

**Diocese of Wichita and Mid America
Parish Life Conference Teen's Program Registration
June 16, 2010 – June 19, 2010**

Directions: Complete one registration form for each teen who will participate in the teen's programs.

Teen's Name _____ Date of Birth _____

Tee Shirt size: Children's ___L ___XL
Adult: ___S ___M ___L ___XL ___1X ___2X ___3X ___4X ___5X ___6X

Parent's Name(s) _____

Address _____ City _____ State _____

Home Phone _____ Work Phone _____

Home Parish _____

Cell Phone # Parent or Chaperone can be reached at _____

Does your teen have any special health needs that his/her program leaders should be aware of?

In the event that an accident or illness should occur, we will contact you as soon as we can reasonably do so. If it is not reasonably possible to contact you before we deem medical intervention is deemed advisable, we require that you appoint our staff to act as your agent. This appointment in no way implies that St. Elijah Orthodox Christian Church is financially responsible for the treatment of your teen.

PARENTS' APPOINTMENT OF AGENT AND INDEMNIFICATION AGREEMENT

_____ and _____ hereby authorize St. Elijah Orthodox Christian Church PLC staff (any one of them) to obtain and authorize, as our/my agent, the services of a licensed physician and any other health care professional or health care organization for the emergency treatment of _____, in connection with any injury, accident, or illness suffered or sustained during the period June 16, 2010 through June 19, 2010.

This authorization and consent for emergency treatment includes authority to consent to prescription medication, hospitalization, and surgical care.

INFORMATION FOR EMERGENCY ROOM:

TEEN'S PHYSICIAN: _____

TEEN'S MEDICAL INSURANCE: _____

DRUG/FOOD ALLERGIES: _____

LAST TETANUS TOXOID: _____

In consideration of _____ (print teen's name) ("Teen") being permitted by St. Elijah Orthodox Christian Church and the Diocese of Wichita and Mid America to participate in the teen's programs and activities, I agree to release and indemnify St. Elijah Orthodox Christian Church and the Diocese of Wichita and Mid America from any and all claims which are brought by, or on behalf of Teen, and which are in any way connected with such use or participation by Teen.

This form also grants approval for teen to be transported off-site for teen activities.

Date: _____, 2010 **Parent/guardian signature** _____

Date: _____, 2010 **Parent/guardian signature** _____

In order for the agent to have valid healthcare authority under Oklahoma law, this document must be witnessed by two individuals of lawful age who are not the agent, not related to the principal by blood, marriage or adoption, not entitled to any portion of principal's estate and not financially responsible for principal's health care.

_____	_____
Witness	Witness
_____	_____
Address	Address

Complete this section if the parent /guardian will not attend the conference.

I, _____ give permission for my son/daughter _____ to attend the 2010 DOWAMA Parish Life Conference to be held June 16 – 19, 2010 at the Oklahoma City Marriott in Oklahoma City, Oklahoma and hosted by St. Elijah Orthodox Christian Church.

_____ will be responsible for my child during the conference and I give him/her permission to act as his/her chaperone during the course of the conference.

Parent's Signature _____ Date _____
(parent or guardian must be the person the teen legally lives with)

Complete this section when you arrive at the Conference.

I, _____ Hotel Room Number _____ take responsibility for _____
(Chaperone or attending parent) (Name of Teen)

Hotel Room Number _____ during his/her stay at the 2010 DOWAMA Parish Life Conference. I understand that it is my responsibility to see to it that the teen for which I am responsible acts appropriately during his/her stay at this conference. I have seen a copy of the Teen Conference Rules and I am aware of what is expected of the teens. I further understand that I will be called upon in the event that there is a problem involving this teen and that I will be expected to assist the conference in this matter.

Chaperone or attending parent and teen signatures are to be done in the presence of the Conference Registration Personnel. Identification is required. No form will be accepted without the parent/guardian information and signature being completed.

_____	_____	_____	_____
Chaperone or Parent Signature	Date	Teen Signature	Date