

Diocesan Catholic Youth Conference 2025
Parental Consent for Youth to Participate in Activity
Emergency Medical Information, and Release Form

Participant (name): _____

Parents(name(s)): _____,

for themselves, heirs, executors, and administrators.

Event: Diocesan Catholic Youth Conference (DCYC 2024) January 31st – February 2nd, 2025
Waco Convention Center, 100 Washington Ave. Waco, TX 76701

Diocese: The Catholic Diocese of Austin, a Texas non-profit corporation, including its employees, contractors, clergy, agents, facilitators, and volunteers

Parish: Saint William Catholic Church, Round Rock, TX. A Texas non-profit corporation, including its faculty, employees, contractors, clergy, agents, facilitators, and volunteers.

Transportation: Bus and Volunteers of Saint William Catholic Church.

- A. The undersigned represent that they are the parents or legal guardians of Participant and have full authority under law to sign this document.
- B. Parents grant their permission for Participant to enroll and participate in the *Event*.
- C. Parents acknowledge and agree that:
- (1) Participant and Parents voluntarily seek to participate in the Event; (2) the Event may involve physical activity that involves risk of injury; (3) Participant and Parents will abide by all policies and rules established for Event and instructions of those persons facilitating, organizing, or overseeing the Event; (4) Parents and Participant are responsible for Participant's conduct during the Event and are responsible for any damages, claims, or other costs caused by Participant or incurred as a result Participant's conduct; and (5) if Participant's conduct is inappropriate, unsafe or detrimental to the Event, other participants or other persons, Parish/School or the Diocese may be suspend or expel Participant from the Event and future Events.
- D. Unless this paragraph is struck and initialed by the undersigned, Parents authorize Parish/School and the Diocese to provide over-the-counter aspirin, pain relievers, cold medicine, and other over-the-counter medications to Participant at Participant's request if the Parish/School or Diocese deem it reasonable to do so. The Parish/School will make reasonable attempts to notify Parents prior to authorizing any such over-the-counter medication.
- E. In the event of an emergency or a situation that is reasonably considered to be an emergency, Parents authorize the Parish/School and the Diocese to seek and authorize emergency medical care to be given to Participant (for example, first aid, medication, anesthesia, or surgery). The Parish will make reasonable attempts to notify Parents prior to authorizing any such emergency care.
- F. Parents grant Parish/School and the Diocese permission:(1) to photograph and video tape Participant during the Event; and (2) to use the photographs and video tapes in publications and promotions of the Parish/School and the Diocese, including but not limited to publications such as websites, newsletters, advertisements, scrapbooks, and yearbooks.
- G. **To the extent permitted by law, Parents, for themselves and for Participant, release and agree to indemnify and hold harmless the Parish/School, the Diocese, and the Transportation Provider from any and all liability, claims, demands, and costs which may arise as a result of Participant's participation in the Event or which is, in any way, related to such participation. This paragraph covers loss under any theory of loss (negligence or otherwise) including but not limited to personal injury or property damage. Parents and Participant assume all risk of injury or loss to themselves or their property.**

PARENT/GUARDIAN Signature: _____ **Date:** _____

PARTICIPANT Signature: _____ **Date:** _____



Emergency Contact and Insurance Information

Emergency Contact: _____ Phone: _____

Participant's Insurance Carrier: _____

Phone: _____

Participant has the following conditions (allergies, medical conditions, etc.): _____

Attach additional sheet if needed

Participant is currently taking the following medication: _____

Attach copies of prescription and any instructions related to the medication, including the amount and timing of dosages.

Special Instructions or Other Information: _____

If insured, please attach a copy of your insurance card on a full page of paper.

SECTION II

Parent Email: _____ Parent Phone Number: _____

Volunteer: I can help drop off teens on Friday to Waco ___# of Passengers

I can help pick up teens from Waco and drive to St. Wiliam on Sunday ___# of Passengers

Participant Phone Number: _____ T-Shirt Size: S, M, L, XL, XXL Circle One

Grade: _____ Gender: M F Preferred First Name: _____



Diocesan Catholic Youth Conference

When: January 31st – February 2nd, 2025

Where: Waco Convention Center
(We will be staying at Courtyard by Marriot)

"TRUE, WHOLE PRAYER IS
NOTHING BUT LOVE."

ST. AUGUSTINE OF HIPPO

Depart: Friday 4:30pm – Meet at St. Williams Pavilion (Bring Sack Dinner)

Return: Sunday at 3:00pm (Bring \$ for Lunch Stop on Return)

Cost is \$250 per Participant. SCHOLARSHIPS AVAILABLE.

Form & Payment must be submitted to register. You can drop off form/payment in the office during regular hours or during our youth nights.

SPACE IS LIMITED.

Form Due with Final Payment No Later Than DECEMBER 8TH, 2024.

What to Bring: Warm Clothes, Toiletries, an Open Heart and \$ for lunch on the way back.
(Optional) Camera, Spending \$ for Vendors, Glow Things

Do Not Bring: Ipods/ Mp3 players, drugs, alcohol, weapons, immodest or offensive clothes, or anything that will be a distraction to others. Cell phone use will be limited.

Bedding and towels will be provided by the Hotel mentioned above.