

Form E SPECIFIC EVENT¹ REQUEST, CONSENT AND RELEASE – DCYC 2019

I request and give my permission for my child, _____
to attend the following listed specific event. (please print clearly; first and last name)

EVENT: Diocese of Jackson Catholic Youth Conference

SITE: Vicksburg Convention Center

HOTEL: Margaritaville Hotel and Resort Vicksburg, MS.

DATE: February 1-3, 2019

TIME: 6:30 pm Friday - 2 pm Sunday

T-SHIRT SIZE: (CIRCLE ONE) AS AM AL XL XXL XXXL

My child will adhere to the Code of Conduct as stated on Diocesan Form A, PARENT/GUARDIAN CONTINUING CONSENT FORM AND LIABILITY WAIVER, that he/she has signed as a participant in this conference and as a participant in his/her parish youth program.

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Date

Signature of Youth Participant 18 years or older

Printed Name of Parent or Guardian

Date

Parent Cell _____

****You must register with a group. No individual registrations will be accepted.****

***Check with your parish group leader for total cost of conference and registration deadlines. Each parish group leader will send one check with the group registration packet.**

*** MAKE checks payable to St. Joseph Church**
Fees- early bird by Dec 2nd is \$75⁰⁰ per teen. After Dec 2nd is \$100⁰⁰ per teen
Deadline is December 12th!

¹ The designated event may be a recurring event in which instance this Consent and Release applies with equal force to each occasion of any such recurring event. In other words, if you visit your local retirement facility every Third Thursday of each month, Form E will only be completed one time for that particular event and applies to all such visits. Rvd 10/17