

# ByzanTEEN Rally 2016

## The Lord Is My Rock and My Refuge

### “FEARLESS”

## Chaperone Application

*This form MUST be filled out completely and signed in order to participate in the Rally. Thank you.*

*\*Applicant must be at least 21 years of age.*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Male ( ) Female ( ) Birthdate: \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_ T-Shirt Size (circle one): M L XL XXL

Phone \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) EMAIL: \_\_\_\_\_

Parish Name/City & State \_\_\_\_\_

In case of an emergency, please notify: Name(s) \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

#### Physician information:

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**Health Insurance Information: Please include a copy (front and back) of your medical insurance card, prescription card and dental card. These are required if emergency care is needed.**

#### Medical Information (please circle all that apply):

Asthma	yes	no	Migraines	yes	no
ADD/ADHD	yes	no	Low blood sugar	yes	no
Heart disease	yes	no	Bleeding/clotting disorder	yes	no
Convulsions	yes	no	High blood pressure	yes	no
Diabetes	yes	no	Other _____		

#### Allergies: (Please circle all that apply and explain the reaction.)

Penicillin	yes	no	Environmental	yes	no
Other medications	yes	no	Dietary	yes	no
Insect bites	yes	no	Other	yes	no

If “yes” to any of the above, please explain any food and/or drug allergies: \_\_\_\_\_

\_\_\_\_\_

**Medications:**

Please list all medications to be taken (including inhalers and non-prescription medications). Medications brought must be in the original prescription packaging.

List all medications: \_\_\_\_\_

**MEDICAL RELEASE**

In the event I am unable to do so at the time of the emergency, I hereby give permission to the health personnel to perform routine tests and treatment for my health. In the event of an emergency or other acute event where time will not allow my designated contact to be reached, I hereby give permission for the health personnel to secure necessary consultative care for me, including hospitalization, anesthesia, surgery and other medical treatment. I hereby give permission for any health personnel to view my medical history so I may be treated as necessary. I hereby agree to accept any financial responsibility for any and all medical attention necessary.

**RALLY AND ACTIVITY RELEASE**

I fully release, discharge and waive any claims or right of actions which I have or might have later have arising from any negligent acts or omissions of the Eparchy, any of its employees, agents and all affiliated individuals arising out of any activity associated with the Rally. I agree to indemnify and hold harmless the Eparchy, any of its employees, agents and all affiliated individuals for damage based on negligence of the Eparchy, any of its employees, agents or all affiliated individuals arising out of any incident during the Rally.

**CHAPERONE INFORMATION**

In accordance with the Safe Environment Policy mandated by the U.S. Catholic bishops, ALL Rally Chaperones must be approved and cleared by their respective Eparchy. The Rally Planning Office requires a copy of the cleared Background Check Form be submitted before application is accepted and attendance permitted. All chaperones participating in the Rally are expected to attend all events, follow all rules of conduct and assist in overseeing the activities of the teens.

***Chaperone space is limited. Acceptance of chaperone registration is at the discretion of the Rally Planning Committee.***

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Chaperone cost is \$300 per person; APPLICATION DEADLINE - June 16, 2016**

**A NON-REFUNDABLE** payment is to be included in FULL with this form and required information. Please make check payable to "ByzanTEEN Youth Rally 2016." Mail Form and Payment to: **ByzanTEEN Youth Rally**, Eparchy of Passaic, 445 Lackawanna Avenue, Woodland Park, NJ 07424.

Additional information \_\_\_\_\_