

**National Catholic Youth Conference 2017**  
**John Paul II Parish Guidelines and Registration Info**

When: November 16-19, 2017  
 Where: Indianapolis, Indiana

- Registration is open to all high school youth entering 9<sup>th</sup> grade in fall 2017 through seniors graduating in spring 2018.
- Find out more info about NCYC 2017 at <http://www.ncyc.info/>. Also, you can find them on Facebook at National Catholic Youth Conference.
- Departure will occur on Thursday, November 19<sup>th</sup>, during the day (time pending). Youth will miss 2 days of school. We will return around lunchtime on Sunday.
- Cost is \$550. Deposits are non-refundable. Financial Aid is available, contact Dawn to discuss.

<b>Expenses:</b>		<b>Funding:</b>	
Conference Fee	\$260	Youth Ministry Budget	\$100
Hotel Fee (4 per room)	\$165	<u>Youth/Parents</u>	<u>\$450</u>
Transportation (Coach Bus):	\$ 50	Total:	\$550
<u>Breakfasts/Snacks/Trading Items</u>	<u>\$ 75</u>		
Total:	\$550		

- A \$150 deposit is required to confirm the youth's spot and it is due by June 30, 2017.
- A \$150 payment is due by August 16, 2017.
- A third payment of \$150 payment is due by September 29, 2017.
- If a youth works the following events, they can have the family contribution to the trip reduced. The initial \$150 deposit is required to confirm the spot.
  - Spring 2017 Men's Club Fish Fry @ SJH, \$50 per Friday worked, up to \$100
  - Youth Ministry Fundraiser, weekends in August (more info coming), up to \$100
  - Attend the Mass and Breakfast hosted by Knights of Columbus and Ladies' Auxiliary of Jeffersonville, Sunday, August 13, at St. Augustine, \$100
- **Daily lunch and dinners are NOT included in fees.** (Youth need to bring funds on the trip for lunches and dinners on Thursday, Friday and Saturday – \$30 a day recommended (\$75-100), and additional funds for souvenirs.)
- Parish registration closes on June 30, 2017. Late forms/payment will not be accepted. Items due include:
  - Online registration – go to [www.archindyym.com/NCYC2017](http://www.archindyym.com/NCYC2017).
  - Youth and parents must complete the NCYC Youth Liability Waiver and Permission Form which is emailed as an attachment with their confirmation email after they register online.
  - SJPII NCYC Registration Form (attached), and
  - SJP 2016/2017 Permission Slip/Medical Release Form (attached).
  - Check made out to St. John Paul II Catholic Church for \$150.
- Youth are required to follow the NCYC Code of Conduct. There is a zero tolerance level for misbehavior. Parents will be contacted and asked to come and pick up youth immediately if there are any issues.
- Cancellation Policy: Registered youth must notify Dawn by October 1, 2017, if they are not going to attend. If a substitute youth is found, the youth will be refunded their deposits. If a substitute is not found, no refunds will be made.

**NCYC 2017 St. John Paul II Catholic Church Youth Registration Form  
Due to Dawn by June 30, 2017**

Youth Registering: \_\_\_\_\_

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

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

By completing this registration form and submitting your deposit you are agreeing to the guidelines set for the St. John Paul II Youth Group trip to the National Catholic Youth Conference 2017.

I understand our family is committing to funding up to \$450 for this trip and payments will be made by set deadlines. Failure to make payments or participate in fundraisers will cancel the youth's spot on this trip. Funds are not refundable.

- A \$150 deposit - due June 30, 2017
- A \$150 payment - due August 16, 2017
- A \$150 payment - due September 29, 2017
- Fundraiser
  - Spring 2017 Men's Club Fish Fry, up to \$100
  - Youth Ministry Fundraiser, 2 weekends in August, up to \$100
  - Attend the Mass and Breakfast hosted by Knights of Columbus and Ladies' Auxiliary of Jeffersonville, Sunday, August 13, at St. Augustine, \$100

Youth Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Office Use:

Payment #1 _____	Payment #2 _____	Payment #3 _____
Fish Fry _____	YM Fundraiser _____	Mass/Breakfast _____

**St. John Paul II Catholic Church  
Sellersburg, IN  
Youth Ministry Annual Permission Form for the 2017 Calendar Year**

**Youth's Information:**

**Full Legal Name:** \_\_\_\_\_ **Preferred Nickname:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Can we send text messages to this number? YES or NO**

**Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Parents' Information:**

**Mother's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Can we send text messages to this number? YES or NO**

**Father's Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Can we send text messages to this number? YES or NO**

**Permission and Release:**

As parent or guardian of the above named youth, I hereby request that my child be allowed to attend and/or travel with the St. John Paul II Catholic Church Youth Ministry Program to all events and activities in the local area as well as outside of the state of Indiana.

