

ABIDE IN ME RETREAT

PARTICIPANT REGISTRATION FORM

Event Dates:
November 6, 2021

Event Location:
St. Monica Catholic Church
303 Campanile Dr, East Peoria, IL 61611

Event Fees:
\$15.00

PARTICIPANT	Name:		Age:	<input type="checkbox"/> Male		
				<input type="checkbox"/> Female		
	Street Address:		City:	State:	Zip:	
	Phone: () -		Parish/Group:			
	Email Address:		Parish/Group Leader:			
	Allergies (i.e. medicine, food):					
Medications:						
<input type="checkbox"/> Participant takes no medication and will bring no medication with him/her.						
<input type="checkbox"/> Participant takes medication/s and will self-medicate.						
<i>The child will bring all such medications necessary, and such medications will be clearly labeled. I understand that the child will be required to turn all medication(s) over to their chaperone. I further understand that it will be this child's responsibility to present himself/herself at a location designated for returning medication(s) to this child at the frequencies/times listed below. I understand that the adult to whom this child surrenders the medication has no medical training and this adult will not measure dosages. This child will return the medication(s) to the adult after he/she self-medicates. At the conclusion of the event it will be this child's responsibility to pick up remaining medication(s), if any, at the self-medication designated location.</i>						
Names of medications and exact dosage and frequencies/times are as listed below:						
List any other special medical needs:						

PARENTS/GUARDIANS	Name(s):				
	Street Address:		City:	State:	Zip:
	Home Phone: () -		Cell Phone: () -		
	Email Address:				
	Primary Emergency Contact:				
	Name:		Phone:		
Secondary Emergency Contact:					
Name:		Phone:			

PARTICIPANT'S NAME: _____

LIABILITY RELEASE - RELEASE OF ALL CLAIMS

The undersigned do hereby release, forever discharge and agree to indemnify and hold harmless Abide In Me, the Catholic Diocese of Peoria, St. Monica Catholic Church and their staff, employees, agents, and volunteers from and against any and all liability, for injuries, damages, loss to the undersigned, and/or participants (if participant is under 18, 18 or older) or their family, including but not limited to attorney fees, arising from claims of any kind or nature whatsoever for my/my child's participation in this event.

Medical Permission: I grant permission for the administration of First Aid to my child, _____, by the people in charge of the above referenced activity/event, and those transporting my child to and from the event as their judgment deems advisable, to sign the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery if deemed necessary for my child. The undersigned fully and completely assumes all responsibility for any such medical transportation and/or treatment.

Insurance Information:

Policy Holder (in the name of): _____ Identification Number: _____
Insurance Company: _____ Policy Number: _____
Authorized Physician: _____ Phone #: _____
Authorized Hospital: _____

Code of Behavior:

As a participant he or she is representing our diocese and parish during this event and we expect he/she will represent us well. We expect that he/she will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our Diocese. Some expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language and behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of alcoholic beverage and/or possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia is not allowed.
8. If under age 18, prescription drugs need to be given to an adult for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved. If under age 18, I also understand and agree that my parents or guardian will be notified at the time of the infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Participant Signature: _____ Parent/Guardian Signature: _____ Date: _____

Audio, Videotaping and Still Photographs: Video, still photographs and audio recordings may be taken during Abide In Me. This authorization form constitutes permission for my child(ren)'s participation in videotaping, still photographs, and/or audio recordings, which may be used for future promotional efforts, including but not limited to, Abide In Me and the Catholic Diocese of Peoria publications, websites, and media.

Parent/Guardian Signature _____ Date: _____