Witness to Hope Program.**



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