

AYC Packet #2
General Information



**66th Archdiocesan Youth Conference
Registration Forms**



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Accounting Sheet - Regular Registration

2022 Archdiocesan Youth Conference
Regular Registration closes on July 1, 2022

ALL payments due in the office by July 20, 2022

Please make copies of this form as needed.

We ask for a new form to be completed each time additions are made to your parish/school delegation.

Thank you!

Parish/School: _____ Group Leader: _____
(Attending the Conference)

Work Phone #: _____ Cell Phone #: _____

Address: _____ City: _____ Zip code: _____

Email Address: _____

Registration Fees: Start with Line 1. Do not skip any lines.

1. Total number of Youth Participants (high school youth including 2022 Graduates) _____ \$132= \$ _____

2. Total number of Adults - 21 yrs. and older (Group Leaders & Chaperones) _____ \$132= \$ _____

3. Add Lines 1 through 2 for Registration Subtotal= _____ \$ _____

Additional Fees: provide subtotals for all that apply

4. T-shirt Orders: _____ Small x \$12.00= \$ _____

5. _____ Medium x \$12.00= \$ _____

6. _____ Large x \$12.00= \$ _____

7. _____ XL x \$12.00= \$ _____

8. _____ XXL x \$14.00= \$ _____

9. _____ XXXL x \$15.00= \$ _____

10. _____ XXXXL x \$16.00= \$ _____

(Note: T-shirt order will be based on this accounting sheet numbers and not on the Event)

11. Add Lines 4 through 10 for T-Shirt Subtotal= \$ _____

12. Add Lines 3 and 11- for Sub-Total Amount Owed: \$ _____

13. Amount received in Scholarship
(Use this line If Scholarship was Requested and Approved by OACE Director) -\$ _____

14. Subtract line 13 from line 12 for Total Amount Owed: \$ _____

Please make checks payable to the Office of Adolescent Catechesis and Evangelization.

Very few (if any) AYC t-shirts will be available for sale onsite.

Accounting Sheet – Late Registration

2022 Archdiocesan Youth Conference
Late Registration closes on July 9, 2022

ALL payments due in the office by July 20, 2022

Please make copies of this form as needed.

We ask for a new form to be completed each time additions are made to your parish/school delegation.

Thank you!

Parish/School: _____ Group Leader: _____
(Attending the Conference)

Work Phone #: _____ Cell Phone #: _____

Address: _____ City: _____ Zip code: _____

Email Address: _____

Registration Fees: Start with Line 1. Do not skip any lines.

1. Total number of Youth Participants (high school youth including 2021 Graduates) _____ \$142 \$ _____

2. Total number of Adults - 21 yrs. and older (Group Leaders & Chaperones) _____ \$142 \$ _____

3. Add Lines 1 through 2 for Registration Subtotal= \$ _____

Additional Fees: provide subtotals for all that apply

4. T-shirt Orders: _____ Small x \$12.00= \$ _____

5. _____ Medium x \$12.00= \$ _____

6. _____ Large x \$12.00= \$ _____

7. _____ XL x \$14.00= \$ _____

8. _____ XXL x \$14.00= \$ _____

9. _____ XXXL x \$15.00= \$ _____

10. _____ XXXXL x \$16.00= \$ _____

(Note: T-shirt order will be based on this accounting sheet numbers and not on the Cvent)

11. Add Lines 4 through 10 for T-Shirt Subtotal= \$ _____

12. Add Lines 3 and 11- for Sub-Total Amount Owed: \$ _____

13. Amount received in Scholarship
(Use this line If Scholarship was Requested and Approved by OACE Director) -\$ _____

14. Subtract line 13 from line 12 for Total Amount Owed: \$ _____

Please make checks payable to the Office of Adolescent Catechesis and Evangelization.

Very few (if any) AYC t-shirts will be available for sale onsite.

AYC Scholarship Application Form

Electronically Submitted or Hand Delivered by June 22, 2022

- The maximum scholarship awarded is **\$115** and will only go toward the registration cost. This does not include housing, travel, or meals not provided by AYC. Full scholarship awards are not guaranteed.
- Scholarships will be distributed based on an individual need and not on a parish/school need.
- Scholarship forms, essays and registration forms must be completed and returned to the Office of Adolescent Catechesis and Evangelization by the program scholarship deadline. All applicants' forms must be submitted as **one packet** by the catechetical leader/campus ministry leader with a cover letter verifying the financial need.
- Scholarship awards are non-transferable. Late fees or substitution fees are not included in scholarship awards.
- Participants must apply individually.

In a one-page essay, the teen is to share how AYC will be of benefit to his/her faith life through attendance and active participation in the conference. Please attach to this form. It must be an original essay not a generic one used by several youth. If the essay is not included, the scholarship request will be denied.

To Be Completed by the Parish Catechetical Leader or High School Campus Ministry Leader

How much is the full registration fee for the parish/school including hotel? \$ _____

Please share details of costs beyond registration and hotel

Meals not provided by AYC (Per Person) \$ _____

Transportation (Per Person) \$ _____

Parish/School T-Shirts (Per Person) \$ _____

Other Costs: _____ (Per Person) \$ _____

How much is the parish/school contributing through budget and/or fundraising? \$ _____

(Each parish/school is expected to contribute something toward the cost of the event.)

Parish/School Catechetical Leader Signature (DYM/DRE/Campus Minister) Date

Pastor/School Principal Signature Date

To Be Completed by the Parent - Generic figures filled in by parish/school personnel will not be considered.

