

Ignite Your Torch Northwest 2016

STUDENT Registration Form

August 4-7th

Saint Martin's University, Lacey, WA



More information at:
www.ignitenw.org

This form is being made available to groups who would prefer to collect their registration data by paper form. Please turn this into your group leader. **Group leaders are responsible for entering data into online registration form.** *Paper forms sent to CUL-NW will not be accepted.*

Payment Info: If using this paper form, payment must be made through group and group leader must issue check for all group's deposits to CUL-NW, PO Box 2474, Silverdale, WA 98383. \$53.49 Deposit fee is non-refundable. Fees will be refunded, less the deposit, if cancellation is received by June 30. After June 30, the entire registration fees are non-refundable. Refunds are not available for missed meals, late arrivals, early departures, and no shows. Substitutions are allowed but new person must pay the \$53.49 registration fee. No substitutions after June 30.

PARENT/GUARDIAN INFO/EMERGENCY CONTACT

Mother or Female Guardian Name: _____ Cell Phone: (_____) _____

Father of Male Guardian Name: _____ Cell Phone: (_____) _____

Email: _____

Emergency Contact Name (In addition to parents): _____

Relation to Participant _____ Phone: (_____) _____

PARTICIPANT BASIC INFORMATION

Full Name: _____ Gender: _____ Group: _____

Email (if different from parents): _____

By providing child's email, you consent to them receiving updates and news from Ignite Your Torch Northwest.

T-Shirt Size (Circle One): S M L XL 2XL (Add \$3) 3XL (Add \$5) 4XL (Add \$10)

Grade in 2016-17 (Circle One): 9 10 11 12 Graduating Senior School: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Home Phone: (_____) _____ Birthdate: _____

Do you plan on attending both "The300" (August 12-13) and Ignite Your Torch and taking advantage of the "two events for the price of one" by serving as a member of "The300"? (More info @: 4us.org): Yes No

MEDICAL INFORMATION

Will attendee need to take medication(s) during the conference?

No Yes

Attendee should bring all medications necessary. Names of medication and directions- including dosage and frequency are as follows:

Do you wish to have attendee turn his/her medication over to the nurse for administration? No Yes

Select one regarding non-prescription medication:

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen)

Medication should NOT be administered to my child unless the situation is life threatening or an emergency

Please describe any allergic reactions:

Please describe any dietary restrictions:

(Please note that persons with extreme food allergies may be asked to bring their own food for the conference.)

PARTICIPANT HEALTH AND WELLNESS

Check here if attendee is in general good health and able to participate in all normal activities

Check here if attendee may not be able to participate in all normal activities. Please describe: _____

Participant's Doctor: _____ **Participant's Health Plan Carrier:** _____

Group Number: _____ **Policy Number:** _____

Date of last tetanus/diphtheria immunization (approximate if not known): _____

Date of most recent physical examination (approximate if not known): _____

REGISTRATION FEE / SCHOLARSHIPS

Thanks to our generous donors, an automatic scholarship of \$240 is available to all students. To receive the scholarship, students simply need to write a short thank you note to their sponsor and send it within one week of their registration. Instructions will be sent upon receipt of registration. When thank you note is received, the scholarship will be credited to your account.

I would like to receive the automatic scholarship of \$240 and agree to write a thank you note.

PLEASE CHECK APPROPRIATE REGISTRATION FEE (US FUNDS):

With \$240 Automatic Scholarship (Thank You Note Required)

Without Automatic Scholarship (No Thank You Note Required)

BY MAY 31ST

\$278.49

\$518.49

JUNE 1 – JUNE 30

\$308.49

\$548.49

Thanks to our generous donors, additional financial aid beyond the automatic scholarship is available for those in need on a first come first serve basis. You will be notified about the amount of additional aid available within one week of CUL-NW receiving registration. An additional thank you note may be required, and as with the automatic scholarship, the additional financial aid will be credited when thank you card is received. **Do you need to apply for additional financial aid?** No Yes

