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: ________________________ |
| 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 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.
# 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: ____________________________  
| Work Phone #: ____________________________ | (Attending the Conference)  
| 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= $__________  
   - _____ Medium x $12.00= $__________  
   - _____ Large x $12.00= $__________  
   - _____ XL x $14.00= $__________  
   - _____ XXL x $14.00= $__________  
   - _____ XXXL x $15.00= $__________  
   - _____ XXXXL x $16.00= $__________  

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

4. Add Lines 4 through 10 for T-Shirt Subtotal= $__________  
5. Add Lines 3 and 11 for Sub-Total Amount Owed: $__________  
6. Amount received in Scholarship  
   (Use this line if Scholarship was Requested and Approved by OACE Director) -$__________  
7. 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.

<table>
<thead>
<tr>
<th>To Be Completed by the Parish Catechetical Leader or High School Campus Ministry Leader</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much is the full registration fee for the parish/school including hotel? $_________</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>To Be Completed by the Parent - Generic figures filled in by parish/school personnel will not be considered</th>
</tr>
</thead>
</table>
| 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

<table>
<thead>
<tr>
<th>Parish:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Leader:</td>
<td></td>
</tr>
<tr>
<td>Daytime Phone:</td>
<td>Cell Phone:</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Zip:</td>
</tr>
</tbody>
</table>

**DELETE the following:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Youth</th>
<th>Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Youth</td>
<td>Adult</td>
</tr>
<tr>
<td>Name:</td>
<td>Youth</td>
<td>Adult</td>
</tr>
<tr>
<td>Name:</td>
<td>Youth</td>
<td>Adult</td>
</tr>
</tbody>
</table>

**REPLACE with the following:**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Youth</th>
<th>Adult</th>
<th>Forms Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Youth</td>
<td>Adult</td>
<td>Forms Provided</td>
</tr>
<tr>
<td>Name:</td>
<td>Youth</td>
<td>Adult</td>
<td>Forms Provided</td>
</tr>
<tr>
<td>Name:</td>
<td>Youth</td>
<td>Adult</td>
<td>Forms Provided</td>
</tr>
</tbody>
</table>

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*

<table>
<thead>
<tr>
<th>Participant’s Name</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address</th>
<th>City/Zip Code</th>
</tr>
</thead>
<tbody>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent(s)/Guardian(s)</th>
<th>Home Phone (___)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent Alternate Phone Number: (___)</th>
<th>(Cell Phone or Work)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parish or Catholic School</th>
<th>Grade</th>
<th>Age</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Participant’s Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

## 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
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.

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

Insurance Information:
(8) 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) _______________________________ 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.