

DIOCESE OF NELSON

3665 Benvoulin Road
Kelowna, BC V1W 4M7
Phone 250-448-2725 Ext 280 Fax: 866-964-3858
Youth@nelsondiocese.org

YOUTH RALLY REGISTRATION FORM

Participant _____
First Name Last Name

Address _____

City _____ Postal Code _____

Gender _____ Age _____ OR Adult Chaperone (18 years +) _____

ALLERGIES/DIETARY NEEDS

Please provide a statement noting all known allergies, including how the child has been treated and with what medication.

Allerg(ies) _____

MEDICATION

If medications are REQUIRED occasionally or regularly, please send them with your child in case of need.

All medications brought should be clearly labeled and in their original container. Please list any prescription or approved non-prescription drugs your child will need to have while at the event:

Medication name(s) _____

Physician's instructions on dosage and frequency: _____

I, _____ (parent name) understand that all **prescription medication** will remain in the possession of the First Aid Personnel and be dispensed as prescribed.

I grant permission for **non-prescription** medication (such as ibuprofen, Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

List any non-prescription medication, you do **not** want administered to your child:

DIETARY NEEDS AND/OR RESTRICTIONS

List your child's Dietary Needs and/or Restrictions: _____

Participants requiring special meals are asked to bring their own.

EMERGENCY CONTACT

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name: _____ Relationship: _____

Phone Number: _____ Cell Number: _____

In case the above person is not able to be reached please contact:

Name: _____ Relationship: _____

Phone Number: _____ Cell Number: _____

ACKNOWLEDGEMENTS

I give permission for my son/daughter, _____, to participate in the **2018 Diocese of Nelson Youth Rally** to be held on October 13 – 14, 2018 at Our Lady of Lourdes School, 2547 Hebert Road, West Kelowna.

Signature of Parent/Guardian: _____ Date: _____

I also:

1. understand that reasonable precautions will be taken to safeguard the health and well-being of the participants in this event and that I will be notified as soon as possible, in the case of an emergency. In the case of sickness or accident I authorize the diocese of Nelson staff and associated volunteers of the other parishes participating in this activity to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that myself or my spouse can not be reached.
I hereby do release and forever discharge the Roman of Nelson, its parishes and schools _____(initial)
2. hereby consent to the use of photographic images or recorded video of my child while at the event to be used for media and the promotion of future events sponsored by the diocese of Nelson. _____(Initial)
3. acknowledge my child agrees to abide by all the rules and regulations of the event implemented by the diocese of Nelson. _____ (Initial)

- I have enclosed the \$25.00 Registration Fee for the Youth Rally with this form. Make cheque payable to RC Bishop of Nelson.

Mail Registration form along with the cheque to:

Catholic Pastoral Centre
Diocese of Nelson
3665 Benvoulin Road
Kelowna, BC V1W 4M7

Attn: Youth Rally