


CATHOLIC WITNESS 2 HOPE
Middle School Leadership Formation July 9th-12th 2009

REGISTRATION FORM

Name _____ Male _____ Female _____

Address _____ Phone _____

City/Town _____ State _____ Zip _____ DOB ____/____/____

School _____ HS Graduation Year _____

Email _____

Parent/ Guardian's Email _____

Parish _____

Parish Pastor _____

Parish Sponsor (DRE, YM etc.) _____ Phone# _____

Parish Address _____ Town/ City _____ Zip _____

Roommate Requests (we will do our best to meet your request).

1. _____

2. _____

3. _____

Mail completed form with minimum of \$100 deposit check made payable to:

The Office for the New Evangelization of Youth & Young Adults,

Re: Witness to Hope

66 Brooks Drive

Braintree, MA 02894

Remaining payment should made at Registration on July 9th.

“The young are our hope”-JPPII

Witness to Hope PERMISSION FORM

Name of Youth: _____ Age: _____ Grade Completed: _____

Parish: _____ Town: _____

Parent/Guardian - Release and Consent Form

I, _____, the undersigned, give permission for my son/daughter, _____, to attend the Witness to Hope Leadership Formation program to be held at Curry College in Milton, Massachusetts from July 9 – 12, 2009. I give permission for my daughter/son to be transported in privately owned and/or public vehicles to and from the Witness to Hope location.

In case of medical emergency, I understand that every effort will be made to contact the parent(s) or guardian(s) of my child. In the event that I cannot be reached, I give permission for my son/daughter to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel. In addition, I give permission for the release of medical records to an attending physician in case of illness. I release the Archdiocese of Boston, the Witness to Hope Staff, and parish leaders of all responsibility as a result of scheduling such treatment.

I hereby release the Witness to Hope Staff, the Roman Catholic Archdiocese of Boston, and the Roman Catholic Archbishop of Boston, a corporation sole, and their respective agents, servants, representatives, and employees and all priests incardinated to the Roman Catholic Archdiocese of Boston, from any and all liabilities for personal property and personal injury incident to this event and any aforementioned medical care and treatment which is provided.

My child agrees to abide by all the rules and regulations as outlined in the *Witness to Hope Code of Behavior*. I understand that neither the Witness to Hope Leadership Formation program nor the Archdiocese of Boston nor the Roman Catholic Archbishop of Boston, a corporation sole, will be held liable if my child fails to cooperate with these regulations. I also realize that infractions of these rules may result in the immediate dismissal from the Witness to Hope Leadership Formation program. I will be responsible for any costs or other requirements for immediate transportation home.

Youth Participant *Witness to Hope Code of Behavior* Commitment Form

As a member of my parish, I understand and agree to abide by the *Witness to Hope Code of Behavior*. I also understand and agree that I will notify my parents or guardians at the time of any infractions requiring my dismissal from the Witness to Hope Formation Program. In that circumstance, I understand and agree that I will be sent home at my own or my parent(s)' or my guardian(s)' expense.

Signature of Youth Participant: _____ Date: _____

In addition for Applicants under 18 years:

I certify that the above information is correct. I give permission to the Office for the New Evangelization of Youth and Young Adults ("ONE") to email my child about this and other programs offered by ONE. I understand that parents and guardians will be copied on these emails to the best of ONE's reasonable ability if they provided their email address below. I also give my permission for my child's image and voice to be taken by audio, photograph, video, or any other medium for promotional use.

Signature of Parent or Guardian: _____ Date: _____

Email Address of Parent or Guardian: _____



Witness to Hope MEDICAL INFORMATION

NAME OF PARTICIPANT _____ Date of Birth _____

Address _____ Male _____ Female _____

City _____ Zip _____ Phone _____

Social Security Number _____

IN CASE OF EMERGENCY, PLEASE NOTIFY: _____

Phone: Day _____ Evening _____ Cell/Beeper _____

Relationship to Participant: _____

Emergency Information (Family Physician or Clinic):

Name _____ Emergency Phone _____

Address _____ City _____ State _____ Zip _____

Insurance Company: _____

Policy Carrier: _____ Policy Number: _____

****YOU MUST ENCLOSE A PHOTOCOPY OF THE PARTICIPANT'S MEDICAL CARD****

HISTORY:

Are there any limitations to the activities in which your child can participate?

Yes _____ No _____ If yes, please explain _____

Is there anything about your child's health that we should be aware of such as:

_____ Diabetes _____ Fainting Trouble _____ Epilepsy
_____ Heart Problems _____ Migraines _____ Bleeding Disorders
_____ Asthma _____ Severe Allergic Reactions (Bee Sting / Food / Other) _____

_____ Any other health issues we should be made aware of: _____

If any of the above is checked, please submit a statement of how the person has been treated and with what medications: _____

My child is or may be allergic to: _____

My child must take the following medications: _____

Please indicate dosage, frequency, reason for medication, etc. _____

PLEASE BE ADVISED THAT ADULTS CAN NOT DISPENSE ANY MEDICATIONS

Please give the dates of the last shots for the following

Tetanus _____ DPT _____ PPD (TB) _____

Signature of Parent or Guardian: _____ Date: _____

Witness to Hope CODE OF BEHAVIOR

Welcome to Witness 2 Hope!

We are glad that you will be sharing this experience with us at Curry College. We know that you will represent your parish well during the four days of the Witness to Hope Program. We expect that you will display the mature, responsible leadership which has for so many years been the trademark of leadership institutes like this one.

We want you to know what our expectations are for you during the Witness to Hope Program. Please read these items over carefully. They have been crafted in light of our experience with other similar leadership programs over many years. We believe that these rules will ensure that the Witness to Hope experience will be enjoyable and profitable for all. Please note that all participants on the Witness to Hope program will be expected to live by these regulations during the entirety of this event.

Some of the Rules:

1. Adult team members will look after the welfare of all youth participants during Witness to Hope. Each participant and his/her parish will take full responsibility for any damage done during the Witness to Hope program.
2. Adult team members will help implement the *Witness to Hope Code of Behavior*. Please respect these adults as they fulfill this role.
3. Participants are expected to attend all Witness to Hope activities.
4. Shoes must be worn at all times in public areas outside of the bedrooms.
5. **No visiting is allowed in rooms by members of the opposite sex.**
6. All participants must stay in their respective rooms during the hours assigned for sleep. There is no switching of rooms.
7. **The purchase, possession, or consumption of any alcoholic beverage and the possession or use of any illegal drugs by any individual will not be tolerated. Any infraction of these rules will mean immediate dismissal from the conference.**
8. Whenever the schedule calls for small group activities, each participant must be with the leader(s) and members of his or her small group.
9. All participants will be expected to observe the rules of Curry College which relate to the use of that facility.
10. In the unlikely event that a behavior problem based on the above requires extreme action, it is likely that immediate dismissal from the program will result.
11. **A No Smoking policy will be enforced for the benefit of all attendees.**