PLEASE LIST THE AMOUNT YOU CAN PAY (MINIMUM \$53.49 DEPOSIT): \$ _____

GENERAL PARENTAL CONSENT AGREEMENT

I grant permission for the child listed on this form to participate in the IGNITE YOUR TORCH Northwest Conference, AUGUST 4, 2016 - AUGUST 7, 2016, sponsored by Catholics United for Life of the Northwest, on the campus of St. Martin's University. I also give permission for the Ignite Your Torch Northwest Conference to transport my son/daughter to off-site events that are part of the conference. All activities will take place under the guidance and direction of employees, contractors, officers, representatives and/or volunteers from Catholics United for Life of the Northwest and the chaperons of groups attending. Unless I indicate otherwise in writing, I consent for Catholics United for Life of the Northwest to use photographs and videos taken of my child, whose name appears in this registration, for promotional and marketing purposes. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Catholics United for Life, Catholics United for Life of the Northwest, Corporation of the Catholic Archbishop of Seattle, its parishes, employees, contractors, officers, volunteers, drivers, and representatives or chaperons associated with the Ignite Your Torch Conference from any claim arising from or in conjunction with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Catholics United for Life, Catholics United for Life of the Northwest, Corporation of the Catholic Archbishop of Seattle, its parishes, employees, contractors, officers, volunteers, drivers, and representatives or chaperons associated with the Ignite Your Torch Conference for reasonable attorney's fees and expenses which may occur in any action brought against them as a result of serious injury or damage unless such claims arise from negligence. As the parent/guardian, I accept fully responsibility for any damages or legal responsibility that may result from any of my child's actions.

I agree to the above waiver

PARENTAL MEDICAL CONSENT AGREEMENT

Medical Treatment: In the event it comes to the attention of the Conference staff that the child listed on this form become ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be contacted. In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event that I cannot be reached, I hereby give permission to the physician selected to hospital, secure proper treatment for, and to order injection, anesthesia or surgery for my son/daughter, as named herein.

I agree to the above waiver

CODE OF CONDUCT

(Parents, Teens, Chaperones: Please read and review Code of Conduct carefully, by checking the box below, you indicate agreement from both you and your teen to the Code of Conduct)

1. Chaperones - Each youth participant will have a chaperone. Conference organizers and chaperones are responsible for safety and discipline during all conference events. They should be informed of any emergency. Conference youth participants must follow the instructions of and cooperate with their designated chaperone. Should a participant violate this or other conference regulations, his or her chaperone and/or parents will be contacted immediately and asked to arrange for the youth's transportation home.

2. Participation - Participation in all scheduled conference activities is expected. Participants must stay on-site throughout the entire conference. In case of an emergency, a participant can leave the conference only after being checked out with the conference coordinator in person by a parent, legal guardian or group leader.

3. Illegal and inappropriate items - Under no circumstances may alcohol, cigarettes, illegal drugs or weapons be possessed or used by youth participants at the conference.

4. Absolutely no Cell Phones, CD players, iPods, or electronic devices. A participant found with any of these items will be asked to turn it in to conference staff until the end of the conference. In case of emergency, a chaperon's cell phone may be used. A participant found with a cell phone will be asked to turn it in to conference staff until the end of the conference.

5. Sleeping arrangements - Bedroom and bath facilities in the dorms will be separated by gender. Participants may not under any circumstances visit the floors/wings designated for the opposite sex. For security reasons, dorm buildings are locked at all times and can only be unlocked by chaperons.

6. Dress Code - In order to foster a sense of unity and modesty, the Conference provides T-Shirts and requires them to be worn during the conference starting on Friday. T-Shirts are to not be altered during the conference. For Thursday arrival, participants must wear a youth group t-shirt or other t-shirt. Shorts and skirts may be worn if they come to the knees. During recreation time, participants may change out of their conference t-shirts and wear rec. clothes. No tank tops or sleeveless shirts. No leggings or yoga pants. Clothing with offensive messages, is prohibited. Those who violate the dress code will be required to change.

7. Respect of Property – Intentional abuse of campus, conference or other participant's property is prohibited. Parents and Legal Guardians will be held fully responsible for the costs of damages.

8. Public Display of Affection – Participants should never be alone, especially with a member of the opposite sex. Affectionate physical or sexual contact is never appropriate (ex: kissing, sitting on laps, arm on shoulder, and yes, even holding hands, as it may create a distraction for other participants).

I have read, reviewed, and agree to all the waivers and agreements above

Signature: _____