

ByzanTEEN Rally 2018

Registration Form

*This form MUST be filled out completely and signed in order to participate in the Rally. Thank you.
ByzanTEEN Rally 2018 participant must be age 13 by November 1, 2018 and not
have reached the age of 18 by July 10, 2018*

Please Print Legibly

Last Name _____ First Name _____

Age _____ Birthdate: ____/____/____ Grade _____ Male () Female ()

Address _____

City _____ State _____ Zip Code _____ - _____

Phone (Home) _____ (Cell) _____

Email _____ @ _____

Parent/Guardian Name(s) _____

Parish Name/City & State _____

Pastor _____

ByzanTEEN Rally 2018 Registration Fee:

\$310 per person early-bird registration received before May 1, 2018

\$335 per person for registrations received May 1 through June 16, 2018

REGISTRATION DEADLINE – Friday June 15, 2018 @ 10 PM

The NON-REFUNDABLE payment is to be included in FULL with this Registration Form, the Confidential Medical History and Authorization Form, the Travel Info Form, the Code of Conduct Agreement and any other required information. Please make check payable to “ByzanTEEN Youth Rally 2018.”
Mail Forms and Payment to:

ByzanTEEN Youth Rally 2018

Byzantine Catholic Archeparchy of Pittsburgh

66 Riverview Ave

Pittsburgh, PA 15214

ByzanTEEN Rally 2018

Confidential Medical History And Authorization Form

*This form MUST be filled out completely and signed in order to participate in the Rally. Thank you.
Information on this form is confidential and will be destroyed after Rally. Please Print Legibly*

Last Name _____ First Name _____

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 Rally Staff to obtain medical treatment for your child. It must be signed and dated by the parent/legal guardian and sent in with the registration.

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.

SIGNATURE OF PARENT/GUARDIAN _____ DATE ____/____/____

Please fill this form out COMPLETELY so your child can be treated properly.

(1) Medical History (please circle yes/no):

ADD/ADHD	yes	no	
Allergies	yes	no	If yes complete (2) below.
Asthma	yes	no	
Autism Spectrum Disorder	yes	no	
Bipolar/Depression	yes	no	
Bleeding/Clotting Disorder	yes	no	
Convulsions/Epilepsy	yes	no	
Diabetes/Low Blood Sugar	yes	no	
Emotional Disorder	yes	no	
Heart Disease	yes	no	
High Blood Pressure	yes	no	
Migraines	yes	no	
Mobility Disability	yes	no	
Other _____			

If “yes” to any of the above, please give any special information here:

(2) Allergies (please circle yes/no):

Penicillin or Other Antibiotics/Medications yes no

If yes please specify _____

Insect Bites/Stings yes no

Environmental yes no

Dietary yes no If yes circle all that apply:

Gluten / Tree Nuts / Peanuts / Soy / Lactose Intolerant / Shellfish

Other (Specify) _____

Is an epipen required to be carried? yes no

If “yes” to any of the above, please explain the reaction:

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

(4) Additional Information/Permissions:

Blood type (if known): _____

Tetanus Vaccination-Date received if applicable: _____

Do you give your permission for your teen to receive a tetanus vaccination if he or she is in need of medical care (circle choice)? yes no

Please specify any activities that your child should NOT be allowed to participate in for health or other reasons:

Request for roommate or any additional information:

All photography and videography are the property of and will be for ByzanTEEN Rally promotional use ONLY. By signing this form you give permission for pictures and videos of your teen(s) for this ByzanTEEN Rally promotional use.

