

Diocesan World Youth Day

Celebration on Palm Sunday

For High School Aged Youth

"Rejoice in the Lord Always." (Phil. 4:4)

Leave from Life Teen room at 1:00pm April 1, 2012 and carpool to Harrisburg for Pre-Liturgy Praise and Worship on the Capitol steps, then process to Saint Patrick Cathedral for Palm Sunday Mass followed by a walk to Strawberry Square for a meal, music and fellowship.

Transportation/Meal provided

Registration Fee \$12.00

Optional Event T-Shirt \$8.00



Please return the registration form, permission slip and fee to HeatherAnn Howie at Life Teen or to the Church Office on Pomfret Street

Deadline for registration is Sunday, March 4, 2012!



DIOCESAN WORLD YOUTH DAY: CELEBRATION ON PALM SUNDAY REGISTRATION FORM



NAME: _____

Registration Fee – \$12.00 – (includes cost of meal and concert): \$ _____

(OPTIONAL) Event T-shirt – \$8.00: \$ _____

(Size, if ordering _____)

Total amount submitted \$ _____

Make checks payable to Saint Patrick Church.

Please complete this form and both sides of the attached Permission Slip. Submit them with the \$12 fee to HeatherAnn Howie at the Saint Patrick Church Office or at Life Teen by the deadline.

Deadline for registration is Sunday, March 4, 2012!

DIOCESE OF HARRISBURG
OFFICE FOR YOUTH AND YOUNG ADULT MINISTRY
Saint Patrick Church - Carlisle, PA

PARENTAL PERMISSION AND CONSENT TO TREAT FORM

Participant's Name: _____ Birth date: _____

Participant's Address: _____

Parent/Guardian's Name: _____

E-Mail Address: _____

Home Address: (if different from above) _____

Home Phone: _____ Work Phone: _____

I, _____, grant permission for _____
(Name of parent or guardian) (Name of child)

to participate in the following event: **Diocesan World Youth Day, Celebration on Palm Sunday - April 1, 2012 - Capitol Steps/Saint Patrick Cathedral/Strawberry Square – Harrisburg, PA - 1:00- 8:00pm (including transportation by private adult-operated vehicle)**

I understand that the program will have competent adult supervision and reasonable and appropriate measures will be made to minimize the risk of injury and/or accident. I understand and have been informed that taking part in this youth event involves the risk of injury.

I hereby grant my consent for staff members and/or adult volunteers under whose auspices the program is conducted, to secure all necessary emergency medical care and/or treatment that may be necessary for my child during the entire event including any necessary transportation, if provided by a staff member or adult volunteer. I release and hold harmless any said staff member or adult volunteer from any liability, who in good faith is placed in a position requiring decisions to be made for emergency care or medical treatment of the above-named young person. In case of accident, injury or loss, neither my family nor I will hold the diocese, the parish, nor any person or affiliate organization associated with the event, responsible or liable.

In the event of an emergency, if you are unable to reach me at the above number, contact:

Name and Relationship: _____

Phone: _____ Additional Phones: _____

Please complete both sides

Family Physician: _____ Phone: _____

Allergic reactions (medications, foods, insects, etc): _____

Medication(s) currently being taken: _____

Child/Youth will have medication with him/her: _____ yes _____ no

My child has special medical/mental conditions: Yes ___ No ___ (if yes, please describe)

Insurance Company: _____ Policy Number: _____

Parents/guardians of participants are advised that photograph or videotape of participants may be used in publications, websites or other materials produced from time to time by the Office for Youth and Young Adult Ministry or the Diocese of Harrisburg or St. Patrick Church, Carlisle. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the Office in writing. Please note that the Office has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

Parent/Guardian/Chaperone Signature

Date

**Adult participants need only provide contact information and medical information.*