



## BOLDLY SENT 2018 WEEKEND REGISTRATION FORM

Attending both days?  Saturday and Sunday (\$40)  Sunday only (\$30)  T-Shirt? (\$10, choose size below)

Email Address of Attendee: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell/Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender:  Female  Male

T-Shirt Size (option, extra \$10):  Small  Medium  Large  XL  2XL  3XL

Parish/Group: \_\_\_\_\_

### YOUTH ONLY

Grade at time of Boldly Sent:  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>

Parent/Guardian(s) First & Last Name(s): \_\_\_\_\_

Parent/Guardian(s) Address (if different than above): \_\_\_\_\_

### CHAPERONE ONLY

Have you completed the VIRTUS: Protecting God's Children Training and passed a background check with the parish?  Yes  No *If the answer is no, the parish and/or diocese will help you complete these safe environment requirements, which only take about one hour to complete.*

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Dietary/Medical Needs we should be aware of: \_\_\_\_\_

RETURN THIS FORM TO \_\_\_\_\_ NO LATER THAN \_\_\_\_\_  
(GROUP LEADER NAME) (DATE CHOSEN BY GROUP LEADER)

LIABILITY WAIVERS ARE TO BE COLLECTED BY THE GROUP LEADER & SUBMITTED TO THE DIOCESAN PASTORAL CENTER  
Group Leaders should contact Justin White at [jwhite@dmdiocese.org](mailto:jwhite@dmdiocese.org) for more details.

Diocese of Des Moines – 2018 Boldly Sent Youth Rally

# PARTICIPANT LIABILITY WAIVER / PARENTAL CONSENT

TO BE COLLECTED BY THE GROUP LEADER & SUBMITTED TO THE DIOCESAN PASTORAL CENTER BEFORE EVENT

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I give permission for my child, \_\_\_\_\_, to participate in the 2018 Boldly Sent Day of  
(PRINT PARTICIPANT NAME)

Evangelization, Dodgeball Tournament, and Youth Rally through the Diocese of Des Moines, to be held on Saturday and Sunday, October 20<sup>th</sup> and 21<sup>st</sup>, 2018 at the host parish, Catholic Pastoral Center, and Iowa Events Center, in Des Moines, Iowa.

I hereby grant permission for the following travel arrangements: (PLACE A ✓ NEXT TO THE OPTION YOU ARE GRANTING PERMISSION FOR)

\_\_\_\_\_ • I give permission for my child to travel to and from their parish, the Catholic Pastoral Center, and Wellmark YMCA on Saturday, and/or the Iowa Events Center in Des Moines, IA on Sunday,  
with \_\_\_\_\_ I understand that additional  
(PRINT NAME OF PARISH OR GROUP)  
travel may be necessary as part of the trip and to return home. I assume responsibility for his/her transportation to and from the group's pick-up site for this event. I understand that, if it becomes necessary for the participant to return home because of illness or disciplinary reasons, I will be responsible for the expense of immediate transportation home with no right of reimbursement for any amount in connection therewith or I will personally pick up my child or arrange for pick up.

OR

\_\_\_\_\_ • I assume responsibility for my child's transportation to and from their parish, the Catholic Pastoral Center, and Wellmark YMCA on Saturday, and/or the Iowa Events Center in Des Moines, IA,  
where they will meet up with \_\_\_\_\_.  
(PRINT NAME OF PARISH OR GROUP)  
I understand that, if it becomes necessary for the participant to return home because of illness or disciplinary reasons, I will be responsible for the expense of immediate transportation home with no right of reimbursement for any amount in connection therewith or I will personally pick up my child or arrange for pick up.

## LIABILITY WAIVER (FOR CHAPERONES & YOUTH PARTICIPANTS)

- I hereby waive \_\_\_\_\_, the Diocese of Des Moines, and all staff and  
(PRINT NAME OF PARISH OR GROUP, IF APPLICABLE)  
volunteers from any and all liability for accident or injury which might occur as a participant during the 2018 Boldly Sent Youth Weekend.
- I understand that first aid treatment will be offered to participants in case of injury or illness and if serious illness or injury develops, medical and/or hospital care will be given. I further understand that in case of serious injury or illness, attempts will be made to notify parents/emergency contacts. If it is impossible to contact the aforementioned person(s), I give permission for emergency treatment or surgery as recommended by the attending physician. I furthermore understand that the participant is responsible for any doctor, hospital, and/or ambulance fees arising from treatment.
- I hereby authorize the Diocese of Des Moines, the aforementioned parish/group, and their agents to utilize the participant's photographic image for the specific purpose of publication of promotional material, which may be posted on the Diocese of Des Moines and parish/group websites or social media sites. I understand that I will receive no compensation, should any photograph of the participant be used.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(ADULT PARTICIPANT OR PARENT/GUARDIAN OF YOUTH PARTICIPANT)

Printed Name of Signee: \_\_\_\_\_

City/Parish \_\_\_\_\_