

Children's Volunteer Registration Form

Midwest Catholic Family Conference 2009

August 7 - 9, 2009

Wichita, Kansas

Century II Convention Center

PLEASE PRINT

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Parish _____

Email Address _____

Are you under the age of 18? No ____ Yes ____ (If yes, complete the Parental Permission Form.)

Will other immediate family members be attending? No ____ Yes ____ (If yes, complete the brochure registration form with family information. To download the form, visit www.catholicfamilyconference.org.)

Please circle the day you will be available to work:

*Please circle the age group
you wish to work with:*

Saturday

7:45 to 10:45 a.m. 7:45 to 10:45 a.m. 3 to 6 year olds

~~August~~ Lunch Mass/Lunch 7 to 8 year olds

~~1:30 to 5:45 p.m.~~ 1:30 to 5 p.m. 9 to 10 year olds

Sunday

~~August~~

Children's volunteers receive complimentary admission to the conference for themselves and their immediate family.

~~3. Age~~ **FOR THE BENEFIT OF THE CHILDREN, WE CAN ONLY ACCEPT VOLUNTEERS WHO CAN**

~~WORK~~ **BOTH THE MORNING AND AFTERNOON SESSIONS ON SATURDAY AND/OR SUNDAY. Lunch**

will be provided for children's program volunteers (not including their families).

A choice of a t-shirt or four (4) free CDs of conference speakers will be offered to the volunteers. You must order by July 23:

_____ I would like a free t-shirt. My size is (circle one): *Adult:* S M L XL • *Youth:* S M L

_____ I would like four free CDs.

To download additional forms or for conference information, visit www.catholicfamilyconference.org

It is not necessary for volunteers to complete the registration form in conference brochure, UNLESS you are ordering meals or have immediate family members attending. Please return all forms to:

Kevin Regan, MCFC, 4301 E. Harry, Wichita, KS 67218 – 316-771-7345. Thank you!

Midwest Catholic Family Conference Parental Permission Form

~ Activity Permission for under 18 ~

I (We), the parent(s)/guardian(s) of _____, request that my (our) child be allowed to participate in the following activity, and do hereby grant permission for the child named above to participate in this activity:

Name of event: Midwest Catholic Family Conference

Location of event: Century II Convention Center

Time frame of event: _____

Transportation to this event will be provided by (check one):

- Charter bus
 Parish adult chaperones using private or rental vehicles
 Individuals must provide their own transportation

Signature of parent/guardian Date Printed name of parent/guardian Phone #

Medical/Liability Release Form

PLEASE PRINT IN INK:

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ Birth date ____/____/____ M F

Emergency Contact # 1 _____ Relationship to participant _____

Contact Home Phone _____ Contact Work Phone _____

Emergency Contact # 2 _____ Relationship to participant _____

Contact Home Phone _____ Contact Work Phone _____

Insurance Company _____ Policy # _____

List any Allergies/Medications/Medical Concerns: (Contact wearer: Yes No) _____

Medical Permission for Youth and Adults

I grant permission in the event I/my child is injured or becomes ill for medical care to be administered to me/my child and to use my/our personal insurance to cover such incidents. I hereby give permission to the physician selected to render medical treatment deemed necessary and appropriate by the physician.

Permission for Other Medical Matters

_____ YES, in the event it comes to the attention of the Midwest Catholic Family Conference that my child complains of illness, I grant permission for non-prescription medication (such as Tylenol, lozenges, etc.) to be given to my child.

Release of Liability for Youth and Adults

The undersigned do hereby release, forever discharge and agree to hold harmless the Midwest Catholic Family Conference from and against any and all kind of liability, claims, demands, lawsuits, and expenses of any kind arising from personal injury, sickness, death or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or the undersigned's minor child.

The undersigned further agree to indemnify and hold harmless the Midwest Catholic Family Conference and its respective members, officers, directors and employees, agents, sponsors and promoters from any and all liability, claim, loss, damage, cost or expense and waive any such claims against persons or organizations arising directly or indirectly from or attributable in any action or omission to act of any such person or organization in connection with the sponsorship, organization and execution of the event named.

Code of Behavior for Youth and Adults

I agree to abide by and/or instruct my child to abide by all rules and regulations as outlined by the aforementioned chaperones/representatives. I agree that if I/my child fail(s) to abide in any way by the rules, that I/my child can be dismissed from the trip/event and sent home immediately at my expense with no right of reimbursement or refund for any amount in connection therewith from the Midwest Catholic Family Conference or its chaperones/representatives.

Signature of Participant _____ Date _____

Signature of Parent/Guardian* _____ Date _____

*Required if participant is under 18