

## **YOUTH 2000**

Submit one form per participant. *Please print legibly.* Incomplete forms will be returned.

1. Circle this registrant's status: Youth 13-17 Youth 18-30 Chaperone Volunteer
2. Youth 13 to 17: Parent/guardian must complete form AND sign release AND name a chaperone.
3. Youth 18 and older: Complete form AND sign liability release.
4. Chaperones and volunteers: Complete front and back of this form.
5. Mail form with fee as instructed on next page.

Name _____	Age _____	Gender: F M
Address _____		
City _____	State _____	Zip _____ Phone (_____) _____
Parish _____		School _____
E-mail (used solely for contact by Retreat leaders) _____		
Name of chaperone for a minor _____		Phone (_____) _____

### **LIABILITY RELEASE – Release of ALL Claims**

**Name of Activity:** YOUTH 2000 Retreat  
**Location:** Notre Dame Academy, Park Hills, KY

**Date of Activity:** Oct. 12-14, 2018  
**Telephone:** 859-466-1283

In consideration of Participant's participation in the above Activity, the Participant, or if applicable the Participant's parent / guardian in custody of Participant ("Undersigned"), does hereby release, forever discharge, and agree to hold harmless YOUTH 2000, Inc., the Diocese of Covington, Notre Dame Academy, and the Covington Youth Retreat Committee, and their respective members, officers, directors, employees, chaperones, and agents ("Hosts") from and against any and all liability, claims, losses, demands, lawsuits, costs, damages, and expenses of any kind arising directly or indirectly in connection with the Activity, and waive any such claims. The Undersigned remains legally responsible for Participant's personal acts, and the Undersigned agrees to indemnify and hold harmless the Hosts from and against any and all liability, claims, losses, demands, lawsuits, costs, damages, and expenses of any kind incurred by any person in connection with Activity, including the cost of medical treatment and including attorney fees and expenses and costs sustained by any of the Hosts in connection with Participant's participation in the Activity.

If Participant is under 18 years of age, the Undersigned, a parent or legal guardian of Participant, grants permission for Participant to participate fully in the YOUTH 2000 Retreat and all of its activities and hereby gives permission to the Hosts to take Participant to a doctor or hospital and authorize medical treatment, including but not limited to emergency surgery, for which medical expenses Hosts shall not be responsible.

Participant agrees to abide by instructions from the Hosts while at Activity, and agrees that the Hosts will not be liable if Participant fails to cooperate with Hosts. Hosts shall have the right to terminate participation of Participant for failure to cooperate. Further, should it be necessary for Participant to return home due to medical reasons, disciplinary action, or otherwise, the Undersigned assumes all responsibility and transportation costs.

### **RELEASE SIGNATURE — A or B mandatory**

**A. For minors (age 13-17):**

\_\_\_\_\_  
Name of Parent / Legal Guardian (print)      Signature      (\_\_\_\_\_)      \_\_\_\_\_  
Cell phone      Date

**B. For youth 18 & older, chaperones and volunteers:**

\_\_\_\_\_  
Name (print)      Signature      (\_\_\_\_\_)      \_\_\_\_\_  
Cell phone      Date

*Sponsored by the Diocese of Covington Department of Catechesis and Formation and the Covington Youth Retreat Committee.*  
Photos may be taken during the retreat for promotional purposes. For more information call 859-466-1283 or visit [www.nkyouth.com](http://www.nkyouth.com)

**Chaperone & adult volunteer: Continue to other side**

# **CHAPERONE & ADULT VOLUNTEER RULES**

Name (print): \_\_\_\_\_

Circle status: youth minister chaperone volunteer (name of committee: \_\_\_\_\_)

1. You must be 21 or older to serve as a chaperone or adult volunteer.
2. Complete and sign your own liability release and registration form (other side of this page).
3. Complete this side of the form and mail with your fee as directed below.  
*Note: Fees are waived for some volunteers; check with your coordinator.*
4. Demonstrate child protection compliance as follows, or you will not be admitted.

**A. Members of the Diocese of Covington:** You must be *fully* VIRTUS compliant. It is your responsibility to be current with the VIRTUS website. Upon receiving this form, our Committee will verify your status with the Chancery. Anyone not in good standing cannot be admitted.

**B. Members of other dioceses:** Attach to this form a letter from your parish or diocese stating that you are in compliance with the Zero Tolerance Policy of the USCCB, have completed the required training, and have a current background check.

## **CHAPERONE ASSIGNMENT**

Minors (i.e., participants age 13 to 17) must be accompanied by a registered chaperone. Each chaperone must be 21 or older and can be responsible for up to seven (7) minors.

**Co-chaperones:** Two qualified adults may co-chaperone and split the fee, but each must register separately.

Name of my co-chaperone (if any; please print) \_\_\_\_\_

Check one: Above-named co-chaperone will pay fee \_\_\_\_ OR Our fee is enclosed \_\_\_\_

I understand that minors can leave during retreat hours only with written permission of parent/guardian. Yes / No

**Names of minors I will chaperone:**

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ |          |

### **FEES AND DEADLINES**

➤ **Early Bird Discount!** \$10 off each registration postmarked by Sept. 28.

Mail fee and completed form by Oct. 5, 2018, to Covington Youth Retreat Committee, P.O. Box 17955, Ft. Mitchell, KY 41017-0955. Fee is \$50 per participant. Includes Saturday lunch and dinner; does not include housing. Make checks payable to Covington Youth Retreat Committee. Download extra forms at [www.nkyouth.com](http://www.nkyouth.com).

Fee reductions are available on request. Call 859-466-1283 or contact us through the website.