



## **World Youth Day in St Augustine, Fla.**

Join more than 1,000 teens from across the Southeastern United States as we gather for a local celebration of World Youth Day on July 18-19th in St Augustine, Fla.

The event will be held on grounds of Mission of Nombre de Dios and the Shrine of Our Lady of La Leche, 27 Ocean Avenue, St. Augustine, Fla.

A wide variety of activities are scheduled for the two-day event, including: Stations of the Cross, adoration, music, video feeds of WYD from Sydney, Australia, workshops, confession, Mass with Bishop Victor Galeone, entertainment from APeX Ministries, and Catholic Hip-Hop artist Oscar "IIX" Rivera.

Cost: \$25/person. Participants must register through their parish youth group. For more details, visit [www.staugustinecatholicyouth.com](http://www.staugustinecatholicyouth.com) or call Dewey Szarkowski in the diocesan Youth Ministry Office at (904) 262-3200, ext. 112 or email: [dszarkowski@dosaf1.com](mailto:dszarkowski@dosaf1.com).

### **Please complete the following forms and proceed as instructed**

**Forms 1 and 2** are to be completed and submitted to the address below before participants are considered "registered" for the WYD event in St Augustine. Please send forms via:

Fax: (904) 262-0698

Email: [dszarkowski@dosaf1.com](mailto:dszarkowski@dosaf1.com)

Mail: WYD St Augustine  
Attn: Dewey Szarkowski  
11625 Old St Augustine Road  
Jacksonville, FL 32258

**Forms 3, 4 and 5** need to be completed according to the directions on the forms and submitted by the participant's group leader when the youth group arrives and registers on site, July 18 or 19, 2008.



## World Youth Day in St Augustine, Fla.

### Form#1

#### REGISTRATION FORM

Please print or type clearly

Date: \_\_\_\_\_

Parish: \_\_\_\_\_

NAME OF GROUP LEADER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE # (home) \_\_\_\_\_ (work/cell) \_\_\_\_\_

FAX: \_\_\_\_\_ E-Mail \_\_\_\_\_

\_\_\_\_\_ TOTAL # OF SPACES RESERVED

**X \$25 PER PERSON REGISTRATION FEE (\$20 if registration faxed or mailed before June 15<sup>th</sup>).**

\_\_\_\_\_ **TOTAL REGISTRATION FEE DUE** **\*\*Please Note\*\*** Registration fee does not include the cost of hotel accommodations or food at the event. Restaurant vendors will be on sight selling food.

#### **PAYMENT DUE July 1, 2008**

Mail to: World Youth Day St Augustine  
Attn: Dewey Szarkowski  
11625 Old St. Augustine Road  
Jacksonville, FL 32258

If you have any questions, please call Dewey Szarkowski, director of Youth Ministry at 904.262.3200, ext. 112 or email: [dszarkowski@dosafll.com](mailto:dszarkowski@dosafll.com).



# World Youth Day in St Augustine, Fla.

## Form #2

### GROUP BREAKOUT FORM

Please print or type clearly

**Group Name:** \_\_\_\_\_

**Group Leader Name:** \_\_\_\_\_

**# of Adult Male Leaders/Chaperones** \_\_\_\_\_

**# of Male Youth Participants** \_\_\_\_\_

**Total Male Participants** \_\_\_\_\_

**# of Adult Female Leaders/  
Chaperones** \_\_\_\_\_

**# of Female Youth Participants** \_\_\_\_\_

**Total Female Participants** \_\_\_\_\_

**Grand Total Adult Participants (Male and Female)** \_\_\_\_\_

**Grand Total Youth Participants (Male and Female)** \_\_\_\_\_

**Mail to:** World Youth Day St Augustine  
Attn: Dewey Szarkowski  
11625 Old St. Augustine Road  
Jacksonville, FL 32258

If you have any questions, please call Dewey Szarkowski, director of Youth Ministry at 904.262.3200, ext. 112 or email: [dszarkowski@dosafll.com](mailto:dszarkowski@dosafll.com).



## World Youth Day in St Augustine, Fla.

### Form #3

Please print or type clearly

#### Liability/Medical Release Form – Adult Participant

**A form must be completed for each person attending the event!**

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Group Leader's Name: \_\_\_\_\_

Group Name: \_\_\_\_\_

I, \_\_\_\_\_, am attending the World Youth Day in St Augustine, Fla. celebration to be held July 18-19, 2008. If needed for any physical or mental health reasons, I give permission for myself to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by licensed medical personnel. I relieve the Diocese of Saint Augustine and Mission Nombre de Dios/Shrine of all responsibility and consequences that may arise as a result of this treatment. I will not hold the Diocese of Saint Augustine and/or Mission Nombre de Dios/Shrine liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment. I agree to abide by all the rules and regulations stated by the Mission Nombre de Dios/Shrine and the Diocese of Saint Augustine staff.

