

GROUP REGISTRATION INFORMATION



Teen Leadership Training Day **Corpus Christi Parish** Sunday, September 25, 2011 1:30 P.M. until 5:45 P.M.

Registration:

- Only registered individuals in 7th-12th Grade will be permitted to participate.
- **COST- \$5 PER PERSON**
 - **NO ADMITTANCE ON THE DAY OF THE EVENT WITHOUT PRIOR REGISTRATION.**

Chaperones:

- A minimum of two chaperones are required for every group of up to ten (10) youth. One additional adult chaperone is needed per additional ten (10) youth.
- Please contact Maria Richardson at 215-965-4625 if you have questions about chaperones.

Forms: Available at www.oyya.org and/or www.corpuschristilansdale.com

- Mail completed Registration Form with payment by September 15th.
- A completed [Chaperone Information Form](#) must be presented at registration the day of the event.
- Two copies of each [Registration and Parental Permission Form](#) must be brought to the event. One must be in the possession of the chaperone and the other is to be handed in at registration on the day of the event.

Food:

- Pizza dinner will be provided along with light snacks and water throughout the day. We encourage participants to eat a good breakfast and lunch prior to coming. Anyone with dietary restrictions may bring dinner with them.

Mass Available:

- Parish Masses are scheduled for 12:30 P.M. and 6:00 P. M. **Participants are encouraged to stay for the 6:00 P.M. Mass and Ice Cream “Sunday” Social ending at 8:30 P.M.**

Attire:

- This is leadership training. Please wear modest, Mass appropriate clothing.

Questions:

- Contact Maria Richardson at mrichard@adphila.org or 215-965-4625 if you have any questions.

Mail completed Group Registration Form with payment by September 15th to:

Mrs. Trish Keen
Corpus Christi Parish
900 Sumneytown Pike
Lansdale, PA 19446

Phone : 215-362-2292 ~ FAX: 215-855-3631



GROUP REGISTRATION FORM



Teen Leadership Training Day Corpus Christi Parish ~ Sunday, September 25, 2011 Registration Form

Parish/School: _____ City: _____

Group Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Work / Home Phone: _____ Cell Phone: _____

E-mail: _____

Vicariate: _____ Diocese: Philadelphia or Other: _____

- *Two chaperones **MUST** accompany youth groups of ten or less. One additional chaperone must accompany up to 10 additional youths. Call OYYA at 215-965-4625 with chaperone questions.*
- *Chaperones need to bring 2 copies of the Parental Permission Form to the event. One will be handed in at the registration desk, the chaperone will hold the other copy.*

Youth _____ # Chaperones _____ Total # attending _____
(7th through 12 graders only)

Registrations @ \$5 each Total No. _____ x \$5 = \$ _____

Method of Payment: _____ Cash _____ Check

Make check payable to "**Corpus Christi Parish**"

Please Note: Payment reserves your place. Registration fee is non-refundable.

- **NO ADMITTANCE ON THE DAY OF THE EVENT WITHOUT PRIOR REGISTRATION.**

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CHAPERONE INFORMATION FORM



Teen Leadership Training Day **Corpus Christi Parish ~ Sunday, September 25, 2011**

(PLEASE DUPLICATE THIS FORM AS MANY TIMES AS NEEDED!)

Parish/School: _____ **Total # of Youth:** _____

Initial Two Chaperones: _____ **Cell Phone:** _____

_____ **Cell Phone:** _____

Please list all of your chaperones on this form. No youth may participate in the day without adult chaperones. **A minimum of two chaperones are required for every group of up to ten (10) youth. One additional adult chaperone is needed per additional ten (10) youth.** Call OYYA at 215-965-4625 with chaperone questions.

This form MUST be submitted at the registration table.

List All Additional Chaperones here:

Name:	Cell Phone:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

During Teen Leadership Training, the chaperones will be responsible for the youth they accompany.

Statement of Compliance

As group leader, I have received a completed and signed Teen Leadership Training Day "Registration and Parental Permission Form" from each participant in the group. Furthermore, I verify that every adult chaperone in my group is in full compliance with the Archdiocesan policies on child protection, including the successful completion of a Pennsylvania criminal background check and child abuse clearance in the last 5 years and participation in the Archdiocesan Child Sexual Abuse Prevention training. **I fully understand the meaning of this statement and sign this Chaperone Form knowingly, freely and willingly.**

Signature of Group Leader: _____ Date: _____





Teen Leadership Training Day

Corpus Christi Parish

Sunday, September 25, 2011

1:30 P.M. until 5:45 P.M.

Mass and Ice Cream Sunday Social until 8:30 P.M. Optional

Due by September 15th REGISTRATION AND PARENTAL PERMISSION FORM

Name of Attendee: _____ Phone: _____

Address: _____ E-mail _____

Age: _____ Grade: _____ Parish: _____ County: _____

This form must be completed and submitted prior to the event for registration. School: _____

Please make a copy to bring with you the day of the event.

I grant my permission for my child, _____, to participate in the "Teen Leadership Training Day" on September 25, 2011 at Corpus Christi Parish, 900 Sumneytown Pike, Lansdale, PA 19446.

Registration begins at 1:30 PM and the event ends at 8:30 PM.

No one may leave early without parental permission.

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name: _____

Address: _____

Phone: _____ Cell: _____

Relation to participant: _____

Participant's physician: _____ Phone number: _____

Health Insurance Type: _____ Policy Number: _____

Please list any conditions, e.g. allergies, or other medical problems which should be called to the attention of chaperones: _____ . *Pizza will be served for dinner. Anyone with dietary restrictions may bring dinner with them. No aspirin or medication of any kind will be provided. Please be sure that your child has with them anything necessary for medical reasons and list it here:*

Knowing that there will be proper supervision, in case of injury, I will not hold the Office for Youth & Young Adults of the Archdiocese of Philadelphia or any person or persons connected with them liable. My signature below also gives the Archdiocese permission to use pictures / video from the event in which my child may appear for promotions. **My child will NOT stay for the Mass and Ice Cream "Sunday" Social and may leave at 5:45 P.M. _____ (initial)**

Parent/Guardian Name _____ Phone: _____

SIGNED: _____ Cell Phone: _____
(Parent or Guardian)

May we contact you if we are in need of Chaperones _____ Yes _____ No

Please keep a copy to bring with you and mail completed form to:

Mrs. Trish Keen

Corpus Christi Parish

900 Sumneytown Pike, Lansdale, PA 19446

FAX: 215-855-3631 Phone: 215-362-2292

