

Awaken

ST. ISAAC JOGUES YOUTH CONFERENCE 2010 REGISTRATION FORM

Please print or type clearly

Date: _____

NAME OF GROUP: _____

NAME OF GROUP LEADER: _____

ADDRESS: _____

PHONE # (home) _____ (work/cell) _____

FAX NO. _____ E-Mail _____

_____ TOTAL # OF SPACES RESERVED

X \$116 PER PERSON REGISTRATION FEE

= _____ TOTAL REGISTRATION FEE DUE

****Please Note**** This fee does NOT include the cost of the hotel accommodations. If you want to stay at the preferred Hotels, America's Best Value Inn or Super 8 Motel in Amsterdam NY, please complete the Hotel Registration Form and transmit the Registration and Hotel fee together. If you are commuting from home or do not want to stay at the preferred hotel accommodations, submit only the registration fee.

Mail to:

St. Isaac Jogues Youth Conference Registrar
c/o St. Ambrose Church
347 Old Loudon Road
Latham, NY 12110

If you have any questions, please call the Conference Coordinator (Mark Trudeau) or registrar, Erin Muir at 518-785-1351 ex. 309.

E-mail: joguesyc@gmail.com

**PLEASE NOTE: UPON RECEIPT, A GROUP NUMBER WILL BE ASSIGNED TO YOU.
ALL FUTURE CORRESPONDANCE MUST INCLUDE THIS GROUP NUMBER.**

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ST. ISAAC JOGUES YOUTH CONFERENCE 2010 HOTEL REGISTRATION DETAILS

Hotel Accommodation Details:

Preferred hotel accommodations for the St. Isaac Jogues Youth Conference (JYC) have been arranged with the **America's Best Value Inn** and **Super 8 Motel** in Amsterdam, NY
Preferred Accommodations include:

- A discounted rate of **\$72** per night per room per night; Rooms can **be reserved** for single, double, triple, or four person occupancy. This room rate is guaranteed only until the reserved block of rooms are taken by attendees of the conference. They will be given out on a **first registered first served basis**.
- Overnight hall monitoring provided by conference security staff
- Shuttle transportation to and from the Our Lady of Martyrs Shrine for all conference activities
- For smaller groups, arrangements can be made to share rooms with other groups to minimize costs. Please contact Erin Muir, at 518-785-1351, Ext. 309, to confirm these arrangements.
- Room regulations are as follows:
 - All rooms are separated by gender
 - Chaperones can not room with teenage attendees

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Please read the hotel registration details above and indicate the number of occupants and type of room(s) you wish to reserve:

<u>Type of Room</u>	<u>Per Person Cost</u>	<u># of People</u>	<u>Total Cost</u>
One person per room (2 Nights)	\$144.00	_____	_____
Two persons per Room (2 Nights)	\$72.00	_____	_____
Three persons per Room (2Nights)	\$48.00	_____	_____
Four Persons per Room (2 Nights)	\$36.00	_____	_____
Total Hotel Cost		_____	
Total Registration Cost (\$116/person)		_____	
Grand Total Conference Cost		_____	

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347 Old Loudon Road
Latham, NY 12110

If you have any questions, please call the Conference Coordinator (Mark Trudeau) or registrar, Erin Muir at 518-785-1351 ex. 309.

E-mail: joquesyc@gmail.com

Note:

All rooms will have either two Double beds or one King sized bed If 3 or 4 person rooms are requested, attendees may want to bring sleeping bags and pillows. No individual Cots are available.

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ST. ISAAC JOGUES YOUTH CONFERENCE 2010 GROUP BREAKOUT FORM

Group Name: _____ Group # _____

Group Leader Name: _____

of Adult Male Leaders/Chaperones _____

of Male Youth Participants _____

Ratio Adult Males to Male Youth 1: _____

Total Male Participants _____

of Adult Female Leaders/Chaperones _____

of Female Youth Participants _____

Ratio of Adult Females to Female Youth 1: _____

Total Female Participants _____

Grand Total Adult Participants(Male and Female) _____

Grand Total Youth Participants(Male and Female) _____

Total Ratio Adult to Youth 1: _____

Special Diets Required

Vegetarian _____

Other _____

Total _____

Please note any special information we should have to provide the proper diets requested.

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ST. ISAAC JOGUES YOUTH CONFERENCE 2010

LIABILITY/MEDICAL RELEASE FORM - ADULT PARTICIPANT

ONE FORM MUST BE COMPLETED FOR EACH PERSON ATTENDING!

Participant's Name: _____ Birth Date: _____
Address: _____
City: _____ State: _____ zip: _____ Phone: _____
E-mail: _____ Group Leader's Name: _____
Group Name: _____ Group number: _____

I am attending the St. Isaac Jogues High School Youth Conference to be held on July 9-11, 2010. If needed for any physical or mental health reasons, I give permission for myself to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by licensed medical personnel. I relieve the St. Isaac Jogues Youth Conference and the Our Lady of Martyrs Shrine of all responsibility and consequences that may arise as a result of this treatment. I will not hold the St. Isaac Jogues Youth Conference or the Our Lady of Martyrs Shrine liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment. I agree to abide by all the rules and regulations stated by the Shrine and the St. Isaac Jogues Youth conference staff.

