

## REGISTRATION FORM

*Please contact Pat Waskowiak at (412) 456-3140 or [youthministry@diopitt.org](mailto:youthministry@diopitt.org) to register your group*

**Chaperones:** Each group should have adults (21+), in compliance with the Diocesan Safe Environment Policy, in a ratio of 1 chaperone for every 7 youth attending. While this ratio is required, it is acceptable to have more chaperones beyond this ratio, i.e. a group of 8 youth can be accompanied by 3 chaperones. Chaperones are responsible for the behavior and actions of all those in their group and should know the whereabouts of their young participants at all times. A signed permission form is required for every youth attending. While you **do not** have to turn the forms in with your registration, you must bring them with you in case of emergency.

**Dress:** Casual clothing that is respectable, modest, and appropriate is expected.

**Arrival:** We will begin promptly at 7:00pm with the registration table opening at 6:30pm. Please be on time. Upon arrival the group leader will proceed to the registration desk while the rest of the group proceeds into the auditorium. **Families are invited to attend the 6:00pm Saturday evening Mass at St. Ferdinand Parish before the Faith Rally. Registration for those attending Mass will begin at 5:30pm in Oldenski Hall all others are asked to arrive no earlier than 6:30pm.**

**Schedule:**

6:30pm	Doors Open, Gathering, & Registration
7:00pm	Welcome, Orientation, & Introductions
7:10pm	Opening Prayer leading into 1 <sup>st</sup> Presentation
7:55pm	Intermission with Refreshments
8:10pm	2 <sup>nd</sup> Presentation concluding with Closing Prayer
8:55pm	Closing Song
9:00pm	Dismissal

**Refreshments:** Will be sold in support of St. Louise de Marillac School and St. Ferdinand Parish.

✂ -----  
 Please complete and send this registration form along with a check made payable to the "Diocese of Pittsburgh" to: 2011 Middle School Faith Rally, 1010 McNeilly Road, Pittsburgh, PA 15226.

Parish/School/Family/Individual Name: \_\_\_\_\_

Group Leader Name: \_\_\_\_\_ Phone: \_\_\_\_\_

No. of Adults/Parents:	_____	x	<i>FREE</i>			
No. of Youth:	_____	x	\$10.00 ( <i>before 10/24/11</i> )	=	\$ _____	
	_____	x	\$15.00 ( <i>after 10/24/11</i> )	=	\$ _____	

No. of T-shirts (*pre-orders only - must be received by October 24, 2011*):

S: \_\_\_\_\_ + M: \_\_\_\_\_ + L: \_\_\_\_\_ + XL: \_\_\_\_\_ + 2XL: \_\_\_\_\_ = \_\_\_\_\_ x \$5.00 = \$ \_\_\_\_\_

<b>Total No. Attending:</b>	_____	<b>Total Amount Due:</b>	\$ _____
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Diocese of Pittsburgh  
Secretariat for Catholic Education  
Department for Youth and Young Adult Ministry

# ***Middle School Faith Rally***

November 4<sup>th</sup> or 5<sup>th</sup>, 2011 from 7:00-9:00pm

*All students in grades 6-8 and their parents are encouraged to attend  
Registration is \$10/\$15 per person along with this completed form*

Name	Age	Sex	
Address	City	State	Zip
Parish	Grade	Birthdate	
Phone	Parents' E-mail		

**REGISTRATION MUST BE IN 7 DAYS PRIOR TO THE DATE OF THE EVENT**

## **PERMISSION**

I/we, the parents or guardians of the above-mentioned child, for myself/ourselves and for my/our child, give permission for my/our child to participate in the above-mentioned event on the above written date.

## **MEDICAL AUTHORIZATION**

In the event of any injury or illness to my/our child during his/her participation in this event, I/we hereby give my/our permission for the necessary medical treatment to be given to my/our child. I/we agree that in case of injury to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to the Catholic Institute or the Roman Catholic Diocese of Pittsburgh for the payment of any medical costs or injury related costs.

Parent/Guardian Signature	Parent/Guardian Phone Number
Insurance Company	Policy Number
Name and Phone Number of Person if Parent/Guardian is not available	

**CONSENT TO TREAT**

I/We the undersigned parent(s)/guardian of \_\_\_\_\_, a minor, do hereby authorize treatment of my/our child by a licensed medical physician in case of any accident or illness that may so arise, or any hospitalization necessary.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

**Medical Matters:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes.

- 1) Medications: my child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. My child will administer his/her own medication.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

- 2) I hereby grant permission for nonprescription medication (such as Tylenol ©, throat lozenges, cough syrup, etc.) to be given to my child, if deemed advisable.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

- 3) No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is life threatening and emergency treatment is required

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

Any known allergies? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Any medically prescribed dietary needs? \_\_\_\_\_

Are you a vegetarian? Yes  No

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting? Yes  No

Any special concerns? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_