

**ELK COUNTY CATHOLIC &
MY CATHOLIC CONNECTION
YOUTH MINISTRY
PRESENTS**

CATHOLIC LIFE CONFERENCE

YOUTH RALLY F5

**MARCH
26+27**

**SAT 10AM-10PM
SUN 8AM-1PM**

**ELK
COUNTY
CATHOLIC**

**600 MAURUS STREET
ST. MARYS,
PENNSYLVANIA**

\$40

**INCLUDES
EVERY-
THING***

***MEALS, T-SHIRT,
MERCHANDISE
FAITH, HOPE, LOVE**

REFRESH2011
REFRESH MY HEART IN CHRIST. PHILEMON 1:20

**FOR ALL STUDENTS
IN 8TH-12TH GRADE**

**SPECIAL
GUESTS**

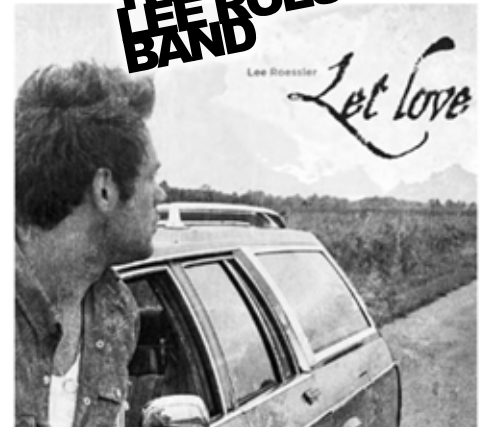
**Fr. Mike DeMartinis
Fr. Ross Miceli
Jennifer Meyer
Jesse Spanogle
Melissa Hanely
AND MANY MORE!**

CONTACT US

**CALL/TXT 814.771.1807
EMAIL info@theF5.com
VISIT www.theF5.com**



**FEATURING...
THE
LEE ROESSLER
BAND**



Grade: 8 9 10 11 12 Student Name: _____

Male Female

Age: _____

Date of Birth: _____

Health Information and Medical Services Authorization

Name(s) of parent/guardian with whom student resides _____

Home Address _____

Father _____ Home Phone _____

Mother _____ Home Phone _____

Current medical conditions, mental health diagnosis, and recent surgeries:

Allergies (Please list all and describe reaction):

Does your student require an Epi-pen, rescue inhaler, or emergency medication during this event?

(Requires physician order and written parental consent)

Yes No

Current Medications Name of medication, dosage, and condition being treated:

*Any and all medications MUST BE delivered in the original package. *Any and all medications to be given during the event require a written order from the student's physician and parental permission. *Any and all medications must be delivered directly to the health office immediately upon entering the event.

Did your student receive any recent Immunizations? Yes No If yes, name of immunization and date given: _____

Please list other persons we may call for advice or direction in caring for your student in the event we are unable to contact a parent or guardian.

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

In case of emergency, if the parents cannot be contacted immediately, I give my permission to have my student taken to the nearest hospital and I will assume any expenses. I also give my permission to make information on this form available to authorized event and transportation personnel.

Parent / Guardian Signature

Date:

Insurance Provider and Policy Number

Permission to Give Medication

Please initial after each individual medication that you authorize event personnel to administer to your student. Medications without an initial cannot be administered.

Acetaminophen _____
(Tylenol or non-aspirin substitute)

Ibuprofen _____
(Maximum 400mg, weight based dosing)

Throat Lozenge / Cough Drop _____
(Sore throat, cough)

Tums _____
(Stomach complaints)

Ora-Jel / Anbesol _____
(Mouth / tooth problems)

Neosporin / Bactine Spray _____
(Minor Wounds)

Contact Lens Solution / Eye Wash _____
(Eye complaints)

Caldyphen Klear Lotion _____
(Topical analgesic for skin irritation)

I grant permission for the above initialed medications to be administered to my student. Initial: _____

Signature: _____ Date: _____

I do NOT wish for my student to receive any medications provided by the F5 Youth Rally and Catholic Life Conference or Diocese of Erie:

Signature: _____ Date: _____

Youth CONFIDENTIAL RELEASE FORM

The F5 and Catholic Life Conference • March 26-27, 2011 • Elk County Catholic, St. Marys, PA

*Please Return this form to: The F5 Youth Rally and Catholic Life Conference
c/o Elk County Catholic with \$40 payable to: ECC (Elk County Catholic)*

PLEASE NO LATER THAN Feb. 18, 2011



PARENT/GUARDIAN (all highlighted fields require completion)

