

# ICYC Youth Registration Form/ ICYC Forma de inscripción para jóvenes

Please return this form to your PARISH coordinator by:  
Favor de entregar esta forma a su coordinador parroquial antes de:

Feb. 1, 2012

Please Print Legibly/Escribe en letra legible

Cost per participant:  
Costo por participante:

\$60

First Name/Nombre

Last Name/Apellido

Address/Dirección

City/Ciudad

State/Estado

Zip/Código Postal

Home Phone/Teléfono de Casa

Parent's email/Correo electrónico de los padres

Grade/Grado  9  10  11  12

Youth's email/Correo electrónico del joven

Can this phone receive a couple text messages?/  
¿Puede recibir este teléfono un par de mensajes de texto?  
 Yes/Sí  No/No

Youth's Cell Phone/Número del celular del joven

**Workshop selection/Talleres**

Saturday/Sábado 3:00pm — Please select one/Por favor seleccione uno

Women of God  Porn Effect  Mission Work  Culture of Life  Levántate (pt.1)

Saturday/Sábado 4:30pm — Please select one/Por favor seleccione uno

Mormonism  Vocations for Men  Vocations for Women  Mission Work  
 Culture of Life  Levántate (pt.2)

**\*\*Form will only be accepted with completed and signed Permission/Medical Form and Youth Code of Conduct\*\***  
**\*\*Esta forma solo será aceptada si esta adjunta a la forma de permiso/medico y las normas de conducta para los jóvenes\*\***

**Add-on/Agregar — T-Shirt/la playera**

**\$10**

I would like to purchase an ICYC t-shirt for an additional \$10. Please order one for me in an adult size:/Me gustaría comprar la playera de ICYC por el precio adicional de \$10. Por favor ordene una para mi en talla adulto:

Small/Pequeño  Medium/Mediano  Large/Grande  
 X-Large/Extra-Grande  XX-Large/Extra/Extra-Grand

\* \$25 deposit due with registration form 2/1/12.

DIOCESE OF BOISE YOUTH PERMISSION & MEDICAL RELEASE FORM

EVENT: Idaho Catholic Youth Convention Date: \_\_\_\_\_

PLEASE PRINT

Youth's Name \_\_\_\_\_ Parish \_\_\_\_\_

Mother or legal Guardian (circle one) Full Name \_\_\_\_\_

Father or legal Guardian (circle one) Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Male  Female

I, THE PARENT (GUARDIAN) OF THE ABOVE NAMED CHILD, HEREBY, GIVE MY PERMISSION FOR HIS/HER PARTICIPATION IN THE YOUTH ACTIVITY NAMED ABOVE. I AGREE TO DIRECT MY CHILD TO COOPERATE AND CONFORM TO DIRECTIONS AND INSTRUCTIONS OF PARISH, SCHOOL AND DIOCESAN PERSONNEL RESPONSIBLE FOR THIS ACTIVITY.

I agree that in the event my child is injured as a result of his/her participation in the above named activity, including organized transportation to and from this activity, whether or not caused by the negligence (active or passive) of the parish/school or diocesan youth activity program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs will first be paid by parent or guardian insurance or any available benefit plan of parent or guardian.

**I am not aware of any medical condition of my child, which would render it inappropriate for him/her to participate in any activity.**

I, hereby, give permission to the medical personnel selected by the youth activity supervisory personnel present, should parent/guardian not be available for permission or consultation, to render medical treatment deemed necessary and appropriate by the physician, R.N. or dentist.

I understand that during the activity my child may be transported to and from the activity site via a personal vehicle. Parents/guardians of participants are advised that photographs or videotape of participants maybe used in publications, websites or other materials produced periodically by the Diocese of Boise, Department of Parish Life and Faith Formation or local parishes. (Participants would not be identified without specific written consent. Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the parish/PLFF in writing. Please note that PLFF has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate.

**MEDICAL HISTORY & INFORMATION**

Allergies/food restrictions \_\_\_\_\_

Date of last tetanus shot (month/year) \_\_\_\_\_ / \_\_\_\_\_

Physical Impairments/limitations \_\_\_\_\_

Other health issues to be aware of (illness etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DIOCESE OF BOISE YOUTH PERMISSON AND MEDICAL RELEASE FORM (CONT.)

