

# CYC 2025 Registration

March 1st

Please complete and return to your Parish Youth Leader before February 20th

Youth (Grades 9-12)

Young Adult (18-21)

Adult (Ages 21 and up)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parish \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade: \_\_\_\_\_ Gender M F

## Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

Parish Youth Leader who will be at Conference JJ Nazzaro

T-Shirt size (Adult sizes only; circle one)

S M L XL XXL

Registration Fee (includes event admission, meals, and event t-shirt)

**\$50** (scholarships available)

Amount Enclosed with Registration \_\_\_\_\_

\*Payments can be made via check or cash to St. Mary Catholic Parish at the office or during youth group OR made online through the St. Mary Give page - making sure to put "**Youth - Special Events**" as the donation designation.

# Youth Medical Information and Parental/Guardian Consent Form/Liability Waiver

Participant's first name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Sex: M or F  
Parent/Guardian's first & last name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Home phone number: \_\_\_\_\_  
Parent/Guardian cell phone number: \_\_\_\_\_ Email: \_\_\_\_\_  
Youth minister's first name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Youth minister's cell phone number: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_  
(parent/guardian's name) (child's name)  
to participate in this diocesan/parish/school/ministry event that requires transportation to a location away from the parish/school/ministry site. This activity will take place under the guidance and direction of parish/school/ministry employees and/or volunteers from St. Mary Catholic Parish  
(name of parish/school/ministry)

A brief description of the activity follows:

Type of event: Spokane Diocese Catholic Youth Conference

Date of event: March 1st, 2025

Destination of event: Gonzaga Preparatory School 1224 E. Euclid Spokane, WA 99207

Individual in charge of group: JJ Nazzaro

Estimated date and time of departure: n/a

Estimated date and time of return: n/a

Mode of transportation to and from event: on your own, carpools can be arranged if needed

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

A s parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (“participant”). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns to hold harmless and defend St. Mary Catholic Parish \_\_\_\_\_, its officers, directors employees and agents, and the Diocese of Spokane, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child ascending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school/ministry, its officers, directors and agents, and the Diocese of Spokane, its agents and chaperones, or representative associated with the event for reasonable attorney’s fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school/ministry or the Diocese of Spokane.

Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Medical Matters: I hereby warrant that 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 that are applicable.

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. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Medical Treatment: In the event it comes to the attention of the parish/school/ministry, its officers, directors and agents, and the Diocese of Spokane, chaperones, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea. I want to be called collect (with phone charges reversed to myself).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Choose and sign ONLY ONE of the two following options:

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Specific Medical Information: The parish/school/ministry will take reasonable care to see that the following information will be held in confidence. Allergic reactions (medications, foods, plants, insects, etc.): Immunizations: Date of last tetanus/diphtheria immunization: Does child have a medically prescribed diet? Does child have any physical limitations? Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?

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

\_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition: \_\_\_\_\_

\_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_

\_\_\_\_\_

Photographs and videos: Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced periodically by the Diocese of Spokane 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/Diocese of Spokane in writing. Please note that the Diocese of Spokane 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# 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 Spokane, the following norms of behavior are to be followed. We expect you to represent your parish, school and the Diocese of Spokane 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 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, ecigarettes/"vaping", 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. The possession or use of ILLEGAL DRUGS
5. 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, sexual harassment, ethnic insults, profane or obscene language, gestures or actions.
7. Possession of any weapon is strictly prohibited. Anyone 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 Washington State statutes and definitions even though the events may take place in another state or country. (EXAMPLE: The legal drinking age in Washington 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