



# 14th All-American Council Registration

PARISH, COMMUNITY, OR INSTITUTION	DIOCESE	CITY, STATE/PROVINCE
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## Youth Observer

FULL NAME	GENDER (M OR F)
ADDRESS	
CITY, STATE/PROVINCE, ZIP/POSTAL CODE	
PHONE	DATE OF BIRTH (MM/DD/YYYY)
E-MAIL	
T-SHIRT SIZE	(YOUTH SIZES: YS, YM, YL; ADULT SIZES S, M, L, XL, XXL)

**Please attach  
a recent photo  
to this sheet**

### Sunday July 17, 2005 Breakfast

My child will be present for the Divine Liturgy on Sunday July 17, 2005 and will attend the breakfast to follow.

### Youth Choir

My child wishes to participate in the Youth Choir at the 14th All-American Council. (E-mail required to receive music in advance.)

### Swimming / Water Activities

I GRANT permission for my child to participate in swimming and other water activities scheduled as part of the 14th AAC youth activities.

LEVEL OF ABILITY (BEGINNER, INTERMEDIATE, ADVANCED)

SPECIAL NEEDS (EAR PLUGS, NOSE PLUGS, ETC. WHICH HE/SHE WILL HAVE WITH HIM/HER.)

### Youth Observer Agreement Statement

I understand that I am to conduct myself in an appropriate, orderly and Christian manner. If I do not, then I realize that my parent/guardian and temporary guardian (if applicable) will be notified and that my participation in youth activities at the Council may be jeopardized.

YOUTH SIGNATURE	DATE
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### For Office Use

NAME OF HOTEL	HOTEL ROOM NUMBER
PARENT/TEMPORARY GUARDIAN HOTEL ROOM (IF DIFFERENT)	

### Emergency Contact Information

In case of emergency, I or my spouse, may be reached at the following telephone numbers.

NAME(S)		
HOME	WORK	CELL

### Travel Documents

My child will be traveling with an ORIGINAL BIRTH CERTIFICATE WITH A RAISED SEAL AND PHOTO ID.

My child will be traveling with an OFFICIAL GOVERNMENT ISSUED PASSPORT.

PASSPORT NUMBER

### Temporary Guardian

I, (parent/guardian) will not be attending the 14th All-American Council with the youth named above. In my absence, I do hereby authorize the person named below, who will be attending the 14th All-American Council and is 25 years old or older, as my child's temporary guardian for the duration of the Council.

My child will be traveling with a **notarized letter** indicating that BOTH parents/guardians consent to him/her traveling to Toronto, ON, Canada for the 14th All-American Council. (*This letter is necessary even if one parent/guardian is traveling with the youth.*)

NAME OF TEMPORARY GUARDIAN	
SIGNATURE OF TEMPORARY GUARDIAN	DATE

AMOUNT	RECEIPT	DATE
AUTHORIZED SIGNATURE		



# 14th All-American Council Registration

## Youth Observer

### Primary Physician

NAME
ADDRESS
CITY, STATE/PROVINCE, ZIP/POSTAL CODE
PHONE

### Allergies

Please use the space below to indicate any and all allergies (food, medication, environment). Please print. Use additional sheets as needed.


### Dietary Needs / Restrictions

Please use the space below to indicate any dietary needs/restrictions due to reasons other than allergies. Use additional sheets if needed.


### Medical Conditions

Please use the space below to indicate any and all medical and/or developmental conditions (i.e. ADHD, asthma, autism, heart condition, physical limitations, etc.). Use additional sheets if needed.


### Medications

*(Please Check One)*

*Note:* Medications will NOT be administered by Youth Activity Staff.

<input type="checkbox"/>	My child is not prescribed any medication.
<input type="checkbox"/>	My child is able to self-administer all medications prescribed to him/her.
<input type="checkbox"/>	I, or (in my absence) my child's temporary guardian, will administer all medications prescribed to him/her.

Please indicate any and all prescribed medications/pharmaceuticals the youth named above is currently taking. Use additional sheets if needed.


### Health Insurance Information

Be sure to check your child's insurance policy to determine if he/she is covered while traveling to Toronto. If he/she is not, you can purchase travel insurance from most insurance carriers or through a travel agent.

NAME OF INSURANCE CARRIER
POLICY NUMBER
PHONE
NAME & SOC. SEC. # OF INSURANCE HOLDER (PARENT/GUARDIAN)

### Parish / Community Certification

The youth named above is confirmed for participation at the 14th All-American Council.

SIGNATURE OF RECTOR	DATE
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### Parent/Guardian Release, Emergency Medical Treatment, and Statement of Agreement

I am the parent or legal guardian of the youth named on this form. I hereby release the Orthodox Church in America and the 14th All-American Council, their agents and employees from any liability for personal injuries known or unknown that the youth named above may incur, due to reasons related but not limited to negligence, by participating in activities conducted, sponsored, or associated with the All-American Council in Toronto, Ontario, Canada July 17-22, 2005.

In the event that I cannot be reached in the case of emergency, I do hereby authorize a physician and/or medical facility selected by a duly authorized coordinator of these activities to administer emergency treatment to the youth named above, including medications, diagnostic tests, surgery, or other medical intervention deemed necessary by the physician.

I, the undersigned, have read this release and understand all its terms. I execute it voluntarily on behalf of myself and the youth named above with the full knowledge of its significance to bind all persons. I do attest that I am in agreement with all the information on these pages, and that I give permission for the youth named above to participate fully in the youth activities of the 14th All-American Council, and in witness thereof, I have signed these pages on the date indicated below.

PARENT SIGNATURE	DATE
NOTARY	DATE

Both pages of this document must be completed and forwarded with all applicable activity fees by **June 1, 2005** to

**OCA PRECONCILIAR COMMISSION -YOUTH**  
**PO Box 675, Syosset, NY 11791, FAX 516-922-0954**

*Registrations received after June 1, 2005 will be subject to a \$85 late fee.*