

This form is due in the parish no later than 10/2/17 by 4:00 pm



**SHYCON 2017
YOUTH REGISTRATION AND PERMISSION FORM**

(PRINT OR TYPE CLEARLY - BOTH SIDES!)

NAME _____ SEX _____

AGE _____ BIRTH DATE _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARISH/CITY OR CATHOLIC SCHOOL/CITY YOU ARE REPRESENTING:

If you would like to be a liturgical minister for the SHYCON Liturgy (altar server, usher, gift bearer, etc.) Check here _____

Indicate the size of t-shirt desired: (all are adult sizes):

S _____ M _____ L _____ XL _____ XXL _____

PERMISSION

I/WE the parents or guardians of _____, for myself/ourselves and for my/our child, give permission for my/our child to participate in the SHYCON, October 22, 2017, at the Maurice Stokes Athletic Center, St. Francis University, Loretto, Pennsylvania.

INDEMNIFICATION

In consideration of the Youth Ministry Office's agreement to allow my/our child to participate in SHYCON and intending to be legally bound, hereby, I/WE agree to indemnify and hold harmless, the Youth Ministry Office, the Roman Catholic Diocese of Altoona-Johnstown, St. Francis University, and any parishes within the diocese, their agents, successors, and legal representatives against any loss from any and all claims, demands, and actions at law or in equity that may hereafter at any time be brought by myself/ourselves, my/our child, or anyone on his/her behalf, for the purpose of enforcing a claim for damages because of any injury or property damage sustained by my/our child as a result of, or in any way related to his/her participation in the SHYCON.

(Please turn over and complete the other side.)