I understand that Diocese of Saint Augustine and Mission Nombre de Dios/Shrine will not be held liable if I fail to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the conference at my expense. I give permission to the Diocese of Saint Augustine and Mission Nombre de Dios/Shrine staff to photograph, videotape and /or film me and to use my image in photographs, video, and/or film for the purpose of promoting the mission, activities and programs of the Diocese of Saint Augustine and Mission Nombre de Dios/Shrine. I understand that I am not entitled to any compensation or rights in these materials, and I release the Diocese of Saint Augustine and Mission Nombre de Dios/Shrine from any liability for the use of my image for the above stated purpose.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Allergies:

Environmental (i.e. pollen, dust...): \_\_\_\_\_

Medications: \_\_\_\_\_

Food: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical History (be specific): \_\_\_\_\_

(Continue on back if necessary)

Mental Health Information (be specific): \_\_\_\_\_

(Continue on back if necessary)

Medical Insurance Provider: \_\_\_\_\_ Insurance No: \_\_\_\_\_

#### In case of any emergency, please contact:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_



## World Youth Day in St Augustine, Fla.

### Form #4

#### Liability/Medical Release Form – Youth Participant

**A form must be completed for each person attending the event!**

Please print or type clearly

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Group Leader's Name: \_\_\_\_\_  
Group Name: \_\_\_\_\_

I, \_\_\_\_\_ (Name of Parent/Guardian) give permission to my above-named son/daughter to attend the WYD at St. Augustine celebration to be held July 18-19, 2008. If needed for physical or mental health reasons, I give permission for my child to be evaluated, diagnosed, treated, and /or given medication in accordance with standard medical practice by licensed medical/mental health personnel. I relieve the Diocese of Saint Augustine and Mission Nombre de Dios/Shrine of all responsibility and consequences that may arise as a result of this treatment. I will not hold the Diocese of Saint Augustine and/or Mission Nombre de Dios/Shrine liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

My child agrees to abide by all the rules and regulations stated by the Diocese of Saint Augustine and Mission Nombre de Dios/Shrine staff. I understand that the Diocese of Saint Augustine and Mission Nombre de Dios/Shrine will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from the conference at my expense. I give permission to the Diocese of Saint Augustine and Mission Nombre de Dios/Shrine staff to photograph, videotape and/or film my child and to use his or her image in photographs, video, and/or film for the purpose of promoting the mission, activities and programs of the Diocese of Saint Augustine and Mission Nombre de Dios/Shrine. I understand that I, and my child are not entitled to any compensation or rights in the materials, and I release the Diocese of Saint Augustine and Mission Nombre de Dios/Shrine from any liability for the use of my child's image for the above stated purpose.

Parent/Guardian Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Allergies:

Environmental (i.e. pollen, dust...): \_\_\_\_\_

Medications: \_\_\_\_\_

Food: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical History (be specific): \_\_\_\_\_

(Continue on back if necessary)

Mental Health Information (be specific): \_\_\_\_\_

(Continue on back if necessary)

Medical Insurance Provider: \_\_\_\_\_ Insurance No: \_\_\_\_\_

#### In case of any emergency, please contact:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_



## World Youth Day in St Augustine, Fla.

### Form #5

#### Adult Chaperone Application

**A form must be completed for each person attending the event!**

Please print or type clearly

It is important for the Diocese of Saint Augustine in conjunction with the Mission Nombre de Dios/Shrine to use due diligence in providing a safe environment for all participants in their summer youth programs. This application helps assure that all adults present are suitable to engage in ministry to minors. Each adult participant must present this application upon arrival at the event. Thank you for your cooperation in this matter.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Diocese: \_\_\_\_\_

Name of Parish Group: \_\_\_\_\_

Group Leader: \_\_\_\_\_

Is there any fact or circumstance about you or your background that would call into question the advisability of entrusting you with the supervision, guidance and care of children, and/or young people? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I affirm that the information given in this application is true, complete, and correct. I affirm that I have been trained and approved to work with children and/or young people in accordance with the policies and procedures as outlined by my home diocese. I have read and agree to abide by all policies and procedures of the Diocese of Saint Augustine and Mission Nombre de Dios/Shrine as outlined in the registration packet. I commit to providing a safe and healthy environment for all young people at this event.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I have verified and attest to the fact that the above applicant has been trained and approved to work with children and/or young people in accordance with the policies and procedures of their home diocese (i.e., Virtus/Safe Environment Training provided in the Diocese of St. Augustine.)

Youth Minister/Priest Signature: \_\_\_\_\_ Date: \_\_\_\_\_