

# NORTHERN ONTARIO CATHOLIC YOUTH CONFERENCE



## REGISTRATION FORM

SATURDAY, MAY 4, 2019 | 10:00AM - 8:00PM

ST. JOSEPH-SCOLLARD HALL (675 O'BRIEN ST.) NORTH BAY, ONTARIO  
MORE INFORMATION AT: [WWW.HOLYNAMESTALPHONSUS.COM/ALLIN](http://WWW.HOLYNAMESTALPHONSUS.COM/ALLIN)

### Contact Information:

Full Name: \_\_\_\_\_ Gender:  M  F

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

Cell Number: \_\_\_\_\_ Date of Birth: 

Month	Day	Year
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Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

### Emergency Contact Info:

Name of Parent/Guardian: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Any Allergies/Medical Conditions/Dietary Restrictions:  Yes  No

If Yes, please list them: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please continue on next page

## Liability Information:

### Please read the following carefully:

I give my permission for \_\_\_\_\_ to attend the Northern Ontario Catholic Youth Conference: All In, to be held May 4, 2019 at St. Joseph-Scollard Hall, North Bay, Ontario. If needed for health reasons, I give permission for him/her to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by licensed medical personnel. I relieve the organizers of the event, its employees and volunteers, of all responsibility and consequences that may arise as a result of this treatment. I will not hold the event organizers, its employees or its volunteers liable in the event of injury. Further, I agree to accept any and all financial responsibilities as a result of scheduling medical treatment.

The participant agrees to abide by all the rules and regulations stated by the event organizers and by the hosting group. I understand that the organizers of the event will not be held liable if the participant fails to cooperate with the regulations and that any infraction of the rules may result in immediate dismissal from the event at my expense. I will not hold the organizers of the event, its volunteers or the conference liable for any missing personal items.

By attending this event consent is given to use any photographs or video footage that may be taken for the purpose of publicity, or promoting future events.

Name of Parent/Guardian: (Printed)

Signature:

Date:

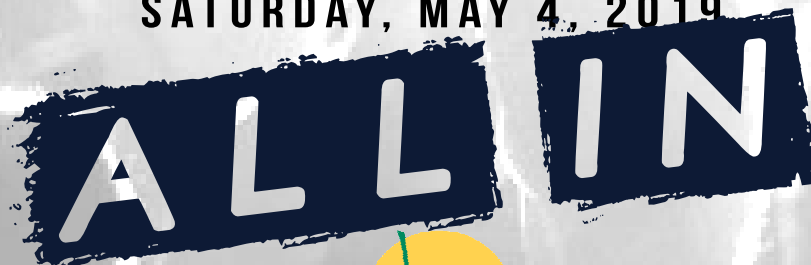
## Registration Fee:

### Please read the following carefully:

The fee per registration is **\$20.00 CDN**. The fee includes registration to the conference, lunch, dinner, snacks and materials needed for the day. **For those living in and around North Bay**, this registration fee can be dropped off at Holy Name of Jesus Church (895 Memorial Drive) North Bay, Ontario or it can be mailed. **For those living outside of North Bay**, please mail a cheque written out to "Holy Name of Jesus Church" in the amount of \$20.00 to: Holy Name of Jesus Church, 895 Memorial Drive, North Bay, Ontario, P1A 1X9. **Please ensure payment is received at the church by May 1, 2019.**

- I have included my \$20.00 Registration fee with this form
- I will mail my \$20.00 Registration fee by May 1, 2019

## NORTHERN ONTARIO CATHOLIC YOUTH CONFERENCE SATURDAY, MAY 4, 2019



**Roman Catholic  
Diocese of  
Sault Ste. Marie**