I hereby release the Archdiocese of Indianapolis, New Albany Deanery Catholic Youth Ministries, and St. John Paul II Catholic Church as well as associated staff and adult volunteer leaders from any claim, loss, cost, damage or expense arising out of any accident or other occurrence causing injury to any person or property during these events or activities.

Should it be necessary for my child to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all transportation costs.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Photo and Media Consent:**

I give permission for photographs taken of my child during activities as well as any quotations given by my child to be used for the online, video, and printed public relations efforts of the Archdiocese of Indianapolis, New Albany Deanery Catholic Youth Ministries, and St. John Paul II Catholic Church.

**Yes**       **No**      **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you have any questions, please contact Dawn Schepers, Youth Minister at  
502-641-9229 or [dschepers@stjohnpaulparish.org](mailto:dschepers@stjohnpaulparish.org)

*\*Be sure to complete the annual medical release and emergency information form on the back of this page.\**

**St. John Paul II Catholic Church  
Sellersburg, IN  
Youth Ministry Annual Medical Release for the 2017 Calendar Year  
Emergency Contact and Medical Information**

IDENTIFYING INFORMATION:				EMERGENCY CONTACT INFORMATION:			
Full Legal Name of Child:				<i>In the case of emergency or serious illness of my minor child, please attempt contact in the order listed below:</i>			
Birthdate:		Gender:		Call 1 <sup>st</sup> :	Name:		Home/Work Phone:
Parent (Guardian) Names:					Relationship:		Cell: Phone:
Address Street:				Call 2 <sup>nd</sup> :	Name:		Home/Work Phone:
Address Apartment No./Other:					Relationship:		Cell: Phone:
Address City:		State:	ZIP:	Call 3 <sup>rd</sup> :	Name:		Home/Work Phone:
Home Phone:		Parent E-mail:			Relationship:		Cell: Phone:
Child lives with: <input type="checkbox"/> Mother and Father <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Guardian				Local Hospital of Choice:			
Who is the Custodial Parent (if applicable)?			<input type="checkbox"/> Custody Papers on file?	Physician of Choice:		Phone:	
Siblings attending this parish youth program:				<b>HEALTH INSURANCE INFORMATION:</b>			
Adults authorized to pick up my child:	Name:		Phone Number:		Company:		Co. Phone:
					Policy Holder:		Group No.:
					Holder ID No.:		Plan No.:
					Policy No.:		Patient (Child) ID No:
<b>MEDICAL INFORMATION:</b>							
<b>Child's Medical Conditions</b>		Please list below any medical conditions your child has such as chronic or serious illness; severe allergies or sensitivities including, but not limited to: food, medicine, insects, or heat; asthma; diabetes, heart condition; respiratory problems; seizures, urinary problems; hemophilia; frequent hospitalizations; vision or hearing difficulties, physical or mental limitations, etc. <input type="checkbox"/> Individual Health Plan for chronic conditions on file (if applicable).			<b>Medications Taken Regularly by Child</b>		Please list below any medications, treatments, or medical care your child receives on a regular basis that medical personnel may need to know about at the time of treatment for illness or injury.  <input type="checkbox"/> Medication Release on file for all medications taken at youth ministry programs (if applicable).
<b>CONSENT TO MEDICAL TREATMENT FOR A MINOR CHILD:</b>							
I understand that in the case of a serious medical emergency, unless the injury/illness appears to be immediately life-threatening, the staff and/or adult volunteers will make reasonable attempts to contact me as specified above <i>before</i> authorizing medical treatment. If I am not available to give consent, I hereby authorize the staff and/or adult volunteers of the Archdiocese of Indianapolis, New Albany Deanery Catholic Youth Ministries, or St. John Paul II Catholic Church to act on my behalf, to call 911 emergency services; transport by ambulance; hospitalize; secure proper treatment; authorize injections, anesthesia, x-ray, surgery or other treatment for my child as deemed necessary by qualified medical personnel. I also understand that the medical information provided will be shared only on a medical "need-to-know" basis among staff and/or adult volunteers and with treating medical personnel. <b>Notice is hereby given</b> to qualified medical personnel that this authorization is currently in effect, and such personnel are directed to act upon this authorization without delay. I agree to assume financial responsibility for all expenses incurred in any emergency requiring medical attention.							
Parent/Guardian Signature:			Relationship:			Date:	