Please circle Yes AND INITIAL your agreement:

Yes – I agree and give permission for this policy _____

RALLY AND ACTIVITY RELEASE AND WAIVER

I hereby give permission for my teen _____ to participate in all the activities of the ByzanTEEN Youth Rally 2018. I fully release, discharge and waive any claims or right of actions which I have or might have later arising from any negligent acts or omissions of the (Arch)Eparchy, Byzantine Catholic Metropolia sui juris of Pittsburgh, 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 (Arch)Eparchy, any of its employees, agents and all affiliated individuals for damage based on negligence of the (Arch)Eparchy, any of its employees, agents or all affiliated individuals arising out of any incident during the Rally, and that the aforementioned persons cannot be held responsible for any social media incident that occurs during the Rally. I attest that I have supplied the ByzanTEEN Youth Rally 2018 with any and all information necessary to insure proper supervision of my child's health and well-being. In case of apparent injury or illness, I wish my child to be sent to a reliable hospital and skilled medical attention be secured at once, for which I expect to pay the usual charges. I also wish that notification of any emergency be made immediately to me at the phone number I have listed. I wish the staff to treat my child as if he or she were their own. I also acknowledge that my child's early departure for medical, disciplinary or personal reasons is my sole responsibility.

SIGNATURE OF PARENT/GUARDIAN

DATE _____ / _____ / _____

ByzanTEEN Rally 2018

Travel Information Form

A copy of this form MUST be filled out and returned with your reservation. Thank you.

ByzanTEEN Rally 2018 will be held at Saint Vincent College, 300 Fraser Purchase Rd, Latrobe, PA 15650.

For those driving you can get directions and maps by visiting stvincent.edu

For those flying in, Arnold Palmer Airport in Latrobe is serviced by Spirit Airlines. You may be able to get a connection from Ft. Lauderdale, Chicago O'Hare, or NY LaGuardia. The other recommended airport is Pittsburgh International. A shuttle service can be arranged by your group to provide transportation to and from the Rally location. The shuttle service recommended by the College is Elite Coach Transportation @ 1-800-488-7775. Be sure to give them your arrival AND departure information.

ARRIVAL AND REGISTRATION TIME ON THURSDAY: 3:00 PM – 5:30 PM

RALLY CLOSING AND DEPARTURE TIME ON SUNDAY: 11:00 AM

Last Name _____ First Name _____

City _____ State _____

Phone (Home) _____ (Cell) _____

Email _____ @ _____

I will be traveling to and from the Rally by (circle one):

Personal Auto

Charter Bus

Airline

If by Charter Bus, which parish/eparchy group are you traveling with?

Name of Group Leader/Travel Chaperone _____

Contact Number of Group Leader _____ - _____ - _____

If by Airline, which parish/eparchy group are you traveling with?

Name of Group Leader/Travel Chaperone _____

Contact Number of Group Leader _____ - _____ - _____

Airline and Flight Information: Airport will be _____

Arriving Thursday 7/5/18 on _____ Airlines Flight # _____ at _____:

Departing Sunday 7/8/18 on _____ Airlines Flight # _____ at _____:

Plan to arrive at your airport 2 hours before your boarding time to get through baggage/security.

ByzanTEEN Rally 2018

Praying By Name For Those We Love– Prayer for the Living

Saint Paul tells us that Faith without good works is dead. The Church provides us with ways to perform good works. These are called the Corporal Works of Mercy and the Spiritual Works of Mercy. One of the Spiritual Works of Mercy is to Pray for the Living. During the Rally, you will have an opportunity to pray for your family and loved ones. Please list the names of your family and loved ones here and return this form with your Rally Application. Please PRINT legibly.

YOUR NAME: _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

ByzanTEEN Rally 2018

Remembering Our Departed Loved Ones – Praying for the Deceased

Saint Paul tells us that Faith without good works is dead. The Church provides us with ways to perform good works. These are called the Corporal Works of Mercy and the Spiritual Works of Mercy. One of the Spiritual Works of Mercy is to Pray for the Departed. During the Rally, you will have an opportunity to pray for your deceased loved ones by name during the Panachida Memorial Service. Please list the names of your departed loved ones here and return this form with your Rally Application. Please PRINT legibly.

YOUR NAME: _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____