

y o u t h 2 0 0 0 N e w y o r k

**Experience The Power Of His Presence**

# YOUTH 2000 NY

**Nov. 11, 12, 13, 2011**

**St. Stephen the Martyr  
75 Sanfordville Rd.  
Warwick, NY 10990**

**REGISTER EARLY-- SPACE IS LIMITED**

*All youth and young adults ages 15-30 are invited to a weekend of spiritual renewal, prayer, music and fellowship.*

Friday 6:30 PM to Sunday 2:00 PM

Festival led by: FRANCISCAN FRIARS OF THE RENEWAL

Please bring sleeping bags, pillows, blankets, etc.

**NOTE:** One adult leader required for each group of 7 youth under 18.

**ADMISSION: \$35.00** - HELPS TO SUPPORT THE WORK OF YOUTH 2000

Please make checks payable to YOUTH 2000 New York

**TO REGISTER:** Return the completed form with **proper signatures** and payment to:

**YOUTH 2000 NEW YORK**

**119 Eagle St.**

**Brooklyn, N.Y. 11222**

**Phone: (718) 349-1157**

**[www.youth2000ny.com](http://www.youth2000ny.com)**

" the bread that I will give is my flesh for the life of the world " John 6:51

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**YOUTH 2000 NY REGISTRATION FORM  
FOR ADULTS AND YOUTH  
Liability Release Form  
Release Of All Claims**

Name of Activity: **RETREAT WEEKEND**

Date of Activity: **Nov. 11-13, 2011**

The Undersigned do hereby release, forever discharge and agree to hold **St Stephen the Martyr Parish and YOUTH 2000 New York, Inc.**, harmless from and against any and all liability, claims, demands, lawsuits, and expenses arising from personal injury, sickness, death, or property damage any nature whatsoever which may be incurred or suffered by the undersigned and/or the participant (if the participant is under 18 or 18 and older) while attending the Youth Retreat.

Furthermore, the undersigned hereby assumes all risk of personal injury, sickness death, damage and expense arising from the undersigned's or participant's (if participant is under 18 or 18 and older) participation in all activities including recreation and work activities involved in the Youth Retreat. Further, authorization and permission is hereby given to furnish all necessary transportation, food and lodging for the undersigned or participant (if participant is under 18 or 18 and older).

The undersigned further hereby agree to indemnify and hold **St. Stephen the Martyr Parish and YOUTH 2000 New York, Inc.** and their respective members, directors, employees and agents (collectively, the "Indemnities"), harmless from and against any and all claims, demands, actions, lawsuits and liabilities, including attorneys' fees and expenses sustained by the Indemnities as the result of the negligent willful or intentional acts of the undersigned and/or participant (if participant is under 18, 18 or older).

If participant is under 18 years of age:

We (I) are the parent(s) or legal guardian(s) of the participant and hereby grant permission for my child to participate fully in the Youth Retreat and all of its activities and hereby grant our permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery and, we fully and completely assume responsibility for all medical bills. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) assume all responsibility and transportation costs.

**I HAVE READ AND AGREE TO THE ABOVE AND HAVE LISTED ANY SPECIAL NEEDS ON THIS FORM. (BACK)**

**NO ONE under 18 years of age is permitted to leave this function without prior, written permission from parent or legal guardian. This form must be signed by all participants.**

**If participant is under 18, both parents, or custodial parent, or legal guardian MUST SIGN:**

Name of participant \_\_\_\_\_ Age \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

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

Telephone ( ) \_\_\_\_\_

Parent(s)/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant's Signature \_\_\_\_\_

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

**Adult Leader's Name** \_\_\_\_\_ (One leader for every group of 7 youth under age 18)

Is this your first YOUTH 2000 Retreat? Yes \_\_\_\_\_ No \_\_\_\_\_

**MEDICAL INFORMATION:** (Please fill in all information)

Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Medical History: \_\_\_\_\_

Participant's Social Security Number: \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE CONTACT:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Relationship \_\_\_\_\_

**FOR ADULT CHAPERONES (PLEASE COMPLETE THE FOLLOWING)**

**Diocesan Safe Environment Training/ Virtus is required of all adult chaperones. Additionally adult chaperones must be up to date with their training and have had a background check completed by their diocese.**

Have you completed your Diocese's Safe Environment Training Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently up to date with your training Yes \_\_\_\_\_ No \_\_\_\_\_

Has your diocese run a back ground check for you Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered no to any of these, please take the necessary steps to correct this situation prior to submitting you registration form.