Please check if this applies.

I am covered by hospitilization and medical insurance under policy #: \_\_\_\_\_  
issued by \_\_\_\_\_. The subscriber's name is \_\_\_\_\_  
\_\_\_\_\_. The family physican is \_\_\_\_\_  
and he/she can be reached at # \_\_\_\_\_.

**Medical Treatment Preferences**

Medications: My child will be taking medications at present during this event. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise direction for seeing that the child takes such medications, including dosage and frequency of dosage are as follows:

I hereby grant permission to any staff person to provide the following over-the-counter drugs to my son/daughter if requested by my son/daughter (Check all that apply)

- Tylenol  Benadryl  Advil  Sudafed  Midol  Pepto Bismol  Neosporin  Kaopectate  Immodium  
 Other \_\_\_\_\_

**Parent/Guardian Contact Information**

Mother/Guardian's

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Father/Guardian's

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Non-parental emergency contact Name \_\_\_\_\_

Emergency contact Phone \_\_\_\_\_

**Youth Minister's Information: Name:** \_\_\_\_\_

Youth Minister's Cell Phone Number \_\_\_\_\_

I acknowledge that if any information changes I will notify the diocese/parish.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

# YOUTH CODE OF CONDUCT

In order to assure the safe and successful participation of young people and adults at gatherings sponsored by agencies and organizations of the Diocese of Boise, the following norms of behavior are to be followed. We expect you to represent your parish, school and the Diocese of Boise well during all gatherings! We hope that you will display the mature, responsible leadership and character that has for so many years been the trademark of Catholic Youth Ministry within this Diocese.

## SOME NORMS FOR PARTICIPATION...

1. Individuals are *responsible for their own actions*, and will be asked to assume the consequences for their inappropriate behavior.
2. Participants are expected to take direction from those adult leaders who have been placed in positions of authority by the parish. Model positive behavior by being on time and respectful of event.
3. Purchase and/or use of tobacco products by minors is illegal. In observation of both the law and good health practices, **smoking or chewing tobacco by participants is not allowed.**
4. The purchase, possession or consumption of BEER, WINE or OTHER ALCOHOLIC BEVERAGES by minors will not be tolerated. Infraction of this rule will mean immediate dismissal from the event.
5. The possession or use of ILLEGAL DRUGS by any individual will not be tolerated. Infraction of this rule will mean immediate dismissal from any event and appropriate action will be taken.
6. For the protection and safety of all participants, **acts of violence or harassment** will not be tolerated. Violence and harassment include fighting, physical or verbal assault or abuse, ethnic insults, profane or obscene language, gestures or actions.
7. Possession of any **weapon** is strictly prohibited. Any one who brings a weapon to an event or gathering will be asked to surrender the weapon to leaders and appropriate action will be taken.
8. **Disruptive behavior, language, clothing or items** will not be acceptable at youth events. This includes any of the above, which is obscene, profane, or inappropriate to the activity of the church or group.
9. It is illegal for minors to take part in any organized form of **gambling** and therefore such activity is strictly prohibited. Any other gambling activity is also strongly discouraged.
10. In the unlikely event that a behavior problem based on the above requires extreme action; it is likely to result in dismissal from the activity. Parents will be contacted and participants will be sent home, at the parent's expense.

**PLEASE NOTE:** *The Diocese does not insure personal property against theft or loss so please exercise caution regarding your own personal property.*

You are expected to observe the above guidelines in light of Idaho State statutes and definitions even though the events may take place in another state or country. (EXAMPLE: The legal drinking age in Idaho is 21. This age will be the norm followed even when in a place where the legal drinking age is lower.)

We respectfully ask for your cooperation and hope that you will have no trouble adhering by this simple code of behavior. The major thing to remember is that you represent the Church and are asked to project an image of Christian consideration, sensitivity and respect to others and to the property around you.

I HAVE READ AND UNDERSTAND THE ABOVE CODE OF CONDUCT AND WILL ADHERE TO THE REQUIREMENTS DICTATED BY THIS CODE.

_____	_____
Youth's Signature	Date
_____	_____
Group Leader's Signature	Date
_____	_____
Parent's Signature	Date

—This form should be kept on file by the parish coordinator of youth ministry.—