

*Middle School Youth Rally Registration Form  
Be Not Afraid  
October 28, 2018*

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Parish: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

All participants will receive a t-shirt at check-in. Please circle your shirt size (all are adult sizes):

**Small      Medium      Large      X-Large      2X-Large**

**Breakout Session Selection:**

Participants will attend 2 breakout sessions during the day. We will do our best to give participants their top choices - **Please rank your preferences 1-8** (descriptions may be found on the back of the event flyer)

You've Got a Friend in Jesus \_\_\_\_\_

Saints & Heroes \_\_\_\_\_

Come Feel the Music \_\_\_\_\_

It's Not Just a Book \_\_\_\_\_

Communicating with God \_\_\_\_\_

Mary: Not Just Another Teen \_\_\_\_\_

Science & Faith or is in Faith in Science \_\_\_\_\_ Fruits of the Holy Spirit \_\_\_\_\_

**YOUTH AGREEMENT**

I agree to abide by all rules and regulations decided upon by the Youth Rally Planning Committee and leadership personnel of the event. I will project an image of Christian consideration, sensitivity and respect to everyone and the property in my language, dress and behavior. I understand that failure to follow the rules or to cooperate with leadership directions will result in the immediate dismissal from the Youth Rally.

X

\_\_\_\_\_  
Signature of Youth Participant

X

\_\_\_\_\_  
Date

## Consent, Release & Medical Information

I, the below signed, Parent/Guardian, hereby authorize and give my consent for my son/daughter to attend the Middle School Youth Rally on October 28, 2018 to be held at St. Clement's Church, Saratoga Springs, NY.

I understand that a variety of activities are planned throughout the day and grant permission for my child to participate. I relieve the Roman Catholic Diocese of Albany, St. Clement's Church (host site), and all the parishes of the Adirondack Vicariate (sponsoring parishes) of all liability in the event of an injury.

I authorize representatives and chaperones of the Youth Rally to obtain medical treatment, should it be necessary.

I grant permission for my son/daughter to be photographed (both moving and still) and further authorize that any and all pictures/videos may be used or released in local and diocesan newspapers, flyers, online via diocesan/parish Facebook pages and/or websites.

My son/daughter has the following allergies, medical conditions or dietary restrictions which the leadership of this event should be aware of (**Please note: we cannot provide accommodations for all food allergies. If your child has special dietary needs, please provide your own food.**)

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Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Best Contact Number: \_\_\_\_\_

X

\_\_\_\_\_  
Parent/Guardian Signature

X

\_\_\_\_\_  
Date

In the event of an emergency and the above named parent/guardian cannot be reached, please provide another adult contact:

Name of Contact	Relationship to Youth	Contact Phone Number
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**Please return completed form and \$20 registration fee by September 30, 2018 to:**

**Youth Rally Registration  
Our Lady of the Annunciation Church  
Attn: Patti Abbott  
448 Aviation Rd, Queensbury, NY 12804**