

Please go to [www.sourcesummitevansville.org](http://www.sourcesummitevansville.org) for complete registration information and chaperone guidelines.

All Participants and Chaperones send \$45 Registration Fee, check payable to: The Diocese of Evansville and completed and signed Liability Release Form below by **March 30, 2020** (After March 30 fee is \$55) to:

Your Parish Youth Minister or DRE if you are going with your parish group or mail to:  
SOURCE + SUMMIT REGISTRATION ~ 8733 Shadowridge Dr. ~ Newburgh, IN 47630

**PLEASE READ CAREFULLY AND PRINT CLEARLY** (Fee Scholarships are available!)

NAME \_\_\_\_\_ HOME PARISH \_\_\_\_\_ SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_ City, State, Zip \_\_\_\_\_

PHONE (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_ Cell Phone(\_\_\_\_\_) \_\_\_\_\_

T Shirt size (circle one) YL - Adult S M L XL SEX \_\_\_\_\_ AGE \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ HS Grad. Year \_\_\_\_\_

**YOUR CHAPERONE'S NAME** - Required if under 18 \_\_\_\_\_ PHONE(\_\_\_\_\_) \_\_\_\_\_

**THERE MUST BE ONE ADULT CHAPERONE (AGE 21 OR OLDER) FOR EVERY EIGHT YOUTH (UNDER THE AGE OF 18) CHAPERONES: PLEASE LIST YOUTH YOU ARE CHAPERONING ON A SEPARATE PAPER AND ATTACH TO THIS FORM**

**ALL CHAPERONES & ADULT (over 17) VOLUNTEERS MUST COMPLETE THIS SECTION, YP TRAINING AND BACKGROUND CHECK**

I have completed Youth Protection Training in \_\_\_\_\_ Parish (city) \_\_\_\_\_  
I am over 18 and have completed Diocesan Criminal background check  Yes  No **YPC Signature** \_\_\_\_\_

**NOTE: ANY PARTICIPANT UNDER 18 YEARS OF AGE MUST HAVE A WRITTEN PERMISSION SIGNED BY A PARENT OR LEGAL GUARDIAN TO LEAVE THE RETREAT DURING RETREAT HOURS.**

Family Name (Printed) \_\_\_\_\_ Guardian's Name (Printed) \_\_\_\_\_

Phone \_\_\_\_\_ Guardian's Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

If Guardian cannot be reached, call (Name) \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Family Insurance Carrier \_\_\_\_\_ Carriers Phone# \_\_\_\_\_ Policy # \_\_\_\_\_

Is there anyone who by court order or decree is designated as the primary or sole custodial parent? \_\_\_\_\_

Name anyone who has been restrained from picking up the child \_\_\_\_\_

I understand it is my responsibility to inform the Youth Minister about such matters and to provide relevant court orders and decrees to officials

**List any chronic or existing diseases, allergies, or medical problems** (e.g. diabetes, epilepsy, peanut allergy): \_\_\_\_\_

**List any instructions for care of the above if it becomes necessary on a separate sheet of paper and attach to this form.**

### **WAIVER FOR THE CATHOLIC DIOCESE OF EVANSVILLE**

I/We, the guardian(s) of the above named youth, hereby give my/our approval for his/her **participation in the Source + Summit Retreat**. I/We assume all risks and hazards for **my child and/or myself** incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify, and hold harmless the Bishop of the Catholic Diocese of Evansville, the Pastor of the Parish, and any of their respective affiliates, successors, agents, employees, members, representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to my/our youth, myself, or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event. It is understood and agreed that neither the Parish, the Catholic Diocese of Evansville, any respective affiliate, successor, agent, employee, member, representative, adult sponsor, nor other volunteer is the insurer of my child's health and safety while he/she is at youth functions, engaged in supervised activities, including sports, or being transported in association with the event. I/We understand it to be my/our obligation to provide such insurance as I/we may desire to purchase to protect myself/ourselves and my/our child against the costs of sickness or injury. In case of accident or serious illness, I request the Youth Minister to contact me. If I cannot be reached, I hereby authorize the Youth Minister to make whatever arrangements the circumstances allow. It is understood and agreed that neither the Parish, Youth Minister, nor the Catholic Diocese of Evansville is the insurer for my child's or my health and safety while he/she is at youth functions or engaged in supervised activities, including sports. I UNDERSTAND THAT MY SIGNATURE RELIEVES DIOCESAN AND/OR PARISH PERSONNEL OF ANY AND ALL LIABILITY RELATED TO THE ADMINISTRATION OF ANY PRESCRIBED MEDICATION LISTED ON THE DIOCESAN MEDICAL INFORMATION FORM (INCLUDING OVER-THE-COUNTER DRUGS). Further, I/we acknowledge having read, or been made aware of the Diocesan Youth and/or Adult Codes of Conduct, the Diocesan Release for Media Recording, and the Diocesan Off-site Transportation Policy, and I/we agree to be bound by the terms and conditions set forth in those documents (copies available via [www.evansville-diocese.org/youth/forms](http://www.evansville-diocese.org/youth/forms)). I acknowledge and understand that any action on behalf of my/our child/dependent that is inconsistent with the Diocesan Code of Conduct may result in appropriate disciplinary action as outlined in those documents.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Parent/Guardian, or Participant if over 18 years of age, must sign - Printed Name: \_\_\_\_\_

**All Chaperones and volunteers must complete and sign this form also.**

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_