

Adoremus TE

“Good Teacher, what must I do to inherit eternal life?” (Mk 10:17)

An Archdiocesan Celebration of National World Youth Day Sunday

October 17, 2010 ~ 2 PM – 8 PM

INDIVIDUAL REGISTRATION INFORMATION

(Group Leaders do not utilize this packet. Please print out the Group Registration Packet)

Registration:

- **Only registered groups/individuals in 7th- 12th Grade will be permitted to participate in Adoremus TE.**
- **COST- \$20 PER PERSON UNTIL OCTOBER 8TH**
(DO NOT MAIL PAYMENT AND FORMS AFTER OCT. 8. BRING TO THE EVENT)

Chaperones:

- **Individual participants will be assigned a chaperone the day of the event.**
- Please call 215-965-4625 if you have questions or concerns about chaperones.

Forms: (available at www.oyya.org and malvernretreat.com)

- Mail completed Registration Form with payment by October 8, 2010.
- Individual participants must mail their Permission Form with their registration form.
- Do not mail forms after October 8, 2010. Bring them to the event.

Food:

- Dinner will be provided along with light snacks and water throughout the day. We encourage participants to eat lunch prior to the event or to bring a lunch to eat during registration from 2 PM – 3 PM.

Location of Activities:

- If weather permits, all activities except for Mass & Dinner will be held outdoors. Please dress appropriately. Activities will be moved indoors in the case of inclement weather.

Financial Assistance:

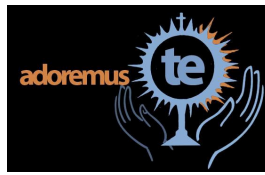
- Please do not let cost be a deterrent from registering for Adoremus Te. Contact Abbie Langsdorf at 215-965-4625 to discuss opportunities for financial assistance with the registration.

Questions:

- If you have any questions, please contact Abbie Langsdorf at alangsdo@adphila.org or call 215-965-4625.

*Malvern Retreat House
Attn: Adoremus TE
P.O. Box 315
Malvern, PA 19355-0315*





**Adoremus TE
October 17, 2010**

INDIVIDUAL PARTICIPANT REGISTRATION FORM

(Groups and group members DO NOT use this form. Please use the Group Registration Form)

Participant Name: _____

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

Home Phone: _____ Cell Phone: _____

E-mail: _____

Parish / High School: _____

Diocese: _____

I would like to take regional transportation arranged by OYYA to Adoremus Te. ____ yes ____ no

- *All individual registrants need to mail a completed student permission form with this registration form.*
 - *Individual registrants will be assigned a chaperone the day of the event.*
- *Cost of event is \$20 per person*
- *(Do not mail forms or payment after Oct. 8th. Bring to the event.)*

Total Amount Enclosed \$ _____

Method of Payment: ____ Cash ____ Check ____ Visa/MC

Credit Card # _____ Expiration Date _____

Name on Card _____

Make check payable to "**Malvern Retreat House**"

Please Note: Payment reserves your place at Adoremus TE. Registration fee is non-refundable unless event is sold out.

*Return this form with completed parent permission form and payment by **October 8, 2010*** to:*

*Malvern Retreat House
Attn: Adoremus TE
P.O.Box 315
Malvern, PA 19355*

***After October 8th, bring forms and payment of \$20 to the event.**



Adoremus TE PARENTAL PERMISSION FORM

This form **must be completed by each participant** and his/her parent(s) or guardian(s). It must then be submitted prior to the event to the parish/school adult chaperone that will be accompanying the students to the event. The original form must be in the possession of the chaperone/s for the duration of the event. A copy of each permission form must be submitted at the event's registration table. **No one will be permitted to participate in Adoremus TE without submitting this form at registration.***

I grant my permission for my son/daughter, _____, to participate in Adoremus TE on Sunday, October 17, 2010 at the Malvern Retreat House. Registration begins at 2:00 PM and the day ends around 8:00 PM. Activities for the day will include: Lawn sports/games, Praise and Worship Music, Keynote Speaker, Mass, Dinner and Eucharistic Adoration. If weather permits, most of the activities will be held outside. No one is permitted to leave early without permission from a parent/guardian.

Name of Attendee: _____

Address: _____
(Street) (City) (State) (Zip)

PARISH/SCHOOL: _____

GRADE: _____ EMAIL: _____

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: _____

Child's physician's name: _____

Phone number: _____

Health Insurance Type: _____

Policy Number: _____

List any conditions, e.g. allergies, or other medical problems which should be called to the attention of chaperones:

Knowing that there will be proper supervision, in case of injury, I will not hold the Office for Youth and Young Adults of the Archdiocese of Philadelphia or any person or persons connected with them liable. My signature below also gives OYYA permission to use pictures from the day in which my child may appear for promotional materials.

CODE OF BEHAVIOR

1. Participants must stay and participate in the entire event. Participants may not leave the premises unless accompanied by an adult leader, parent or legal guardian.
2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
3. Foul language is not tolerated.
4. Participants agree to dress appropriately. This prohibits short shorts, tank tops, any clothing with writing on the backside, that exposes midriff or undergarments, or that has any reference to profanity or tobacco or alcohol.
5. Participants must heed any and all directions of activity staff.
6. Participants must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the participants involved and the participant's parents/legal guardians.
7. Failure to abide by this Code of Behavior may result in a request to parents/legal guardians, to transport offending participants from the premises, and the parents/legal guardians shall immediately comply with the request.

Parent/Guardian Name: _____ Telephone: _____
(Please print clearly.)

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

***Individual Participants mail this form with Registration Form and payment.**

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