



Matthew 14:27 - But Jesus immediately said to them: "Take courage! It is I. Do not be afraid."

Beaumont, Texas

November 18-20, 2016



Josh Blakesly

Rosario Rodriguez

David Calavitta

Paul George

Fr. Torres

Conference Fees

Registration Fee (t-shirts, meals in Beaumont, motor coach) **\$230.00/person**

Hotel Cost (includes breakfast, two nights) **\$300.00/room**

Per Person Cost for Hotel Room Figured As Follows:

(\$300.00/4 ppl equals \$75 per occupant) + \$230.00 = \$305.00/person)

(\$300.00/3 ppl equals \$100 per occupant) + \$230.00 = \$330.00/person)

(\$300.00/2 ppl equals \$150 per occupant) + \$230.00 = \$380.00/person)

(\$300.00/1 per equals \$300 per occupant) + \$230.00 = \$530.00/person)

**DEADLINE FOR REGISTRATION/ROOMING LIST TO DOLR IS THURSDAY, SEPTEMBER 15, 2016
FULL PAYMENT DUE SEPTEMBER 15th**

Come join over 2,000 Catholic teens from all over Texas, Oklahoma and Arkansas to celebrate our Catholic faith and identity.



#4

**REGION 10 YOUTH CONFERENCE
INDIVIDUAL REGISTRATION**

NAME _____ GENDER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ EMAIL _____

HOME PARISH _____

DIOCESE _____ DATE OF BIRTH _____

CURRENT YEAR IN SCHOOL: 9 10 11 12 ADULT

T-SHIRT SIZE: S M L XL 2XL 3XL 4XL
(Adult sizes only)

Check if you desire vegetarian Saturday lunch/dinner.

Special Needs:

i.e. mobility impaired, wheel chair accessibility, hearing impaired, visually impaired, etc)

Complete registration must include:

- Registration Payment
- Region 10 Liability and Medical Release Form
- Region 10 Code of Conduct signed by Participant and Parent/Guardian
- Diocesan Liability and Medical Release Form

*****Parish Youth Ministry Leader/Key Contact must keep a copy of registration forms to bring to the conference.***



REGION 10 LIABILITY WAIVER, & MEDICAL CONSENT ADULT FORM

(Arch)Diocese of _____ Parish: _____

Instructions: A separate copy of this waiver must be completed for *each participant age of 18 and over (hereinafter the "Participant")* traveling to the Conference. Each Participant must submit a copy of this form or the Participant will not be permitted to attend the Region 10 Catholic Youth Conference sponsored by Region 10 Catholic Youth Ministry. Because it contains emergency contact information, it is advisable to keep a copy of this signed waiver in the name badge at all times during the Conference.

By signing this waiver, you freely and voluntarily agree that you may be giving up legal rights and remedies available to yourself and your family. Read and complete this waiver carefully. If you have questions, contact an attorney.

Participant's Name: _____

Parent/Guardian's Name: _____

Complete Home Address: _____

Home Ph: _____ Date of Birth: _____

A) Parent/Guardian Emergency Contact Name and Telephone Numbers

Name: _____ Relationship: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

B) If "A" Unavailable, Alternate Emergency Contact Name and Telephone Numbers:

Name: _____ Relationship: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Nature of the Conference and Permission: I understand that the Conference is sponsored by the Region 10 Roman Catholic (Arch)Dioceses located in Texas, Arkansas and Oklahoma (collectively the "Dioceses") and their respective Youth Ministries (collectively the "Region 10 Catholic Youth Ministry"); the general purpose of the Conference is to provide an educational religious experience and opportunity for evangelization for Catholic youth of high school age; that the Conference will be held at various venues located in Beaumont, Texas, including, but not limited to, **Ford Park Event Center, downtown recreational/tourist sites** (collectively the "Facilities") from **November 18 to 20, 2016**, and that the Conference will be in session from 6:00 P.M. – 10:30 P.M. on day one, 7:30 AM-10:30 PM on day two, and 7:30 AM-12:00PM on day three, excluding breaks for recreational activities. I understand I will travel to and from the Conference by the means selected and arranged by my (Arch)diocese. I understand that in the event I do not conduct myself in a manner consistent with the policies of the Conference or my Diocese or those of any of the Facilities, including those not specifically identified herein, I may be requested to leave the Conference and return home at my own expense and that additional disciplinary action may result. In addition, and not by way of limitation, I further agree that I will abide by any terms and conditions imposed by name badges or credentials, e.g., permission to photograph.

