

ByzanTEEN Rally 2016

The Lord Is My Rock and My Refuge

“FEARLESS”

Registration / Medical Authorization Form

This form MUST be filled out completely and signed in order to participate in the Rally. Thank you.

ByzanTEEN Rally 2016 participant must be age 13 by November 1, 2016.

Last Name _____ First Name _____ Birthdate: ____ / ____ / ____ Male () Female ()

Address _____

City _____ State _____ Zip Code _____ - _____

Phone _____ (Home) _____ (Cell) EMAIL: _____

Parent/Guardian Name (s) _____

Parish Name/City & State _____

In case of an emergency, please notify: Name(s) _____

Emergency Contact Phone _____

Physician information:

Family Physician _____ Phone _____

Dentist _____ Phone _____

Health Insurance Information: Please include a copy (front and back) of your medical insurance card, prescription card and dental card. These are required if emergency care is needed.

If your child should require emergency medical attention and we are unable to reach you or any other authorized party, this form authorizes the Eparchial moderators or lay coordinators of this event to obtain medical treatment for your child. Please fill this form out COMPLETELY so your child can be treated properly.

Medical Information (please circle all that apply):

Asthma	yes	no	Migraines	yes	no
ADD/ADHD	yes	no	Low blood sugar	yes	no
Heart disease	yes	no	Bleeding/clotting disorder	yes	no
Convulsions	yes	no	High blood pressure	yes	no
Diabetes	yes	no	Other _____		

Allergies: (Please check all that apply and explain the reaction.)

Penicillin	yes	no	Environmental	yes	no
Other medications	yes	no	Dietary	yes	no
Insect bites	yes	no	Other	yes	no

If "yes" to any of the above, please explain any food and/or drug allergies: _____

Medications:

Please list all medications to be taken (including inhalers and non-prescription medications). Medications brought must be in the original prescription packaging and dispensed by health personnel. ALL medications, including over-the-counter medications must be turned in to the health personnel.

List all medications: _____

The following over-the-counter medications will be available during the Rally if necessary or if requested. These medications will be administered under the direction of the health personnel. Dosages will be as listed on labels and generic equivalents will be used if available. Please circle **YES** if you approve using or **NO** if you do not wish the medication to be used:

Tylenol	yes	no	Benadryl	yes	no
Advil (Motrin)	yes	no	Maalox	yes	no
Tums	yes	no	Immodium	yes	no
Pepto-Bismol	yes	no	Topical antibiotic ointment	yes	no

MEDICAL RELEASE

I hereby give permission to the health personnel to perform routine tests and treatment for the health of my child. In the event of an emergency or other acute event where time will not allow me to be reached, or I (the designated contact person) cannot be reached, I hereby give permission for the health personnel to secure necessary consultative care for my child, including hospitalization, anesthesia, surgery and other medical treatment. I hereby give permission for any health personnel to view my child's medical history so they may be treated as necessary. I hereby agree to accept any financial responsibility for any and all medical attention necessary.

RALLY AND ACTIVITY RELEASE

I hereby give permission for my teen _____ to participate in all the activities of the ByzanTEEN Youth Rally 2016. I fully release, discharge and waive any claims or right of actions which I have or might have later have arising from any negligent acts or omissions of the Eparchy, any of its employees, agents and all affiliated individuals arising out of any activity associated with the Rally. I agree to indemnify and hold harmless the Eparchy, any of its employees, agents and all affiliated individuals for damage based on negligence of the Eparchy, any of its employees, agents or all affiliated individuals arising out of any incident during the Rally.

SIGNATURE OF PARENT/GUARDIAN

DATE

Teen Rally cost is \$300 per person; REGISTRATION DEADLINE - June 16, 2016

A **NON-REFUNDABLE** payment is to be included in FULL with this form and required information. Please make check payable to "ByzanTEEN Youth Rally 2016." Mail Form and Payment to: **ByzanTEEN Youth Rally**, Eparchy of Passaic, 445 Lackawanna Avenue, Woodland Park, NJ 07424.

Request for roommate or any additional information _____