2026 Diocesan Youth Conference
Catholic Diocese of Richmond

ADULT Registration Form

Adult Information

First Name: _____ Last Name: _____

First Name for Name Badge: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____

Email: _____

Parish Name: _____ City: _____

Sex: _____ Birthday: _____ Adult T-Shirt Size: _____

Safe Environment

All adults who participate in a youth event sponsored by the Office for Evangelization must be in compliance with the Diocesan Safe Environment Policies. Please indicate your dates for the following:

I've completed a Screening One background check in the past. ☐ **YES** ☐ **NO**

Date of VIRTUS Training: Month: _____ Day: _____ Year: _____
This date can be found on the VIRTUS website, underneath "Training History".

Print your entire legal name: _____

Are you an employee of the diocese?* ☐ **YES** ☐ **NO**

*If yes, what is your place of employment: _____

Emergency Contact Information

Name _____

Contact Number _____

Relationship _____

Optional Sunday Lunch (Check with your Youth Minister)

My parish/school is participating in the optional Sunday Lunch, please order the following sandwich for me:

☐ Ham ☐ Turkey ☐ Chicken Salad ☐ Vegetarian ☐ Gluten-Free Turkey ☐ Gluten-Free Vegetarian

2026 DIOCESAN YOUTH CONFERENCE

Medical Information and Release Form

All information is kept private and confidential

Name of Participant: _____

MEDICAL INFORMATION

In many cases, our staff and volunteers are not familiar with the medical, physical, and/or emotional history of each participant. Please share <u>ANY</u> information relating to the participant in detail. BE AS SPECIFIC AS POSSIBLE.

Does the participant have any dietary restrictions? ☐ **YES** ☐ **NO**	Select any restrictions that apply to this participant: ☐ **Gluten-free** ☐ **Peanut-free** ☐ **Vegetarian** **Dairy-Free** *NOTE: Dietary needs other than the ones listed above will not be accommodated.*
Is the participant allergic to anything? ☐ **YES** ☐ **NO**	List any details of allergies below (this may include food allergies, allergies to specific medications or chemicals, allergies to any substances, etc.): *NOTE: Dietary needs other than the ones listed above will not be accommodated.*
Is the participant currently taking or has taken any prescription medication in the last 6 months? ☐ **YES** ☐ **NO**	List the specific prescription medications, reasons for medication, and daily dosage. Indicate if the medication is currently being administered.
Does the participant have any emotional, physical or sensory conditions? ☐ **YES** ☐ **NO**	List any **emotional** conditions that may impact participation in the event. This may include counseling, treatment for emotional conditions (i.e. depression, eating disorders), and/or family situations that may have a significant impact on the participant. List any **physical and/or sensory conditions** of which we should be aware, or of which need special accommodation (e.g. hearing loss, visual impairment, mobility).

RELEASE OF LIABILITY AND MEDICAL RELEASE

I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend the Catholic Diocese of Richmond, its officers, directors, agents, employees, or representatives associated with this event from any and all liability, loss or damage arising from or in connection with my participation in this diocesan event.

Furthermore, I hereby warrant that to the best of my knowledge, I am in good health and assume all responsibility for my health. In the event of an emergency, I hereby give permission to transport me to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor or that my emergency contact be notified prior to any further treatment. I will not hold the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Adult Signature: _____ Date: _____

USE OF PICTURES AND/OR VIDEO

*I give permission for pictures and/or video of me engaged in activities related to any Diocesan event to have their pictures posted in the Diocese of Richmond publications or websites. Names of participants **will not** be used without expressed permission from the parent or guardian. If no box is checked below, the Diocese of Richmond assumes you give permission. If there is a concern with this policy, I will contact the Office for Evangelization upon submitting registration.*

☐ **YES** ☐ **NO** Adult Signature: _____ Date: _____

2026 DIOCESAN YOUTH CONFERENCE
ADULT CODE OF CONDUCT

Adults must read, sign, and return this sheet with the Medical Information and Release form. Please be sure that you understand and abide by these policies.

A Chaperone's responsibilities include, but are not limited to, the following areas:

1. **Alcohol, Drugs, and Smoking**
   - ✓ All state laws concerning alcohol and drugs will be strictly enforced.
   - ✓ Possession and/or consumption of alcohol or drugs are not permitted on site during the pilgrimage.
   - ✓ All pilgrimage site buildings are smoke-free facilities.
2. **Appropriate Dress**
   - ✓ All participants are expected to dress in a fashion that represents modesty, respecting other participants and our Lord.
   - ✓ Clothing must cover all undergarments and midriffs. Participants must wear shirts at all times.
   - ✓ The Group Leader and Chaperones are expected to communicate these expectations to the youth before the event and enforce the dress code at all times during the pilgrimage.
3. **Participation**
   - ✓ It is expected that all pilgrimage participants (youth, Chaperones, group leaders) will be present at scheduled sessions during the event, and in appropriate places following the evening sessions.
   - ✓ At no time should a youth participant leave the pilgrimage site without one of their adult Chaperones. Adults are strongly discouraged from taking youth off site, except in the case of an emergency.
   - ✓ It is to be understood that the said adult takes full responsibility for a youth once off the event site grounds.
4. **Housing**
   - ✓ Chaperones are responsible for making sure that teen participants are in their rooms at curfew time. We are guests at the hotel. We ask that it is left in better condition than it is found.
   - ✓ Youth should **at no time** be in the room of a member of the opposite sex.
   - ✓ An atmosphere of quiet and respect is expected following the lights out time. Violators will be subject to appropriate discipline.
5. **Insubordination**
   - ✓ It is expected that youth and adults will follow the direction of all event staff, security, and volunteers.
   - ✓ Any instances of lack of cooperation or insubordination will not be tolerated and will be subject to appropriate discipline.
   - ✓ The first and primary method of dealing with discipline problems will be to work through the Group Leader.

I have read, understand, and agree to the above principles. Any violation of the above principles may result in the Office for Evangelization dismissing me from the Diocesan Youth Conference, including me forfeiting my registration fee.

Signature: _____ Date: _____

Printed Name: _____ Parish: _____