I, _____; the undersigned, give permission for my
Please PRINT CLEARLY Name of Parent/Guardian
son/daughter _____ from _____
Please PRINT CLEARLY Name of Youth Please PRINT CLEARLY Name of Parish/School

to participate in The F5 and Catholic Life Conference. It is understood that reasonable caution will be taken by the organizers to prevent injuries to all participants. In the event of injury or illness to our/my child during his/her participation in this event, and if the parents/guardians of the above mentioned persons cannot be reached, We/I hereby give our/my permission to authorized medial staff for the necessary medical treatment to be given to our/my child. We/I for ourselves/myself and for our/my child, our/my respective heirs, and our/my respective legal representatives, so hereby indemnify and hold harmless any representative of The F5 and Catholic Life Conference and Elk County Catholic High School staff and volunteers and the above named supervising adult from parish/school from any and all claims, demands and causes of action of whatever kind and nature for their actions taken pursuant to this authority. I/We agree that in case of injury to our/my child, we will apply our/my hospitalization and/or accident insurance toward the payment of the expenses incurred. **I/We, hereby release and save harmless the Diocese of Erie, and The F5 and Catholic Life Conference and Elk County Catholic High School staff and volunteers, their agents, successors, legal representatives and any and all of its employees from any and all liability for any and all damages or personal injuries arising to my/our son/daughter as a result of his/her participation in the above mentioned Name of event, except for damages and/or personal injuries caused by or arising out of the intentional or willful misconduct of the Diocese of Erie or The F5 and Catholic Life Conference and Elk County Catholic High School staff and volunteers its agents, servants or employees.**

Code of Behavior: Participation in this F5 Youth Rally and Catholic Life Conference event is a privilege and not a right. Each youth and adult must attend all scheduled activities. The behavior of all (youth and adults) must reflect Christian values. The sponsoring adult must stay at the entire event and is responsible for the youth of his/her parish. Each parish, through the sponsoring adult, will take full responsibility for any damage done by their group. Drugs/Alcohol are not permitted. The Staff reserve the right to ask any participant to leave at the participant's own expense. I/We have read and agree to uphold the above "Code of Behavior".

The undersigned also agrees to authorize The F5 and Catholic Life Conference volunteers or staff to photograph, videotape and/or interview the named youth and agree that they may use or permit other persons to use the negatives, prints, video or interview prepared for such purposes and in such manner as may be deemed appropriate and necessary, including online at www.thef5.com. **X this box if you do not agree to have your child photographed, interviewed or videotaped.**

I understand that if, for whatever reason, at any point in time, I decide to revoke this authorization, and I so notify the parish in writing, references to the named youth (including images or interview) will no longer be used. Any website references will be removed within thirty (30) days of written notification. I further understand, however, that references to the named youth may continue to be used in any publication already printed or published prior to my revocation of the authorization provided herein.

PRINT Parent or Legal Guardian NAME

Parent or Legal Guardian SIGNATURE

Guardian(s) Phone Number(s)

Date



YOUTH

As a member of The F5 and Catholic Life Conference, I understand and agree to the "Code of Behavior," and I will notify my parents or legal guardian at the time of any infractions requiring my dismissal from the event and that I will be sent home at my parent/guardian's expense.

Youth SIGNATURE

Age

Date

T-shirt size (circle one adult size): S M L XL XXL XXXL **Grade:**

MEDICAL INFORMATION (please print clearly on special health form)



Event: The F5 Youth Rally and Catholic Life Conference
Date of Event: March 26-27, 2011
Place: Elk County Catholic High School, St. Marys, PA 15857
Registration Deadline: February 18, 2011
Website: www.theF5.com
Email: info@theF5.com
Call/txt: 814-771-1807 (Fr. Ross) or 814-671-9573 (Melissa)

SCHOOL/PARISH NAME:	
ADDRESS:	
ADULT LEADER:	
LEADER PHONE:	CELL PHONE:
EMAIL:	

TOTAL NUMBER OF STUDENTS: _____

REGISTRATION FEE: × \$40.00

TOTAL: \$ _____

Please make one check payable to ECC (Elk County Catholic).

TO DO LIST:

- Find students and chaperones willing to encounter Jesus over a weekend
- Visit www.theF5.com for more information, cool videos, and to download the youth permission slip
- Gather names and shirt size information
- Fill out both sides of this form and collect money
- Send payment, permission slips, and this form to:

The F5 and Catholic Life Conference
 Attn: Fr. Ross Miceli
 Elk County Catholic High School
 600 Maurus Street
 St. Marys, PA 15857

For more information, call or txt Fr. Ross Miceli (814-771-1807) or Melissa Hanely (814-671-9573).

Youth Pre-Registration

	Name	Grade	T-Shirt Size
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Adult Chaperone Pre-Registration

1.		
2.		
3.		
4.		

*Please make additional copies of this form as needed.
Visit www.theF5.com for copies of this and other important forms.*