

Medical Information

Must be filled out on **BOTH SIDES** by every participant.

Please return to your Group Contact Leader **NO LATER THAN** _____.

PLEASE PRINT NEATLY

Participant Name: _____ DOB _____

Parent/Guardian Name(s): _____

Address: _____ City: _____ State: _____ Zipcode: _____

Home Phone: (____) _____ Parent Cell Phone: (____) _____

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

Family Physician: _____ Phone: (____) _____

PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD
IN CASE OF EMERGENCY.

HEALTH STATUS (Confidential)

Please list any health problems [Examples: Asthma, Allergies (including Food Allergies), Diabetes, Seizures]

MEDICATION

Please list all medications (including over-the-counter and prescription) taken routinely. Bring enough medication to last the entire Resurrection Rally. Keep medications in the original bottle that identifies the physician, the name of the drug, the dosage, and the frequency of administration. Keep all over-the counter medications in the original packaging.

Please list all medication that the participant is taking:

Medication #1 _____ Dosage: _____ Reason: _____

Medication #2 _____ Dosage: _____ Reason: _____

Medication #3 _____ Dosage: _____ Reason: _____

Personal Medical Insurance Carrier: _____

PARENT AND PARTICIPANT SIGNATURES REQUIRED - SEE OTHER SIDE

Release of All Claims

Must be filled out on **BOTH SIDES** by every participant.

Please return to your Group Contact Leader **NO LATER THAN** _____.

In consideration for being accepted as a participant in the 2010 Resurrection Rally, I, being 21 years of age or older, do for myself, and for or on behalf of my child-participant (if said child is not 21 years of age or older), do hereby release, forever discharge, and agree to forever hold harmless Chula Vista Resort, Resurrection Rally Committee and all parties affiliated with said committee, the Diocese of Madison, their officers, directors, employees, and agents thereof, from any and all liability, claims, demands for personal injury, sickness, death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned, or by the child participant resulting from said child's participation in the above-named retreat, (including travel between the child's home and the retreat and any time spent at the retreat).

Furthermore, I (and on behalf of my child-participant if under the age of 21 years) hereby assume all risk of said personal injury, sickness, death, damage, and expenses as a result of participation as above set forth.

Furthermore, authorization and permission are hereby given to said organizations to furnish any necessary transportation, food, and lodging to this participant.

If the participant has not attained the age of 21 years:

I am the parent or legal guardian of this participant, and hereby grant my permission for him (her) to participate fully in said Resurrection Rally, and hereby give my permission to take said participant to a doctor or hospital, and hereby authorize medical treatment including, but not limited to, emergency surgery or medical treatment, and assume the responsibility of all medical bills. I give permission for my child to be transported in privately owned vehicles or in public transportation, and for the release of medical records to an attending physician in case of illness or injury. Further, should it be necessary for the participant to return home due to disciplinary action, for medical reasons, or otherwise, I hereby assume and indemnify said organizations for all transportation costs.

I am aware of no physical, mental, or emotional problems which would limit participation in during the Resurrection Rally.

The organizers of the Resurrection Rally will take reasonable precautions to safeguard the participants during the weekend retreat. However, neither the organizers, said organizations, parishes, nor Chula Vista will be liable for loss or damage to property of participants prior to, during, or following the weekend retreat due to theft, fire, accident, or any other cause beyond its control.

The undersigned further agrees to allow pictures taken at the Resurrection Rally to be used on parish and diocesan websites and all promotional material.

Neatly Print Participant's Name

Participant's Signature

Custodial Parent's Signature

Custodial Parent's Daytime Emergency Phone #

Code of Behavior

I, _____, agree to the following while at the Resurrection Rally in February and to be Christ's light to all:

Out of respect for my brothers and sisters in Christ, I will:

- ... wear modest clothing, including no bikinis or clothes with profanity or offensive language.
- ... be on time and participate in ALL rally events.
- ... prop my door open whenever members of the opposite sex are in the same room.
- ... not have or use anything as a weapon.
- ... not use vulgar language of any kind.

Out of respect for other guests and Chula Vista, I will:

- ... be quiet in the hallways after 10:30pm.
- ... respect Midnight curfew by being in my own room and going to bed.
- ... not throw anything off balconies.

Out of respect for the leaders and chaperones, I will:

- ... wear my name badge and bracelet at ALL TIMES.
- ... stay in the hotel at all times.
- ... let them know where I am at all time and not leave the group without permission.

Out of respect for myself, I will:

- ... not smoke or use drugs, alcohol, and any other illegal substances.
- ... be responsible in the water park and hotel at all times.

Youth:

I have read, understand, and agree to follow this Code of Behavior as outlined above. I understand my breaking of any rule in this code could result in my being sent home at the cost of my parents. I will also encourage other group members to abide by these rules.

Youth Participant Signature: _____ Date: _____

Parents:

I have read and understand this Code of Behavior policy for my child. I am also aware that if they break any of these rules, it could result in their being sent home. I understand that I would be responsible for providing return transportation.

Parent /Legal Guardian Signature: _____ Date: _____

Adult Chaperons:

I have read, understand, and agree to follow the Code of Behavior outlined above. I will also encourage other adult leaders to abide by these rules.

Adult Chaperone Signature: _____ Date: _____