Of the \$132 registration fee, how much are you able to contribute? \$ _____

(Each participant is expected to contribute something toward the cost of the event.)

How much financial assistance is being requested from the Archdiocese? \$ _____

(The request cannot be for more than \$115)

Youth Participant Signature Date

Parent/Guardian Signature Date

2022 Archdiocesan Catholic Youth Conference Substitution Form

Parish: _____

Group Leader: _____

Daytime Phone: _____ Cell Phone: _____

Address: _____

City: _____ Zip: _____

DELETE the following:

Name: _____ Youth _____ Adult _____

Name: _____ Youth _____ Adult _____

Name: _____ Youth _____ Adult _____

Name: _____ Youth _____ Adult _____

REPLACE with the following:

Name: _____ Youth _____ Adult _____ Forms Provided _____

Name: _____ Youth _____ Adult _____ Forms Provided _____

Name: _____ Youth _____ Adult _____ Forms Provided _____

Name: _____ Youth _____ Adult _____ Forms Provided _____

A \$20.00 charge will be made for each substitution _____ X \$20.00 Total _____

Amount Enclosed _____

PAYMENT MUST ACCOMPANY THIS FORM

Archdiocese of Galveston-Houston
PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

TO BE USED FOR SUBSTITUTIONS AFTER ONLINE REGISTRATION CLOSES

Participant's Name _____ Date of Birth _____

Home Address _____ City/Zip Code _____

Parent(s)/Guardian(s) _____ Home Phone (____) _____

Parent Alternate Phone Number: (____) _____ (Cell Phone or Work)

Parish or Catholic School _____ Grade _____ Age _____ Sex _____

Participant's Email Address _____

Parent Email Address: _____

CONSENT & LIABILITY WAIVER

Important! To be filled out by the Parent/Guardian for youth under 18 years of age. (If participant is 18 years of age or older, consent must be signed by the individual)

I (name of parent/guardian) _____, grant permission for my child, (participant's name), _____ to participate in the Archdiocesan Youth Conference to be held July 29-31, 2022 at Hilton Americas Hotel and Discovery Green, in downtown Houston.

In consideration of my child's participation in this event, I agree on behalf of myself, my child named herein, and our heirs, successors, and assigns to indemnify, hold harmless and defend the Archdiocese of Galveston-Houston, the sponsoring parish, its pastor, youth ministry leader, principal, other agents, employees, or other representatives associated with the event from any and all injuries, losses or claims arising out of my child's participation in the event.

In signing this form, I certify that all information contained herein is true and accurate to the best of my knowledge.

Signature (Parent/Guardian) _____ Date _____

YOUTH PARTICIPANT: In signing the line below I agree to abide by any/all policies and rules established for this event/activity (see Code of Conduct). Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

Signature (Youth Participant) _____ Date _____

VIDEO/PHOTOGRAPHY CONSENT

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, video etc.) in highlighting the event.

Signature (Parent/Guardian) _____ Date _____

TO BE USED FOR SUBSTITUTIONS AFTER ONLINE REGISTRATION CLOSSES

Medical Matters

I hereby warrant 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:

Emergency Medical Treatment

In the event of an 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 and you are unable to reach me, contact:

Name & Relationship _____ Phone _____
Family Doctor _____ Phone _____

Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows

My child is taking the following medication at the present time.

Medication(s): _____ Dosage: _____

Administer: _____

_____ I hereby Do Not Grant Permission for medication of any type, whether prescription or nonprescription, to be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

OR

_____ I hereby Grant Permission for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please initial)

Medical Conditions Information:(Archdiocesan personnel will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

- Has had an episode the following or has been diagnosed: ___ Seizures ___ Asthma ___ Diabetic
• Allergic reactions to the following (foods, dyes, latex etc.) _____
• Has had a medical surgery within the last six months? ___ Yes ___ No Still under doctor's care? ___ Yes ___ No
• Has a medically prescribed diet? _____
• The following physical limitations? _____
• Immunizations current and up to date: ___ Yes ___ No Date of last tetanus/diphtheria immunization _____
• You should also be aware of these special medical conditions of my child (e.g. depression, anxiety, etc.): _____

Insurance Information:

_____ I do not carry medical insurance at this time.

Insurance Carrier: _____ Name of Insured: _____

Insurance Policy Number: _____

Father's Name: _____ Day Phone: _____

Mother's Name: _____ Day Phone: _____

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself). I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.

Signature (Parent/Guardian) Parent/Guardian

Date

Archdiocese of Galveston-Houston

Key Leader, Chaperone and Young Adult Assistant Medical Release and Liability Form

I _____, do hereby release, hold harmless and discharge the Archdiocese of Galveston-Houston, the parish, its staff and volunteers from any and all liability, claim, loss, damage, cost or expense arising from my participation in this event. I waive such claims against such organization or any such person, arising directly or indirectly from or attributable in any legal way, to any action or omission to act of any such organization or person in connection with execution of this event. I authorize treatment by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.

Please list ALL medical conditions / allergies / special health information including bouts with depression and anxiety:

Please list ANY medications (prescription or non-prescription) you would like us to be aware of:

Do you have Medical Insurance: Yes No

If Yes, please provide the following information:

Insurance Company: _____

Policy in the name of: _____ Policy Number: _____

Name of Emergency Contact: _____ Phone Number: (____) _____

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the patient.

Signature _____

In signing the line above I agree to abide by any/all policies and rules established for this event/activity (see Code of Conduct). Should I not be able to maintain the guidelines and expectations of the adult chaperones, I understand that there will be consequences for my actions, which could include being asked to leave the event.

NOTES