



REGISTRATION FORM for: **Family EXPEDITION WEEKEND**
June 19,20
CATHOLIC YOUTH EXPEDITIONS

Please send registration form and fee to:

Catholic Youth Expeditions, 3035 O'Brien Road, Baileys Harbor, WI 54202

Registration fee of \$45 can be made payable to: Catholic Youth Expeditions

Parent's Names: _____

Address: _____

City: _____ State: _____

Zip: _____

Names & Ages of your children (oldest to youngest in attendance)

1
2
3
4
5
6
7
8
9
10
11
12

Accommodations:

RV _____

TENT _____

Pop-up _____

C.Y.E. does not offer indoor accommodations due to space restrictions. Early arrival option available on Fri, June 18

Will you be arriving on Friday evening? YES NO

anymore and you can write them on back!

Home Phone: _____

Email: _____

Parental/Guardian consent form and liability waiver

I agree on behalf of myself, my children named herein, or out heirs, successors, and assigns, to hold harmless and defend Catholic Youth Expeditions, its officers, directors, employees and agents, and the Diocese of Green Bay, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connections with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Catholic Youth Expeditions, its officers, directors and agents, and the Diocese of Green Bay, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may occur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Catholic Youth Expeditions or the Diocese.

Signature: _____ **Date:** _____

Medical Matters: I hereby warrant that to the best of my knowledge, my child/children are in good health, and I assume all responsibility for the health of my child/children. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the numbers(s) above, contact:

Name & relationship _____
Phone: _____ Family Doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy # _____
Signature: _____ Date: _____

As a parent/guardian, I take full responsibility in providing medication of any type, whether prescription or non-prescription to my child/children during the course of the Family Expedition.

Signature: _____ **Date:** _____

Specific Medical Information: Catholic Youth Expeditions will take reasonable care to see the following information will be held in confidence for the safety of your child/children in case of emergency (please list child/children's name & condition):

Allergic reactions (medications, foods, plants, insects, etc.): _____

Please list child/children and his/her special need:

You should be aware of these needs and medical conditions of my child/children: _____

I understand that the family expedition may involve camping in tents, hiking, canoeing, kayaking, swimming, water skiing and windsurfing. My child/children have my permission to participate in these activities, and I believe my child/children to be physically able to participate.

Signature: _____ **Date:** _____

If your son/daughter(s) will be participating in activities including:

- waterskiing
- wakeboarding
- sailing
- windsurfing
- ropes course at Team Leadership Center

Please fill out the appropriate liability form found at: www.cyexpeditions.org/forms

Detailed itinerary can be found at: www.cyexpeditions.org/expeditions