

FORM A – Diocese of Cleveland

WORLD YOUTH DAY 2008 – Sidney, Ohio REGISTRATION FORM

Deadline for submission of registrations May 30th, 2008

Please Print

Parish Name: _____ City _____

Name of parish group leader for WYD Sidney, OH: _____

Participant Full Name _____ Birth Date _____

E-Mail Address: _____ Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work _____

Emergency Contact _____

Relationship _____ Phone _____

Language spoken: English Spanish Bilingual T-shirt size: _____

CLASSIFICATION:

- Youth (High School age) Young Adult (post high school) Chaperone (must be 21 or older)
 Group Leader Clergy Diocesan Leader

ARCHDIOCESE OF CINCINNATI and Diocese of Cleveland

PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 7-2005)

1. I, the lawful parent or guardian of _____ (the "child"), give permission for my child to participate in the activity and release from all liability and indemnify the Archbishop of Cincinnati and Cleveland "the Bishop", both individually and as trustee for the (Arch)dioceses of Cincinnati and Cleveland and all parishes within the (Arch)diocese, and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity.

2. I agree to instruct my child to cooperate with the (Arch) bishop or his agents in charge of the activity.

3a. I appoint the (Arch) bishop or his agents who are acting as leaders of the activity as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity or related travel:

(i) To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for the best interest of the child.

(ii) I understand that the agents of the (Arch) bishop will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.

3b. This power of attorney shall lapse automatically upon completion of the activity and related travel.

4. I agree that the (Arch) bishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions. I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.

Signature(s) required see back of this page

Parent signature (required for those under 18 years of age)_____

Address_____ City_____ Zip _____

Phone: (w) _____(h)_____ Cell_____

Emergency Contact _____ Phone: (h)_____ Cell_____
