Please go to www.sourcesummitevansville.org for complete registration information and chaperon guidelines.
All Participants and Chaperons please send $50 Registration Fee ($35 for each additional sibling) payable to:
The Diocese of Evansville and this signed registration form by February 26, 2027 (After 2/26/27 fee is $55) to
your Parish Youth Minister or DRE if you are going with a parish group or mail to:
SOURCE + SUMMIT REGISTRATION – 8733 Shadowridge Drive. – Newburgh, IN 47630
Fee Scholarships are available- Please just let us know you would like one!

PLEASE READ CAREFULLY – TYPE OR PRINT CLEARLY

NAME _____ **HOME PARISH** _____ **SCHOOL** _____

ADDRESS _____ **CITY** _____ **ST** _____ **ZIP** _____

CELL PHONE _____ **EMAIL** _____ **AGE** _____ **GRADE** _____

YOUR CHAPERONE'S NAME - Required if under 18 _____ **PHONE** _____
THERE MUST BE ONE ADULT CHAPERON (AGE 21 OR OLDER) FOR EVERY EIGHT YOUTH (UNDER THE AGE OF 18)
CHAPERONES: PLEASE LIST YOUTH YOU ARE CHAPERONING ON A SEPARATE PAPER AND ATTACH TO THISFORM

+ If you would like to join a small group for vocation discernment, please check here ☐

T Shirt size – check one - YL ☐ **Adult S** ☐ **M** ☐ **L** ☐ **XL** ☐ **XXL** ☐ **Male** ☐ **Female** ☐ **Birthday** _____
Other T Shirt sizes available up request.

All Chaperons and Volunteers over age 17 must complete YP training and a background check through CMG Connect. I have completed my YP training and a background check - Signature of your parish YPC _____

NOTE: ANY PARTICIPANT UNDER 18 YEARS OF AGE MUST HAVE A WRITTEN PERMISSION SIGNED BY A PARENT OR LEGAL GUARDIAN TO LEAVE THE RETREAT DURING RETREAT HOURS.

Family Name (Printed) _____ Guardian's Name (Printed) _____
Phone _____ Guardian's Cell Phone _____ Email _____
If Guardian cannot be reached, call (Name) _____ Phone _____
Family Physician _____ Physician's Phone _____
Insurance Carrier _____ Carriers Phone# _____ Policy # _____
Are parents living together? Ye☐ N☐ With whom does child live? _____
Is there anyone who by court order or decree is designated as the primary or sole custodial parent? _____
Name anyone who has been restrained from picking up the child _____
I understand it is my responsibility to inform the Youth Minister about such matters and to provide relevant court orders and decrees to officials
List any chronic or existing diseases, allergies, or medical problems (e.g. diabetes, epilepsy, peanut allergy): _____
List any instructions for care of the above if necessary or any medications taken regularly on a separate sheet of paper and attach to this form.
Place "X" here _____ if it is NOT acceptable for your child to be provided over-the-counter medications (e.g., commonly used pain medications).

WAIVER FOR THE CATHOLIC DIOCESE OF EVANSVILLE

I/We, the parent(s)/guardian(s) of the above-named youth, hereby give my/our approval for his/her participation in the Source + Summit Retreat. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify, and hold harmless the Bishop of the Catholic Diocese of Evansville, my Parish, my Pastor, and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to my/our youth or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event. It is understood and agreed that neither the Parish, the Catholic Diocese of Evansville, any respective affiliate, successor, agent, employee, member, representative, adult sponsor, nor other volunteer is the insurer of my child's health and safety while he/she is at youth functions, engaged in supervised activities, including sports, or being transported in association with the event. I/We understand it to be my/our obligation to provide such insurance as I/we may desire to purchase to protect myself/ourselves and my/our child against the costs of sickness or injury. In case of emergency or serious illness, should the above-named child require medical treatment, and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such medical treatment as may be considered necessary in the opinion of the attending physician.

I UNDERSTAND THAT MY SIGNATURE RELIEVES DIOCESAN AND/OR PARISH PERSONNEL OF ANY AND ALL LIABILITY RELATED TO THE ADMINISTRATION OF ANY PRESCRIBED MEDICATION ATTACHED TO THIS FORM (INCLUDING OVER-THE-COUNTER DRUGS).

Further, I/we acknowledge having read, or been made aware of the Diocesan Youth and/or Adult Codes of Conduct, the Diocesan Release for Media Recording, and the Diocesan Off-site Transportation Policy, and I/we agree to be bound by the terms and conditions set forth in those documents (copies available via www.evdio.org/diocesan-forms-for-oyaya). I acknowledge and understand that any action on behalf of my/our child/dependent that is inconsistent with the Diocesan Code of Conduct may result in appropriate disciplinary action as outlined in those documents. I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

++++++ Parent/Guardian, or Participant, if 18 or older, must sign. ++++++

SIGNATURE _____ **PRINTED NAME** _____ **DATE** _____