Waiver of Liability/Hold Harmless: I agree to accept and assume all risks associated with **my** travel to and from the Conference, attendance at the Conference and participation in recreational or other activities whether at the Facilities or not. In consideration of **my** attendance at the Conference and the arrangements described herein, on

REGION 10 RCYC LIABILITY WAIVER AND PERMISSION FORM (Adult) – continued

behalf of myself, **my** respective heirs, successors, assigns, and next of kin, I hereby assume all risks and waive, hold harmless and covenant NOT TO SUE, the Dioceses, the Region 10 Catholic Youth Ministry and their respective bishops, parishes, departments, clergy, employees, administrators, officers, directors, volunteers, chaperons, representatives and agents (the "Released Parties") from any and all actions, claims, demands or liabilities, including without limitation, those for personal injuries or property damage, that I may suffer due to illness or injury as a result of, or in connection with, participation in the Conference, including without limitation, the administration of authorized medications, medical treatment and any consequences that may arise as the result of said treatment, travel to and from the Conference, housing, meals and collateral entertainment/recreational activities to the fullest extent permitted by law. Further, in consideration of my attendance at the Conference, I agree to hold harmless and defend the Released Parties against any and all actions, claims, expenses, or demands arising there from that may be made or brought for any injury to third parties arising out of my actions or omissions, including but not limited to reasonable attorneys' fees and expenses arising in connection therewith

Medical Permissions (Limited): As a condition of attending the Conference at the Facilities, I grant permission in the event of an emergency or accident rendering me unconscious for emergency medical care to be administered to me within the Facilities and/or during or after transportation to a hospital or doctor for emergency medical care. I understand that in Texas, good faith, gratuitous emergency care at the scene of an emergency or accident may be protected under the State of Texas Good Samaritan Act. **I accept full responsibility for any medical or hospital bills or expenses associated with the care of Participant.**

I further understand that it is not the responsibility of the Region 10 Catholic Youth Ministry et al. to attempt to reach my emergency contacts however I would request that my Primary Physician be contacted, if at all possible:

Primary Physician Name: _____ **Phone** _____

I am taking the following medication at the present time.

Medication(s): _____ Dosage: _____
Administer: _____

Medical Conditions Information: (Conference personnel will take reasonable care to see that the following information will be held in confidence.)

I have:

- had an episode of the following or have been diagnosed: Seizures Asthma Diabetic
- Allergic reactions to the following (foods, dyes, latex etc.) _____
- had medical surgery within the last six months? Yes No Still under doctor's care? Yes No
- a medically prescribed diet? _____
- the following physical limitations? _____
- Immunizations current and up to date: Yes No
- Date of last tetanus/diphtheria immunization _____
- You should also be aware of these special medical conditions (e.g. depression, anxiety, etc.)
(Attach additional sheets if necessary):

Insurance Information:

_____ **No, I do not carry medical insurance at this time.**

Insurance Carrier: _____ Name of Insured _____

Insurance Policy Number: _____

Region 10 Code of Conduct/Conference Code of Behavior for Adults

I have read and agree to abide by these guidelines during the 2016 Region 10 Catholic Youth Conference.

Participant's Signature _____ **Date** _____

Participant's Name (please print): _____



#15

Guidelines for (Arch)Diocesan Leadership, Adult Chaperones & Sponsors

Diocesan Directors are responsible for the actions of youth from their respective dioceses. Each diocese will take full responsibility for any damage or theft done by members at the conference site. It is our request that all adult leaders in each delegation help enforce the code of conduct, and to set an example for youth. Due to the size and nature of this conference, nineteen and twenty year old youth group assistants will not be considered adult chaperones. Adult leaders must be at least 21 years of age and successfully completed their Diocesan Safe Environment Programs and background check requirements.

