



Youth Registration Form

DIOCESE OF SAN JOSE TAHOE RETREAT

“DYR 2011: Walk by Faith, Not by Sight”

Please note: In addition to submitting this form and the **Waiver/Medical Release Form**, it is mandatory for parents AND teens to attend one of the following Pre-Retreat Parent/Youth Orientation Meetings:

Choose: Sunday, June 12th from 1-3 p.m., St. Lucy
 Wednesday, June 15th from 7-9 p.m., Holy Family

Participant’s Name: _____ **Parish:** _____

Have you attended the DYR (formally known as the Tahoe Retreat) before? Y or N

T-Shirt Size: __ S __ M __ L __ XL __ XXL __ XXXL

_____ **Full Payment:** \$310 _____ **Deposit:** \$100
(non-refundable after June 1st) (non-refundable and due by _____)

Donation for Scholarship: \$50 \$100 \$150 \$210 \$ _____

(Your donation will help another student afford to attend DYR 2011 who would otherwise not be able to do so. Please be generous. \$210 is a full scholarship.)

Diocese of San Jose Youth Code of Conduct

Every youth is expected to act in a Christ-like manner.

Every youth is expected to follow the rules and policies as given.

Every youth is expected to cooperate with peer and adult leaders.

Every youth is expected to communicate in an appropriate manner.

Every youth is expected to respect the personal boundaries and property of others.

Every youth is expected to promote/support a safe, fun and healthy environment through positive participation.

No youth will tolerate abuse of any kind.

DYR Discipline Policy

We will use any behavioral issues as opportunities to teach and to learn. After all, the root word of discipline is disciple, or one who is learning. The Staff have very positive expectations of teens, and most of the time they rise to the occasion. We do know that sometimes people make poor decisions; it then becomes our responsibility as staff to find accountability for such decisions. In the case of serious and unacceptable infractions, we recognize the parents as the primary disciplinarian and will thus include them at this level.

In the event that a youth damages property at Zephyr Cove, parents will be responsible for any expenses incurred from these damages. Dress Code will be enforced at all times.

YOU WILL BE SENT HOME IF:

- You bring, or are caught using, any type of illegal substance. (i.e. drugs, alcohol, and tobacco)
- You bring a firearm or knife.
- You are involved in a major disruption of the retreat. Examples of such are: Leaving the cabin after lights out for anything other than restroom use, purposely cause a medical or other emergency, fighting, continual distracting behavior, boys in girl’s room or vice versa, or other serious offenses in the judgment of the retreat administrator.

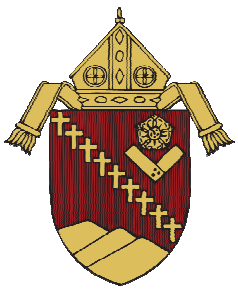
I have read the DYR Discipline Policy and I agree to abide by these policies and guidelines.

I understand that I may be sent home if I fail to comply with these policies.

Participant’s Signature _____ **Date** _____

Guardian’s Signature _____ **Date** _____

Submit this form with payment (checks payable to parish) to your Coordinator of Youth Ministry.
For more information, please call your coordinator of youth ministry or e-mail dyr@dsj.org.



Youth Waiver and Medical Release Form

DIOCESE OF SAN JOSE - DIOCESAN YOUTH RETREAT

“DYR 2011: Walk by Faith, Not by sight”

PLEASE PRINT LEGIBLY. Thank you!

FULL NAME _____ BIRTH DATE _____ GENDER _____

PARISH _____ GRADE ('10-11 school year): _____ TEEN PHONE _____

ADDRESS _____ CITY/ZIP _____

E-MAIL* _____ FAV. SNACK _____ FAV. FRUIT _____

GUARDIAN'S NAME _____ HOME PHONE _____

GUARDIAN'S E-MAIL* _____ WORK PHONE _____

DOCTOR'S NAME _____ DR.'S PHONE _____

INSURANCE COMPANY _____ POLICY # _____

PLEASE ATTACH A COPY OF YOUR CHILD'S MEDICAL CARD for the diocese to have on hand.

Are there any known allergies to food or medications that those who work with your young person this week should be aware of? **Yes** **No** **Vegetarian**

If Yes, please explain: _____

Are there any known physical, psychological or emotional limitations that would affect this young person's participation in this event? **Yes** **No**

If Yes, please explain: _____

EMERGENCY CONTACT PERSON (in the event the parent(s) cannot be notified)

NAME _____ RELATION _____ PHONE _____

(Please make sure emergency contact will be available the week of June 20-24, 2011)

RELEASE FORM

I request that the Roman Catholic Diocese of San Jose, Office of Youth and Young Adult Ministries, permit my child to participate in the **Diocesan Youth Retreat 2011** to be held at **Zephyr Point in South Shore Tahoe, Nevada, June 20-24, 2011**. I understand that my child will travel round trip to Zephyr Point from Santa Clara by chartered bus, including a stop at El Dorado Hills for one meal each way. I understand that reasonable precautions will be taken to safeguard the health and well being of my child, and that I will be notified as soon as possible in the event of an emergency. In case of sickness or accident, I authorize and consent to any x-ray exam, anesthetic, medical, dental or treatment and hospital care to be rendered to my child under the general care and advice of any physician, dentist or surgeon licensed to practice in any state. I further understand and agree to be responsible for any such medical, dental and/or hospital expenses incurred.

By signing this form, I hereby grant permission for my child to be photographed and/or videotaped during DYR. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting DYR. Please print “Photo Opt Out” by the signature if you do not want this permission granted.

GUARDIAN'S SIGNATURE _____ DATE _____

***Note that e-mail is the chosen form of communication. It is very important that you write an e-mail address that you check often for Teen and Parent, even if it is the same. It is typical that separate e-mails are sent to parents and youth.**

1150 North 1st Street, Suite 100, San Jose, CA 95112-4966

www.dsj.org/dyr FAX (408) 983-0121