



**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 15<sup>th</sup>**

**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, PERMISSION & MEDICAL YOUTH PARTICIPANT CONSENT FORM

(Arch)Diocese of \_\_\_\_\_ Parish/School: \_\_\_\_\_

Instructions: A separate copy of this waiver must be completed for each participant under the age of 18 (hereinafter the "Participant") traveling to the Conference. Each Participant must submit a copy of this form signed by both the Participant and a parent/guardian 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 Participant's 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, the parent/legal guardian of Participant 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 grant permission for Participant to travel to and from the Conference by the means selected and arranged by my (Arch)diocese. I request that Participant be allowed to participate in the Conference and understand that in the event Participant fails to conduct herself/himself 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, Participant may be requested to leave the Conference and return home at my expense and that additional disciplinary action may result. In addition, and not by way of limitation, I further agree that Participant will abide by any terms and conditions imposed by name badges or credentials, e.g., permission to photograph.



#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.*

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*Signature of Adult Chaperone/Sponsor*

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*Date*

## REGION 10 RCYC LIABILITY WAIVER AND PERMISSION FORM (YOUTH) - continued

Waiver of Liability/Hold Harmless: I agree to accept and assume all risks associated with Participant's 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 Participant's attendance at the Conference and the arrangements described herein, on behalf of myself, Participant and our 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 and/or Participant 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 Participant's 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 Participant's 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, I grant permission in the event of an emergency or accident for emergency medical care to be administered to my child within the Facilities and/or during or after transportation to a hospital or doctor for emergency medical care. As the custodial parent or legal guardian of Participant, I hereby warrant that to the best of my knowledge, Participant is in good health and physically able to participate in Conference and I assume all responsibility for the health and physical condition and ability of Participant to so participate. In the event of circumstances that indicate that Participant is in need of immediate medical care, I authorize and give permission for Participant to be treated at the Facilities and/or to be transported to a hospital/clinic/medical facility for evaluation and emergency medical or surgical treatment, including any necessary X-ray examination. I authorize any licensed physician or medical center to treat Participant. 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 child's emergency contacts or primary physician however, I would request that Participant's Primary Physician be contacted, if at all possible:

**Primary Physician Name:** \_\_\_\_\_ **Phone** \_\_\_\_\_

### Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency is as follows

**My child is 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.)

Participant has:

- had an episode the following or has been diagnosed:  Seizures       Asthma       Diabetic
- Allergic reactions to the following (foods, dyes, latex etc.) \_\_\_\_\_
- had a 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 of my child (e.g. depression, anxiety, etc.)  
(Attach additional sheets if necessary):

**REQUEST AND AUTHORIZATION TO ADMINISTER MEDICINES:** I request and authorize the staff of the Conference to administer the medicines listed below to Participant, as indicated:

<u>Name of Medicine</u>	<u>Dosage</u>	<u>Frequency</u>
1. _____		
2. _____		
3. <b>NOTE:</b> ALL MEDICINES TO BE TAKEN OR ADMINISTERED MUST BE ARRANGED FOR IN ADVANCE AND MUST BE PROVIDED IN THEIR ORIGINAL PHARMACY CONTAINER, INCLUDING THE PARTICIPANT'S NAME AND DOCTOR'S INSTRUCTION. (Attach extra pages if necessary)		

I hereby **grant** \_\_\_\_ **do not grant** \_\_\_\_\_ permission for non-prescription medication (such as non-aspirin products, i.e., acetaminophen or ibuprofen, throat lozenges, etc) to be given to Participant, if deemed appropriate.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Insurance Information:**

\_\_\_\_\_ **No, I do not carry medical insurance at this time.** \_\_\_\_\_ **Parent Initial**

Insurance Carrier: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself). I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willingly.



**Region 10 Code of Conduct/Conference Code of Behavior for Children--Parent/Guardian:**

I agree to instruct Participant, my child, to abide by all rules and regulations as outlined in the Region 10 Catholic Youth Conference Participant Code of Conduct (the "Code"). I understand that if I have not heretofore seen the Code, it is my duty to seek a copy of the Code and to have reviewed it and explained it to my child prior to signing this waiver. I agree that if my child fails to abide in any way by the Code, that my child can be dismissed from the Conference and sent home immediately at my expense for the immediate transportation home with no right of reimbursement or refund for any amount in connection therewith from Region 10 Catholic Youth Ministry, the Diocese or any other person or entity.

I agree that if my child suffers an illness requiring dismissal from the Conference, there is accident or emergency requiring dismissal of my child from the Conference, my child commits an infraction of the Code, or if the Conference must be discontinued in event of accident or emergency, my child must return home at my expense, and I assume the risk of any loss of any nonrefundable or additional costs associated with travel and fees for the Conference, with no right of reimbursement or refund for any amount in connection with therewith from Region 10 Catholic Youth Ministry, the Diocese or any other person or entity.

