

## COMMUNITY COVENANTS

*"Conduct will be governed by the precepts of our faith, with love and respect for all."*

Participants must attend all sessions. You are to arrive on time Friday evening and stay through closing on Sunday. We know many of you have lots of commitments--learning to make choices is part of growing. If you have conflicting activities pray about them and make a choice. Please do not ask us to make an exception.

\*All participants are to remain on the church grounds during the program events. You will also remain at your host home during the appropriate times.

\*All housing arrangements are final. Requests will be considered for friends attending their first conference.

\*No inappropriate sexual behavior.

\*Do not bring radios, tape/CD players, pagers, cellular phones, skateboards, weapons, or pets.

\*Drugs, alcohol, and tobacco are not to be brought to, or used at the conference or at your host's home.

*It is your responsibility as a member of the community to follow these standards and to help others to do the same. Failure to do so may cause expulsion from the conference, a painful situation for all concerned.*

## HYC/JYC Registration Form

Please print copy, fill out information, sign release form and MAIL to  
1551 10<sup>th</sup> Ave E, Seattle, WA 98102 or FAX to (206) 325-4631

Name \_\_\_\_\_ M/F \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Home Parish \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ 1st HYC or JYC? \_\_\_\_\_

Home Phone \_\_\_\_\_ Birth date \_\_\_\_\_ New Address Listed Above? (Yes/No) \_\_\_\_\_

Parent's E-mail \_\_\_\_\_ Youth's E-mail \_\_\_\_\_

Date of last tetanus toxoid booster \_\_\_\_\_

Allergies to drugs or foods and any specific dietary requests \_\_\_\_\_

Any special medications or other pertinent information \_\_\_\_\_

Housing Request (if it is your first HYC/JYC) \_\_\_\_\_

Cell Phones: Father \_\_\_\_\_ Mother \_\_\_\_\_

Family Physician & Address \_\_\_\_\_

Physician Phone \_\_\_\_\_ Insurance Company \_\_\_\_\_ Policy \_\_\_\_\_

### ALL CONFERENCE ATTENDEES MUST COMPLETE THE FOLLOWING SECTION.

#### COMMUNITY COVENANT AGREEMENT

I have read and will abide by the Community Covenant. \_\_\_\_\_

*(Signature of youth)*

#### MEDICAL AUTHORIZATION

It is understood that an effort will be made to contact the undersigned prior to rendering treatment, but medical treatment will not be withheld if the undersigned cannot be reached.

I/We the parent (s) or legal guardians of \_\_\_\_\_ a minor, hereby authorize and consent to any X-ray, examination, anesthetic, or medical or surgical diagnosis rendered under the general or special supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required. It is given to provide authority and power to render care which is deemed medically necessary in the best judgment of the physician.

#### PHOTO RELEASE AUTHORIZATION

The undersigned participant does agree to grant to the Office of Faith Formation permission to record on film, video tape, or audio tape his or her participation in this HYC/JYC Youth Conference. He or she further agrees that any or all of the material recorded may be used, in any form, as part of any future production(s) made by or for the promotion of the HYC/JYC programs; and further that such use shall be without payment of fees, royalties, special credit, or other compensation.

DATE \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_