2026 Diocesan Youth Conference
Catholic Diocese of Richmond
YOUTH Registration Form

Youth Information

First Name: _____ Last Name: _____

First Name for Name Badge: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____

Email: _____

Parish Name: _____ City: _____

Sex: _____ Birthday: _____ Grade: Grade Adult T-Shirt Size:

I am interested in participating in the Youth Choir for Mass at the Youth Conference. ❑ YES ❑ NO Soprano/Alto/Tenor/ Bass/Melody Singer: _____

I am interested in introducing a breakout speaker at the beginning of their session. ❑ YES ❑ NO

I am interested in serving as a volunteer during a Liturgy (Lector or Gift Bearer). ❑ YES, Lector (English) ❑ YES, Lector (Spanish) ❑ YES, Gift Bearer ❑ NO

Parent / Guardian Information

Name: _____ (Parent/Guardian #1) _____ (Parent/Guardian #2)

Cell Phone: _____ (Parent/Guardian #1) _____ (Parent/Guardian #2)

Email: _____ (Parent/Guardian #1) _____ (Parent/Guardian #2)

Emergency Contact Information

Name _____

Contact Number _____

Relationship to Child _____

Optional Sunday Lunch (Check with your Youth Minister)

My parish/school is participating in the optional Sunday Lunch, please order the following sandwich for me:

☐ Ham ☐ Turkey ☐ Chicken Salad ☐ Vegetarian ☐ Gluten-Free Turkey ☐ Gluten-Free Vegetarian

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Medical Information and Release Form

All information is kept private and confidential

Name of Participant: _____

MEDICAL INFORMATION	
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.	
Does the participnat have any dietary restrictions? ☐ **YES** ☐ **NO**	Select any restrictions that apply to this participant: ☐ **Gluten-Free** ☐ **Peanut-Free** ☐ **Vegetarian** ☐ **Dairy-Free** *NOTE: Dietary needs other than the ones listed above will not be accommodated.*
Is the participant allergic to anything? ☐ **YES** ☐ **NO**	List any details of allergies below (this may include food allergies, allergies to specific medications or chemicals, allergies to any substances, etc.): *NOTE: Dietary needs other than the ones listed above will not be accommodated.*
Is the participant currently taking or has taken any prescription medication in the last 6 months? ☐ **YES** ☐ **NO**	List the specific prescription medications, reasons for medication, and daily dosage. Indicate if the medication is currently being administered.
Does the participant have any emotional, physical or sensory conditions? ☐ **YES** ☐ **NO**	List any **emotional** conditions that may impact participation in the event. 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 accommodation (e.g. hearing loss, visual impairment, mobility).

RELEASE OF LIABILITY AND MEDICAL RELEASE

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, 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.

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.

Parent/Guardian Signature: _____ Date: _____

USE OF PICTURES AND/OR VIDEO

*I give permission for pictures and/or video of my child (named above) engaged in activities related to any Diocesan event to have their pictures posted in the Diocese of Richmond publications or websites. Names of participants **will not** be used without expressed permission from the parent or guardian.. If there is a concern with this policy, I will contact the Office for Evangelization upon submitting registration.*

Parent/Guardian Signature: _____ Date: _____

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Youth participants must read, understand, agree, sign and return this sheet with the Medical Information and Release form. Each participant is expected to adhere to the following principles while at the Diocesan Youth Conference:

SHOW LOVE AND RESPECT FOR GOD:

- ✓ Pray daily for self and others.
- ✓ Participate in opportunities to receive the Sacraments.
- ✓ Participate in the sessions, activities, and prayer experiences.
- ✓ Be open, flexible, and have a servant's attitude.
- ✓ Represent God in your words and actions.

SHOW LOVE AND RESPECT FOR SELF:

- ✓ Remember that you are the Temple of the Holy Spirit. Present yourself accordingly.
- ✓ No alcohol, drugs, or smoking will be tolerated during the weekend.
- ✓ Dress with modesty. Bare mid-drifts, spaghetti straps, short-shorts, and low cut tops are not permitted during the weekend; shirts are to be worn at all times.
- ✓ Any music you bring and listen to should glorify God.
- ✓ Drink plenty of water, obey sleeping times, and make sure you eat all meals. This will allow you to fully participate and not be tired.
- ✓ If you must leave an activity, adult chaperones should accompany you since they are responsible for you.

SHOW LOVE AND RESPECT FOR OTHERS:

- ✓ All words and actions should be those of Christ to build up others and not injure.
- ✓ Make sure that your actions during the activities do not distract others from hearing, seeing, or praying.
- ✓ Be safe. No horseplay or other potentially harmful actions. Leave pocketknives, lighters, or other hazardous materials at home.
- ✓ No teenagers are allowed to drive directly to or from the event due to limited parking and liabilities.
- ✓ Under no circumstances can a youth be in the room or hall of a member of the opposite sex.
- ✓ Allow others to sleep. "Lights Out" means that it is time to go to sleep. Do not be in the showers or halls after "Lights Out".
- ✓ No outside or unregistered visitors at the event will be permitted.
- ✓ The facility must remain clean and undamaged. Otherwise, you will personally be responsible to pay for the damage. Don't bring food or drinks to the rooms and pick up trash if you see it.

OTHER INFORMATION:

- ✓ Any damages caused by the participant will be charged to the participant.

I have read, understand, and agree to the above principles. Any violation of the above principles may result in immediate dismissal from the Diocesan Youth Conference and participants will forfeit their registration fee.

Youth Signature: _____ Date: _____

Printed Name: _____ Parish: _____

Parent Signature: _____ Date: _____

Printed Name: _____

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Permission to Give Over-the-Counter Medications

Please select the Over-the-Counter medications you give permission for your child to receive.

Tylenol	❑Yes	❑No
Antacid (ex. Tums)	❑Yes	❑No
Sudafed	❑Yes	❑No
Benadryl (for allergies)	❑Yes	❑No
Ibuprofen(ex: Advil)	❑Yes	❑No
Antibiotic Ointment (Ex: Neosporin)	❑Yes	❑No
Hydrocortisone Cream (Ex: Cortaid)	❑Yes	❑No
Aspirin	❑Yes	❑No

Signature of Parent/Guardian: _____ **Date:** _____