Initials of Parent/Guardian \_\_\_\_\_

**I certify to you that the information contained herein is true and correct to the best of my knowledge and that I fully understand the terms and legal consequences of my execution of this Region 10 LIABILITY WAIVER, PERMISSION & MEDICAL YOUTH PARTICIPANT CONSENT FORM and execute same knowingly, freely and willingly.**

Signature of Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name (please print): \_\_\_\_\_

**ALL YOUTH PARTICIPANTS MUST READ AND SIGN THE STATEMENT BELOW**

**Youth:** As a participant in the Conference, I understand and agree to conform to the Region 10 Catholic Youth Conference Youth Participant Code of Conduct and that failure to do so may result in my being required to leave the Conference and not being allowed to participate in future programs or activities, at the discretion of the Region 10 Catholic Youth Ministry. I also understand and agree that my parent/guardian will be notified at the time of any infractions requiring my dismissal from the Conference and that I will be sent home at my parent's/guardian's expense. Among other things, being found with any alcoholic beverages, drugs, or weapons is cause for automatic dismissal from the Conference.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant's Name (please print): \_\_\_\_\_

# Diocese of Little Rock / Office of Catholic Youth Ministries

REVISED 8-2016

## PARENTAL/GUARDIAN CONSENT, LIABILITY WAIVER AND MEDICAL CONSENT

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Home Phone(\_\_\_\_) \_\_\_\_\_

Alternate Phone Number: (\_\_\_\_) \_\_\_\_\_  Cell Phone  Pager  Work

Parish: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex: M/F

### CONSENT & LIABILITY WAIVER

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age.  
If participant is 18 years of age or older, consent must be signed by the individual.**

I (name of parent/guardian) \_\_\_\_\_, grant permission for my child, (participant's name) \_\_\_\_\_, to participate 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: Junior High Spectacular, Senior High Youth Rally, Weekend Extravaganza, Confirmation Retreat, State Convention and Catholic Charities Summer Institute.**

I agree on behalf of myself, my child's other parent if known, or living (name of parent) \_\_\_\_\_, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Little Rock, the sponsoring parish (its pastor, youth minister, other agents, etc.) or any representatives associated with the scheduled activity unless the parties involved were careless or negligent. I also give my permission for the Diocese to use any photographic images of my child for Diocesan use and allow the Diocese to communicate with my child through the use of social media.

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

(Participant 18 years of age or older must sign own consent)

\_\_\_\_\_  
Date

## MEDICAL CONSENT

**(EFFECTIVE FROM JULY 1, 2016 TO JUNE 30, 2017)**

### Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance to your wishes:

### Emergency Medical Treatment

In the event of any 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 of any emergency and you are unable to reach me, contact:

Name & Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

My child is taking the following medication at the present time:

Medication(s): \_\_\_\_\_ Dosage: \_\_\_\_\_

Administer: \_\_\_\_\_

\_\_\_\_\_ I hereby **DO NOT GRANT PERMISSION** for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

\_\_\_\_\_ I hereby **GRANT PERMISSION** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. (Please initial)

### MEDICAL CONDITIONS INFORMATION

(Diocesan personnel will take reasonable care to see that the following information will be held in confidence)

My son/daughter has: \_\_\_\_\_

Has had an episode of the following or has been diagnosed  Seizures  Asthma  Diabetic

Allergic reactions to the following (foods, dyes, latex, etc.) \_\_\_\_\_

Has had medical surgery within the last six months?  Yes  No Still under Doctor's care? Yes  No

Has a medically prescribed diet? \_\_\_\_\_

The following physical limitations? \_\_\_\_\_

Immunizations current and up to date:  Yes  No Date of last tetanus/diphtheria immunization \_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_

### INSURANCE INFORMATION

**(Please attach a copy of the Insurance Card, front and back, with this form)**

Insurance Carrier: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself).

**I acknowledge and agree that it is my responsibility to inform the Diocese of Little Rock's Youth Ministry Office if at any time any of the above information needs to be changed, amended, or updated prior to the expiration date of this Medical Consent,**

\_\_\_\_\_  
Signature (Parent/Guardian) Parent Guardian must sign for anyone under 18 years of age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Participant 18 years of age or older must sign own consent)

\_\_\_\_\_  
Date

# CATHOLIC YOUTH MINISTRY

## Code of Behavior

At all Diocesan sponsored activities, we expect you to represent the Diocese of Little Rock well! We hope that you will display the mature, responsible leadership and character which has for so many years been the trademark of Catholic youth within this diocese. This Code of Behavior shall be in effect for 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 June30, 2017 ("Youth Ministry Office events"), including but not limited to the following: Senior High Rally, Junior High Spectacular, Weekend Extravaganza, and State Convention.

### **CODE OF BEHAVIOR:**

1. Participants are expected to attend all sessions of Youth Ministry Office events. Name badges must be worn at all times.
2. **Dress code:** casual - no inappropriate t-shirts, tops/dresses with spaghetti straps, halters, short-shorts, or midriff tops. No Nike athletic/running shorts. No underwear showing from jeans/pants being worn too low. If dressed inappropriately, the individual will be asked to change. No shorts for Mass.
3. Individuals are responsible for their own actions and will be asked to assume the natural consequences for any negative behavior. Each participant will take full responsibility for any damage or theft.
4. Participants may not leave the site of the Youth Ministry Office event unless accompanied by their parent/guardian or an adult from their parish.
5. The possession and/or use of alcohol, tobacco products and illegal drugs are prohibited.
6. Christ-like behavior is promoted and expected at all times. Therefore, inappropriate contact, touch, gesture, language or activity of a sexual nature which would offend any person is unacceptable.

Infractions of these rules will result in the diocesan director discussing the infraction with the participant. In the unlikely event that a behavior problem based on the above requires extreme action, it is likely to result in dismissal from the Youth Ministry Office event. Participant's parent/guardian is responsible for removing participant from the convention site.

**I understand and accept this code of behavior.**

\_\_\_\_\_  
(Participant's signature)

\_\_\_\_\_  
(Date)

***I consent to the conditions stated above on participation in Youth Ministry Office events.***

\_\_\_\_\_  
(Parent/Guardian's signature)

\_\_\_\_\_  
(Date)

Phone number (Day) \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

\_\_\_\_\_  
Contact person if parent/guardian are unavailable

\_\_\_\_\_  
(Phone #)

**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:**

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

**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.**