

# WORLD YOUTH DAY 2011 REGISTRATION FORM



## PARTICIPANT INFORMATION

|  |             |                |                |
|--|-------------|----------------|----------------|
| LEGAL NAME as shown on participant's passport          |             | DATE OF BIRTH  |                |
| LAST   | FIRST       | MIDDLE         |                |
| NAME OF PARENT (if participant is under the age of 18) |             | PARENT CELL    |                |
| LAST   | FIRST       | MIDDLE         |                |
| PERMANENT ADDRESS (include PO Box, Apt. #, etc.)       |             | CITY           | STATE ZIP CODE |
| STREET   |             |                |                |
| MAILING ADDRESS (IF DIFFERENT FROM PERMANENT ADDRESS)  |             |                |                |
| STREET   |             | CITY           | STATE ZIP CODE |
|  |             |                |                |
| HOME PHONE NUMBER                                      | CELL NUMBER | E-MAIL ADDRESS |                |
|  |             |                |                |

## EMERGENCY/ MEDICAL CONTACT INFORMATION

**IN THE EVENT OF AN EMERGENCY, IF YOU CAN'T REACH ME AT THE ABOVE NUMBER, PLEASE CALL:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**MEDICAL HISTORY (PLEASE HAVE YOUR INSURANCE CARD WITH YOU AT ALL TIMES)**

ALLERGIES: \_\_\_\_\_ CURRENT MEDICATION: \_\_\_\_\_

MEDICAL HISTORY: \_\_\_\_\_

## PASSPORT INFORMATION

**DOES THE PARTICIPANT HAVE A VALID U.S. PASSPORT? (PASSPORTS MUST BE VALID THRU MARCH 1, 2012)**

YES  NO

IF NO, COUNTRY OF ORIGIN (PASSPORT ISSUED): \_\_\_\_\_ LIST PROPER TRAVEL VISA: \_\_\_\_\_

## RELEASE / WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

*As parent or legal guardian or participating adult, I hereby give my permission for her/ his/ my participation in the above named activity (World Youth Day 2011). I agree to direct my child/myself to cooperate and conform to directions and instructions of parish, organization or diocesan personnel responsible for this Activity.*

*As a condition of my child/myself being allowed to do so, I hereby release and discharge FIAT Foundation, Inc., it's constituent organizations including but not limited to FIAT Foundation, Inc., a Corporation Sole, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that (s)he/I may suffer as a result of his/her/my own participation in the activity described above, whether or not such injuries or damages are caused by the negligence, active or passive, of any of the entities, individuals named or described above.*

*I agree that in the event my child/ myself being injured as a result of his, her, my participation in the above named activity, including transportation to and from this activity, whether or not caused by the negligence, active or passive of the parish, FIAT Foundation, Inc. or any of its agents of employees, recourse for the payment of any resulting hospital, medical or dental insurance, or any available benefit plans of mine or my spouse. I am aware of any medical condition of my child/myself which would render it appropriate for him, her or me to participate in any activity.*

*I, hereby authorize the making of photographs, motion pictures, video tapes, recording, or other memorializing of said event and my child's/ my participation therein, and the publication and duplication or other use thereof. I hereby waive any rights to compensation or any right that I otherwise might have to limit if to control such making or use.*

*I, hereby give permission to the physician, nurse, dentist, or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.*

## PARTICIPANT / PARENT SIGNATURE

|   |      |
|---|------|
| PARENT SIGNATURE (if participant is under the age of 18) & Please indicate what church you attend | DATE |
| Church: _____   |      |
| PARTICIPANT SIGNATURE (Also please indicate what church you attend)                               | DATE |
| Church: _____   |      |

PLEASE SUBMIT THIS ALONG WITH YOUR INITIAL DEPOSIT (\$300) PAYABLE TO FIAT FOUNDATION, INC.  
 IN PERSON OR MAIL TO: STKCC (WYD 2011) ATTN: FRANCES PARK / 412 N. CRESCENT WAY / ANAHEIM, CA / 92801