The following guidelines have been established to help adult leaders:

1. Adult leaders' nametags will bear a colored ribbon or dot, identifying them as chaperones/sponsors.
2. Each chaperone is asked to be in charge of a group of youth following the official ratio in accordance with individual diocesan policies. Youth should know in advance that there will be a specific chaperone for them to check in with. Chaperones should give their room number to these youth. Chaperones should also know the room numbers of all youth assigned to them.
3. Chaperones are encouraged to go over conference guidelines with youth. ADULT LEADERS of each delegation are responsible for enforcing the *Code of Conduct* and to set an example for their youth.
4. Responsibility for discipline is shared by all adult chaperones.
5. Each Diocesan Director or designee will pick up registration packets and hotel keys and distribute to the chaperones.

6. Adults are asked to attend all conference activities and touch base with youth on a regular basis to answer questions. Please do not leave the conference or hotel/convention center and expect other adults to be responsible for the youth assigned to you.
7. Adults are also required to wear nametags at all times. Nametags are necessary to be admitted into all activities and meals.
8. Each diocese is responsible for medical releases for their participants. A copy of the medical releases/permission forms must be kept in the first aid room (see program location). The room number and cell number of each Diocesan Director or designated contact should be left in the first aid room in case of an emergency. Any illness or injuries should be reported to the Diocesan Director or designee.
9. Adults must refrain from drinking alcoholic beverages during the conference.
10. Chaperones are requested to check rooms periodically after curfew to ensure all youth are accounted for. Any youth not accounted for should be reported to the Diocesan Director or designee immediately.
11. Chaperones are asked to monitor areas until at least 2:00 a.m. both Saturday and Sunday mornings. If necessary, please double-check the rooms you are responsible for during the night.
12. Each Diocesan Director or designee is responsible for the care, safety, and supervision of their delegation throughout the conference. In particular, special arrangements for meals should be made for the Friday evening arrival. It is not advised to permit youth to leave the Hotel to eat dinner upon arrival. It is suggested that late arriving dioceses can order pizza/select food and have it served in monitored area.
13. Depending on the structure of the conference, monitoring duties may be assigned to dioceses for evening social activities on Friday and Saturday. Please check with your Diocesan Director or designee for information/ assignments.
14. At times, a diocesan check-in time may be scheduled. Chaperones are requested to make sure all youth are accounted for and notify their Diocesan Director or designee.
15. Youth who cause problems should be reported to the Diocesan Director or designee. If necessary, parents will be notified and youth will be sent home.

16. Chaperones are requested to monitor the hotel lobby/atrium, hallways, stairwells, workshop areas, game rooms, pool areas, balconies, terraces, and elevators at all times. Please familiarize yourself with the hotel/convention center space the conference is utilizing. Youth are not allowed to leave the immediate hotel/convention center area except during times specified as free times in the conference booklet. Adult chaperones should always know the location of the young people in their care.
17. No visiting will be allowed in rooms by members of the opposite sex.
18. It is the hope of the Region that everyone who attends this conference and congress has an opportunity to benefit from all that it has to offer. By providing chaperones with guidelines, we hope to answer questions and avoid problems and confusion. Thank you very much for your willingness to participate in this conference and congress. We hope that you will benefit from it as much as the young people from your diocese.

I have read and agree to abide by these guidelines during the 2016 Region 10 Catholic Youth Conference.

Signature of Adult Chaperone/Sponsor

Date

ADULT MEDICAL RELEASE FORM

Revised 8 – 2016

Print Name: _____

Parish: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: (____) _____ Work Phone Number: (____) _____

Physician's Name: _____ Phone # (____) _____

Date of Birth: _____ Date of last tetanus shot: _____

Please list **all** medical conditions/allergies/special health information: _____

Please list **any** medications (prescriptions or non-prescription) that you would like us to be aware of: _____

Medical Insurance Company: _____ Policy Number: _____

Policy in the name of: _____ Relationship: _____

Emergency Contact Name and Number: _____

In the event that the participant does not have insurance, payment in full for medical care becomes the responsibility of the patient.

