

## Youth Activity Dates for 2019-2020

(some dates subject to change.)

<b>Date</b>	<b>Event</b>
Sunday, September 8	Peer Ministry Meet & Greet (6-8 PM) (For those already Confirmed)
Sunday, September 15	Peer Ministry Meet & Greet (6-8 PM) (For those already Confirmed)
Wednesday, October 30	Teen Soup Kitchen (Sign-up in advance, 4:30-7:30 PM)
Sat/Sun, November 23-24	Thanksgiving Bake Sale
Sunday, November 24	Youth Mass 6PM
Sunday, November 24	BAKE-A-THON (4-6 PM)
Sunday, December 22	Christmas Bake Sale
Sunday, January 12	Youth Mass 6PM
Wednesday, January 29	Teen Soup Kitchen (Sign-up in advance, 4:30-7:30 PM)
Sunday, February 2	"Soup"er Bowl of Caring
Fri/Sat/Sun, February 7-9 <sup>th</sup>	Diocesan Youth Conference 2020
Wed/Thur/Fri February 19 – 21 <sup>st</sup>	Pierogi Prep Week
Sunday, February 23	Pierogi Day
Saturday, March 21	Laetare Sunday Bake-A-Thon
Sat/Sun March 21-22	Laetare Sunday Bread Sale
Sunday, March 22 or 29 <sup>th</sup>	Regional Event
Sat/Sun, April 9-10	Mother's Day Plant & Bake Sale
Sunday, April 26	Youth Mass
Wednesday, April 29	Teen Soup Kitchen (Sign-up in advance, 4:30-7:30 PM)
Mon-Fri, June 15-19	Youth Missions 2020

# YOUTH EVENT REGISTRATION

## Middle and High School Only

Registration and Liability form for youth attending an event in Hampton Roads 2019-2020  
(This form is kept on file and is used for all youth events.)

YOUTH INFORMATION				
YOUTH NAME:	FIRST NAME FOR NAMETAG:			
YOUTH ADDRESS:				
YOUTH PHONE:				
YOUTH EMAIL:				
PARISH NAME:	PRINCE OF PEACE		PARISH CITY: CHESAPEAKE	
GENDER:	AGE:	BIRTHDATE:	GRADE:	ADULT T-SHIRT SIZE:
SCHOOL:		DIETARY REQUIREMENTS:		

PARENT INFORMATION		
NAME:	_____	_____
	(Father)	(Mother)
CELL PHONE:	_____	_____
	(Father)	(Mother)
EMAIL:	_____	_____
	(Father)	(Mother)

EMERGENCY CONTACT INFORMATION
NAME (Other than parent):
CONTACT NUMBER:
RELATIONSHIP TO CHILD:

MEDICAL INFORMATION	
<p><b>In many cases, our staff and volunteers are not familiar with the medical, physical, and/or emotional history of each participant. Please share <u>ANY</u> information relating to the participant in detail. BE AS SPECIFIC AS POSSIBLE. Add additional sheets if needed.</b></p>	
<p>Does the participant have any dietary restrictions?  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p>Select any restrictions that apply to this participant</p> <p><input type="checkbox"/> <b>Gluten-Free</b>   <input type="checkbox"/> <b>Peanut-Free</b>   <input type="checkbox"/> <b>Vegetarian</b></p> <p>List any other dietary restrictions:</p>
<p>Is the participant allergic to anything?  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p>List any details of allergies below (this may include food allergies, allergies to specific medications or chemicals, allergies to any substances):</p>

<p>Is the participant currently taking or has taken any prescription medications in the last 6 months?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>List the specific prescription medications, reasons for medication, and daily dosage. Indicate if the medication is currently being administered.</p>
<p>Does the participant have any emotional, physical or sensory conditions?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>List any emotional conditions that may impeded participation. This may include counseling, treatment for emotional conditions (i.e. depression, eating disorders), and/or family situations that may have a significant impact on the participant. List any physical and/or sensory conditions of which we should be aware, or of which need special accommodations (e.g. hearing loss, visual impairment, mobility.)</p>

<b>EVENT PREFERENCES</b>	
<p>The following information will be used if your child is selected to attend the Diocesan Youth Conference.</p>	
<p>I am interested in participating in the Youth Choir for Mass at the Youth Conference</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO    Sung part or Instrument _____</p>
<b>OPTIONAL SUNDAY LUNCH</b>	
<p>Prince of Peace is participating in the optional Sunday Lunch, please select the preferred sandwich:</p>	
<p><input type="checkbox"/> HAM    <input type="checkbox"/> TURKEY    <input type="checkbox"/> CHICKEN SALAD    <input type="checkbox"/> VEGGIE WRAP</p>	

<b>USE OF MEDIA IMAGES</b>	
<p>I give permission to for pictures and/or videos of my child (named above) engaged in activities related to any Diocesan or Prince of Peace event to have their pictures posted in publications or websites. Names of participants <b>will not</b> be used without expressed permission from the parent or guardian. If the "no" box is not checked below, the Diocese of Richmond and Prince of Peace Catholic Church assumes you give permission.</p>	
<p><input type="checkbox"/> Yes <input type="checkbox"/> No    <b>Parent/Guardian Signature:</b> _____ <b>Date</b> _____</p> <p style="text-align: center;">(Typed Signatures are now acceptable.)</p>	

<b>RELEASE OF LIABILITY AND MEDICAL RELEASE</b>	
<p>As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Catholic Diocese of Richmond, its employees and agents, chaperones, or representatives associated with this event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese, and its employees and agents and chaperones, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.</p> <p>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. In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers I give permission for the noted emergency contact to be notified. I will not hold the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.</p>	
<p><b>Parent/Guardian Signature:</b> _____ <b>Date</b> _____</p> <p style="text-align: center;">(Typed Signatures are now acceptable.)</p>	

<b>For office use only:</b>			
REC'D _____	AMT _____	CHECK # _____	BY _____
<b>EVENT:</b> _____		<b>DATE:</b> _____	