

**2017 PASCUA JUVENIL REQUEST FOR PARTICIPATION & MEDICAL FORM**

**ADULT**

**Parish:** \_\_\_\_\_

2017 Pascua Juvenil sponsord by the Archdiocese of Portland  
 April 28-30, 2017, Aldersgate in Turner OR

**ADULT ROLE**

Parish Group Leader     Adult Chaperone     Young Adult Facilitator (Age 18-20)     Priest

Legal Name \_\_\_\_\_ Preferred First Name on Name Badge \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_ Parish \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender:  Male     Female    T-Shirt Size:     S     M     L     XL     XXL

Cell Phone Number You Will Have at Pascua \_\_\_\_\_

Date of Current Background Check\* \_\_\_\_\_ Date of Latest Call to Protect Training\* \_\_\_\_\_

*\*All background checks and Call to Protect Trainings must be reflected in archdiocesan records.*

**EMERGENCY INFORMATION**

In case of illness, accident, or emergency, the Archdiocese of Portland in Oregon or its representatives will contact the parties listed below in the order listed.

Name	Relationship	Best Day Phone (with Area Code)	Best Night Phone (with Area Code)
1			
2			

Family Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_ Date of Last Tetanus Shot \_\_\_\_\_

Current medications, drug or other allergies, blood type or pertinent medical information \_\_\_\_\_

**CODE OF CONDUCT**

- The 2017 Pascua Juvenil Adult Code of Conduct is available for viewing at: <http://hispano.archdpdx.org/code-of-conduct>

I have read and agree to abide by the 2017 Pascua Juvenil Adult Code of Conduct. I understand that if I fail to do so, I could be dismissed from the event with no right of reimbursement or refund of fees paid to the archdiocese. If warranted, authorities will be promptly notified.

*Initials of Adult Participant* \_\_\_\_\_

I request that I be allowed to participate in the 2017 Pascua Juvenil. I understand that I am responsible for any liability, which may result from my actions.

I attest that my archdiocesan background check and Called to Protect training is current and I am eligible for ministry in the Archdiocese of Portland. (This information may be verified by the archdiocese).

I fully understand the following: that there is a risk of injury involved in any activity; that my parish and the Archdiocese of Portland are not-for-profit entities; that I am responsible for payment for any medical costs that may be incurred due to an accident or injury.

I agree to allow the archdiocese to use photographs or videotape of myself to be used in archdiocesan publications, websites, or other material produced from time to time by the Archdiocese of Portland. The Archdiocese of Portland has no control over the use of photographs or film taken by media that may be covering the event.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_