

**Eparchial Youth Convention:
“Serving God by Serving Others!”**

June 24-25, 2017

St. Michael’s Ukrainian Catholic Church
21 Shonnard Place, Yonkers, NY

Registration Form

Deadline June 12, 2017

First Name: _____ Last Name: _____ Age: _____

Street Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Parish: _____ Parent’s phone: _____

Parental Permission (MUST BE FILLED OUT AND SIGNED)

I/We give permission for our son/daughter, _____, to attend the Youth Convention to be held at St. Michael’s Ukrainian Catholic Church on June 24-25, 2017.

I/We give permission, if needed, to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the Ukrainian Catholic Eparchy of Stamford, and St. Michael’s Ukrainian Catholic Church of all responsibility and consequences that may arise as a result of this treatment nor will they be held responsible in the event of injury. Future, I agree to accept any and all financial responsibility as a result of scheduling such treatment. My own child agrees to abide by all the rules regulations as given by adults in charge. I understand that the sponsors will not be held responsible or liable in my child fails to cooperate with regulations and that any infractions of the rules may result in immediate dismissal from the convention. I will be responsible for any cost or other requirements for immediate transportation home.

Parent/Guardian Signature & Date

As a participant, I understand and agree to follow all directions given by convention personnel. I also understand and agree that I will notify my parents or guardian at the time of any infractions requiring my dismissal from the Convention and that I will be sent home at my parent's/guardian/s expense.

Participant Signature & Date

My Child is allergic to: _____

My child must take the following medication (indicate dosage, frequency, etc.):

You should be aware of the following medical condition: _____

In case of emergency notify:

Phone#:

Insurance Carrier (please attach copy):

Policy#