I understand that the St. Isaac Jogues Youth Conference or the Our Lady of Martyrs Shrine will not be held liable if I fail to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the conference at my expense. I give permission to the Our Lady of Martyrs Shrine and St. Isaac Jogues Youth Conference staff to photograph videotape and /or film me and to use my image in photographs, video, and/or film for the purpose of promoting the mission, activities and programs of Our Lady of Martyrs Shrine and St. Isaac Jogues Youth Conference. I understand that I am not entitled to any compensation or rights in these materials, and I release Our Lady of Martyrs Shrine and the St. Isaac Jogues Youth Conference from any liability for the use of my image for the above stated purpose.

SIGNATURE: _____ DATE: _____

Family Physician: _____ Phone: _____

Allergies:

Environmental (i.e. pollen, dust... _____)

Medications:

Food _____

Current

Medications _____

Medical History (be specific):

(Continue on back if necessary)

Mental Health Information (be specific):

(Continue on back if necessary)

Medical Insurance Provider: _____ Insurance No: _____

In case of any emergency, please contact:

Name: _____ Address: _____

Phone: _____ Relationship to Participant: _____

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ST. ISAAC JOGUES YOUTH CONFERENCE 2010

LIABILITY/MEDICAL RELEASE FORM - YOUTH PARTICIPANT

ONE FORM MUST BE COMPLETED FOR EACH PERSON ATTENDING!

Participant's Name: _____ Birth Date: _____

Address: _____ Year of Graduation: _____

City: _____ State: _____ Zip: _____ Phone: _____

E-mail: _____ Group Leader's Name: _____

Group Name: _____ Group number: _____

Parent/Guardian

I, _____ (Name of Parent/Guardian) give permission to my above-named son/daughter to attend the St. Isaac Jogues Youth Conference to be held July 9-11 2010. If needed for physical or mental health reasons, I give permission for my child to be evaluated, diagnosed, treated, and /or given medication in accordance with standard medical practice by licensed medical/mental health personnel. I relieve the St. Isaac Jogues Youth Conference and the Our Lady of Martyrs Shrine of all responsibility and consequences that may arise as a result of this treatment. I will not hold the St. Isaac Jogues Youth Conference or the Our Lady of Martyrs Shrine liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment. My child agrees to abide by all the rules and regulations stated by the St. Isaac Jogues Youth Conference and the Our Lady of Martyrs Shrine staff. I understand that the St. Isaac Jogues Youth Conference and the Our Lady of Martyrs Shrine will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the conference at my expense. I give permission to the St. Isaac Jogues Youth Conference and the Our Lady of Martyrs Shrine staff to photograph, videotape and/or film my child and to use his or her image in photographs, video, and/or film for the purpose of promoting the mission, activities, and programs of the St. Isaac Jogues Youth Conference or the Our Lady of Martyrs Shrine. I understand that I and my child are not entitled to any compensation or rights in the materials, and I release the St. Isaac Jogues Youth Conference and the Our Lady of Martyrs Shrine from and liability for the use of my child's image for the above stated purpose.

Parent/Guardian Signature: _____ DATE: _____

Family Physician: _____ Phone: _____

Allergies:

Environmental (i.e. pollen, dust... _____

Medications: _____

Food _____

Current

Medications _____

Medical History (be specific):

(Continue on back if necessary)

Mental Health Information (be specific):

(Continue on back if necessary)

Medical Insurance Provider: _____ Insurance No: _____

In case of any emergency, please contact:

Name: _____ Address: _____

Phone: _____ Relationship to Participant: _____

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ST. ISAAC JOGUES YOUTH CONFERENCE 2010 ADULT CHAPERONE APPLICATION

ONE FORM MUST BE COMPLETED FOR EACH PERSON ATTENDING!

It is important for the St. Isaac Jogues Youth Conference in conjunction with the Our Lady of Martyrs Shrine to use due diligence in providing a safe environment for all participants in their summer youth conference program. This application helps assure that all adults present are suitable to engage in ministry to minors. Each adult participant must present this application upon arrival at the conference. Thank you for your cooperation in this matter.

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Diocese: _____

Name of Parish Group. _____

Group Leader: _____

Is there any fact or circumstance about you or your background that would call into question the advisability of entrusting you with the supervision, guidance, and care of children and/or young people? YES _____ NO _____
If yes, please explain (use addition sheet if needed):

I affirm that the information given in this application is true, complete, and correct. I affirm that I have been trained and approved to work with children and/or young people in accordance with the policies and procedures as outlined by my home diocese. I have read and agree to abide by all policies and Procedures of St. Isaac Jogues Youth Conference and the Our Lady of Martyrs Shrine as outlined in the registration packet. I commit to providing a safe and healthy environment for all young people at this high school age youth conference.

Signature of Applicant: _____ Date: _____

I have verified and attest to the fact that the above applicant has been trained and approved to work with children and/or young people in accordance with the policies and procedures of their home diocese (eg. Virtus Training in Albany Diocese) _____

Youth Minister/Priest Signature: _____ Date: _____