

PERMISSION TO PARTICIPATE IN ACTIVITIES
Immaculate Conception Academy

1. **CHILD'S NAME:** _____
CHILD'S BIRTHDATE: _____

2. **NATURE AND DURATION OF ACTIVITIES:** Please indicate which activities your daughter will be participating in:

- Ancora Convention, November 10-13, 2011
- Ancora Convention February 17-20, 2012
- Ancora Holy Week Missions and Retreat
 - March 31- April 9, 2012
 - April 4- 9, 2012

3. **FORMATION DIALOGUE:** Students will be offered formation dialogue, which is intended to help young people personalize the principles of Christian living that they receive at home and in club activities. Formation dialogue involves a private conversation with an adult conducted in plain view of others. When dealing with adolescents, confidentiality will be maintained to foster openness of dialogue, but situations involving sexual abuse of a minor or threats to life or physical health will be reported to the appropriate authority and to the parents (except in those cases where the parent may be the alleged abuser).

4. **ACTIVITY SUPERVISOR(S):** Adult volunteer staff.

4. **TRANSPORTATION** (if applicable): To and from formative activities and outings and as required by the Academy to be provided by Academy van, car, or bus or provided by outside transportation company as Academy may require.

5. **REQUIREMENTS:** The child named above is in good health and has no physical or medical limitations that would cause the activities as described above to be detrimental or dangerous to the child. Parents/guardians should specify allergies and medical problems in section 9 below.

6. **CONSENT:** I/We hereby consent to the above-named child's participation in the activities described above including formation dialogue, and specifically request that she be allowed to participate in those activities. I/We warrant that I/We have full authority to legally consent to her participation in the activities described on this form, and all provisions contained herein.

7. **AUTHORIZATION.** I/We hereby authorize Immaculate Conception Academy to use the image and likeness of my/our child in photograph or video form whether taken by or commissioned by Immaculate Conception Academy in its promotional materials and for its promotional purposes associated with its nonprofit activities. This authorization shall extend to use of my/our child's image and likeness on the website of Immaculate Conception Academy, or its successor in operation or affiliated organization(s) upon written consent of Immaculate Conception Academy. I/We understand that this authorization shall survive the end of my/our child's participation in the activities referenced on this form.

8. **INSURANCE:** I/We understand that Immaculate Conception Academy does not carry any health insurance relative to the activities or for any injury that may occur to the above-named child. I/We represent that the child is (a) covered by insurance through my/our own insurance carrier; or (b) that I/We am/are personally financially responsible for any and all medical costs incurred as a result of the child's injury.

9. **EMERGENCIES:** If the above-named child requires any emergency medical procedures or treatments during the activities, I/We consent to the activity supervisor(s) taking, arranging for or consenting to such procedures or treatments in the discretion of the activity supervisor(s). For purposes of such procedures and treatments, my/our child's blood type allergies or other medical problems (if any) are listed below:

Blood Type: _____ Allergies / Medical Problems: _____

10. **EMERGENCY CONTACTS:** If, in the event of a medical or other emergency, I/We am/are unable to be reached by telephone at the numbers listed below, I/We authorize the activity supervisor(s) to attempt to contact me/us through the alternative emergency contacts listed below.

Alternative Emergency Contact Information

(1) Name: _____ Relation: _____
Home Phone: _____ Alternate Phone: _____
(2) Name: _____ Relation: _____
Home Phone: _____ Alternate Phone: _____

11. **RELEASE AND INDEMNIFICATION:** I/We release and waive, and further agree to indemnify, hold harmless or reimburse Immaculate Conception Academy and Consolidated Catholic Administrative Services, Inc., the individual members, agents, directors, officers, employees, volunteers and representatives thereof, as well as activity supervisors, from and against, any claim which I, any other parent or guardian, any sibling, the above-named child, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses (including attorneys' fees incurred by Immaculate Conception Academy and Consolidated Catholic Administrative Services, Inc., or any of its individual employees, agents, volunteers, etc. in enforcing this indemnity provision) without limitation in time or amount, damages or injuries arising out of, during, or in connection with my/our child's participation in the activities, the travel to and there from, and the rendering of emergency medical procedures or treatment, if any. I/We understand that this release and indemnification shall survive the end of my/our child's participation in the activities referenced on this form and shall have no limitation in time or amount.

I/We have read and understand the above and agree to all terms and conditions contained therein. DATE: _____

Parents/ Guardians Contact Information

Name: _____ Home Phone: _____ Alternate Phone: _____

Address: _____ E-mail: _____

Name: _____ Home Phone: _____ Alternate Phone: _____

Address: _____ E-mail: _____

Parent / Guardian Signature

Parent / Guardian Signature

Immaculate Conception Academy
Ancora Convention Registration Form

(Fill in here which convention you are registering for _____)

Name: _____

Parents Names: _____

Date of Birth: _____ Age: _____ Grade: _____

Address: _____

City: _____ State/Prov.: _____ Zip Code: _____

Phone Number: _____

E-mail Address: _____

Fax: _____

Are you a member of :

- Challenge
- ECYD (circle a stage: 1 2 3 4)
- Regnum Christi
- Ancora (pin number found on your membership card _____)

Have you come to an activity before here at Immaculate Conception Academy?

- Yes
- No

If so please specify:

- Ancora Weekend
- Christmas or Easter Convention
- Ancora Summer Camp (Ages 11-13)
- Summer Program (8th Grade and older)
- other _____

Are you in contact with a consecrated member of Regnum Christi?

Name _____

Items to Bring: Bible, Rosary, Spending money, Toiletries, Clothes for Sports and Sunday Mass
If you want to become an **Ancora member**, please make sure to bring 15 dollars to pay for your membership packet (which includes the Ancora Bear).

Please send this Registration form in with the permission slip and transportation information. Thank you.

Immaculate Conception Academy Ancora Convention Transportation Information

ARRIVAL and DEPARTURE INFORMATION		
DRIVING		
Arrival		
Date		
Estimated Arrival Time		
Driver		
Departing city		
Departure		
Date		
Time		
Departing Time		
FLYING		
Arrival		
Date	Airline	Arrival Time
Departing Time	<i>Arrival</i> Flight #	
Departure City	Arrival City	
Departure from Convention		
Date	Airline	Arrival Time
Departing Time	<i>Departing</i> Flight #	
Departure City	Arrival City	

Transportation: Please arrange for your flight to come into Providence, Rhode Island, between 1:00 pm and 7:00 pm on the first day of the convention. Someone from the Academy will be there to pick you up. Please arrange for your flight to depart from Providence between 1:00 pm and 5:00 pm on the last day of the convention. If you must fly into or out of Boston, you will need to arrange transportation into or out of Providence by bus or train, and inform us of your pick up location.