

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

**YOUTH**

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

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

Youth's Full Name \_\_\_\_\_ Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Parish \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Preferred FIRST Name on Name Badge \_\_\_\_\_ T-Shirt Size:  S  M  L  XL  XXL  
 Gender:  Male  Female

**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    |              |                                 |                                   |
| 3    |              |                                 |                                   |

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

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

Medical Insurance Company \_\_\_\_\_ Policy No \_\_\_\_\_

**Check one of the following:**

- Participant has proof of medical insurance under ordinary individual or group coverage (*Participant must bring insurance card or copy of it to 2017 Pascua Juvenil*).
- Participant has NO medical insurance. **NOTICE: Parent/guardian will be required to pay in full for any necessary medical care.**

**CODE OF CONDUCT**

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

**Parent/Guardian**

I have read the 2017 Pascua Juvenil Youth Code of Conduct and agree to instruct my child to abide by the Code. I understand that if my child fails to abide by the Code in any way, my child can be dismissed from the event and sent home immediately at my expense.

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

**Youth Participant**

I have read and agree to abide by the 2017 Pascua Juvenil Youth Code of Conduct. I understand that if I fail to do so, my parents will be notified and I could be sent home at my parents' expense.

*Initials of Youth Participant* \_\_\_\_\_

I, as a parent or legal guardian of the child named below, request that my child be allowed to participate in the 2017 Pascua Juvenil . I understand that I am responsible for any liability, which may result from actions taken by my child.

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 the chaperoning adults involved are participating solely to benefit the youth involved with the activity; that due to the nature of the activity, there may be times when the activity precludes the staff, chaperones, and volunteers from being in direct supervision of my child at all times and that I understand that I am responsible for payment for any medical costs that may be incurred due to an accident or injury.

I grant permission and authorize treatment of my child by a licensed medical professional in case of any accident or illness that may arise during my child's participation in 2017 Pascua Juvenil . I hereby give permission for medical professionals to hospitalize, secure proper treatments for, and to order injection, anesthesia, or surgery for my child.

I grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup, etc.) to be given to my child by medical personnel or chaperones.

I grant permission for photographs and/or videotape of participants to be used for archdiocesan publications, websites, or other promotional 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.

Parent/Guardian Printed Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_