I, _____, do hereby release, hold harmless and discharge the Diocese of Little Rock, its staff and volunteers from any and all liability, claim, loss, damage, cost or expense arising from my participation in any and all events that are produced, conducted or executed by the Diocese of Little Rock's Youth Ministry Office from July 1, 2016 to June 30, 2017 ("Youth Ministry Office events"), including but not limited to the following: Senior High Youth Rally, Junior High Spectacular, Weekend Extravaganza, Confirmation Retreat, State Convention and Catholic Charities Summer Institute. I waive such claims against such organization or any such person, arising directly or indirectly from or attributable in any legal way, to any action or omission to act of any such organization or person in connection with execution of the Youth Ministry Office events. I authorize treatment by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.

Signature: _____ Date: _____

**Testimonial to the Diocese of Little Rock
of Suitability for Lay Persons serving as Chaperones for the Region 10 Youth
Conference in Beaumont, Texas
(Safe Environment)**

Most Reverend Anthony B. Taylor
Diocese of Little Rock
2500 N. Tyler Street, P. O. Box 7565
Little Rock, Arkansas 72217

Your Excellency:

Attached are approved chaperones for _____ Parish in
(Name of Parish)
_____ the Diocese of Little Rock who will be serving as
(City)
chaperones for the Region 10 Youth Conference in Beaumont, Texas and organized by the
Youth Ministry office of the **Diocese of Little Rock** during the following time frame:
November 18 – 20, 2016. I am able to make each of the statements listed below for the
chaperones listed from the parish:

- Is a Catholic in good standing in our parish.
- Is in compliance with the diocesan safe environment requirements.
- Is a person of good moral character and reputation.
- I know of nothing which would in any way limit or disqualify any of the people on the attached list from this ministry.
- I am unaware of anything in their backgrounds which would render them unsuitable to work with minor children.

Based on my inquiries and on my personal knowledge, the attached named lay people are fully qualified to serve as a chaperone for the parish in an effective and suitable manner.

Date

Signature of Parish Priest

Print Name

**PLEASE SUBMIT THIS FORM BY SEPTEMBER 15, 2016 TO THE DIOCESE OF
LITTLE ROCK - YOUTH OFFICE WITH YOUR REGISTRATION.**

MASTER FORM
2016 Region 10 Catholic Youth Conference
November 18-20
Beaumont, TX
Please TYPE or PRINT all necessary information

PARISH _____ CITY _____

_____ Cell Phone Number: (____) _____

NAME OF Adult Advisor in Charge (AAIC) _____

ADDRESS, CITY & ZIP OF AAIC _____

Email Address: _____

Chaperones must be 25 years old.

List ADULTS Attending Convention **FIRST**: (minimum: one per 8 youth). **Type or print** all the necessary information.

T-SHIRTS: S / M / L / XL / XXL / XXXL (\$4 extra charge)

NAME	A/Y	M/F	T-shirt SIZE
1. _____	----	----	----
2. _____	----	----	----
3. _____	----	----	----
4. _____	----	----	----
5. _____	----	----	----
6. _____	----	----	----
7. _____	----	----	----
8. _____	----	----	----
9. _____	----	----	----
10. _____	----	----	----
11. _____	----	----	----
12. _____	----	----	----
13. _____	----	----	----
14. _____	----	----	----
15. _____	----	----	----
16. _____	----	----	----
17. _____	----	----	----
18. _____	----	----	----
19. _____	----	----	----
20. _____	----	----	----
21. _____	----	----	----
22. _____	----	----	----
23. _____	----	----	----
24. _____	----	----	----

25. _____

26. _____

27. _____

28. _____

29. _____

30. _____

31. _____

32. _____

TOTAL NUMBER OF PARTICIPANTS _____ X \$230.00 EACH = _____

TOTAL NUMBER OF HOTEL ROOMS _____ X 300.00 EACH = _____

TOTAL AMOUNT DUE: _____

****PLEASE LIST BELOW ANY PARTICIPANTS WITH FOOD ALLERGIES ALONG WITH WHAT THEY ARE ALLERGIC TO:**

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FULL PAYMENT DUE SEPTEMBER 15th**