

CYO RAINBOW XXXVII YOUTH REGISTRATION FORM (One form per youth)

Please type or print clearly

GROUP REGISTRATION DEADLINE: DECEMBER 15

Name of Parish/School/Organization: _____

City of Parish/School/Organization: _____

Name of Participant: _____

Address of Participant: _____

City: _____ State: _____ Zip: _____

Phone #: (____) _____ Birth Date: ____/____/____ Grade ____ Male Female

Parents Names: _____

Parents Email: _____

Email [youth – optional]: _____

WORKSHOP SELECTION

For each workshop time please select **Three (3)** choices, note that **1-10 are held during A/B** only; **11- 20 are held during C/D** only. Although every effort is made it is not always possible to give a participant their 1st choice, so keep in mind that there is a good chance that you may receive your 2nd or 3rd choice.

Please write the number of your chosen workshops:

Module A/B
[1-10 only]

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Module C/D
[11-20 only]

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Cost Reflects Chaperons/Adults, YMIT's, and Youth

POSTMARKED BY: November 15	\$115.00 Each	(EARLY BIRD)
POSTMARKED BY: November 16 through December 1	\$120.00 Each	(REGISTRATION)
POSTMARKED BY: December 2 through December 21	\$125.00 Each	(LATE GROUP REGISTRATION)
POSTMARKED BY: December 22 through January 18	\$130.00 Each	(ADDITIONS ONLY)
POSTMARKED BY: January 19 through Conference	\$135.00 Each	(LATE ADDITIONS ONLY)

YOUTH PARTICIPATION FEE SEPARATE: \$ 10.00 Each (YOUTH ONLY)

[Please note general sessions, workshops, adoration, reconciliation, and mass are provided for all participants]

I hereby consent to participation by my child _____, in the CYO Rainbow Conference. In consideration of my child being allowed to participate in this program, I agree to release and hold harmless the Catholic Youth Organization, the Archdiocese of Detroit, any and all affiliated organizations, their employees, agent and representatives, including volunteers, from any claims, demands or causes of action of whatever kind and nature arising from or relating to my child's participation in this program.

I understand that photography and/or video of participants may be procured during the event and used in promotional materials. I consent to the use of images or likenesses of the aforementioned person, for promotional purposes, by the Catholic Youth Organization.

Check here ___ if you do not want picture or video taken of your child.

Print Parent/Guardian Name

Parent/Guardian Signature

Date