

# Marian Conference XXVII

## Catholic Youth Day Registration Form

Combined Permission, Release, Waiver of Liability and Indemnity Agreement and  
Emergency Medical/Contact Information for Children and Youth Activities.

I, \_\_\_\_\_, give permission for my child/youth to  
participate in the following activity: Catholic Youth Day at Marian Conference XXVII  
on October 27, 2018, at Boyne Mountain Resort.

\_\_\_\_\_  
Parent Signature, Date

Child/Youth Name \_\_\_\_\_ Age \_\_\_\_\_

Child/Youth Name \_\_\_\_\_ Age \_\_\_\_\_

Child/Youth Name \_\_\_\_\_ Age \_\_\_\_\_

Child/Youth Name \_\_\_\_\_ Age \_\_\_\_\_

Child/Youth Name \_\_\_\_\_ Age \_\_\_\_\_

Child/Youth Name \_\_\_\_\_ Age \_\_\_\_\_

Parents(s) Name(s) \_\_\_\_\_

Parent(s) Phone Numbers

Home \_\_\_\_\_ Cell \_\_\_\_\_

In Case of Emergency Contact:

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Relationship \_\_\_\_\_

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Allergies, medications (child/youth can NOT take) / Special Health concerns

Child/Youth \_\_\_\_\_ Medical \_\_\_\_\_

Child/Youth \_\_\_\_\_ Medical \_\_\_\_\_

Child/Youth \_\_\_\_\_ Medical \_\_\_\_\_

Child/Youth \_\_\_\_\_ Medical \_\_\_\_\_

Child/Youth \_\_\_\_\_ Medical \_\_\_\_\_

Child/Youth \_\_\_\_\_ Medical \_\_\_\_\_

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Authorization to Obtain Urgent or Emergency Medical Care I/we give permission for the Marian Center in Joy Valley, Inc., its agents, staff and volunteers to obtain urgent or emergency medical care for my/our child, and I/we authorize health care providers to render such care as maybe necessary. It is understood that reasonable efforts will be made to contact me/us prior to obtaining such care, but we I/we authorize such care whether I/we are contacted or not, and I/we agree to be financially responsible for such care.

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Parent Signature/Date

Permission to Participate: Release Waiver of Liability and Indemnity Agreement I/we give permission for our child(re) listed on page one to participate in the activities of Catholic Youth Day at Marian Conference XXVII. In consideration of the opportunity of my/our child/youth to participate in the activities of Catholic Youth Day, I/we release the Marian Center in Joy Valley, Inc., its officers, agents, employees, staff and volunteers from any and all liability of any kind whatsoever for any loss or injury to my/our child/youth arising from my child's/our child/youth's participation in the activities of Catholic Youth Day, and I/we agree to indemnify and hold forever harmless the Marian Center in Joy Valley, Inc., its officers, agents, employees, staff and volunteers from any and all liability of any kind whatsoever for loss or injury to my/our child/youth arising from activities on the premises of Boyne Mountain Resort, including loss or injury resulting from negligence or gross negligence.

I/we understand and agree that this permission and agreement shall remain in effect until revoked in writing by me/us.

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Parent Signature/Date