



Convo 2018 – Polish National Catholic Church
The University of Scranton – Scranton, PA
July 23 – 27, 2018

Registration Form

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email: _____

Your Parish Name: _____ City: _____ State: _____

Please circle each of the following that applies to you:

Male Female Youth Participant Chaperone Clergy Guest

Are you attending Convo 2018 with an adult (21 or older) Yes No

Name of adult chaperone: _____

Are you willing to be a small group leader (must be 18 years old)? Yes No

Are you willing to be an altar server? Yes No (If yes, please bring your cassock/alb)

Are you willing to share your musical talent during mass or special events? Yes No

What instrument can you bring/play? _____

May we publish your name/address/ phone/email for Convo Participants? Yes No

Are you a Polish National Union of America (PNUA) member? Yes No

Have you served on the National United Youth Association (NUYA) board? Yes No

Would you be willing to serve to serve on the NUYA board for the next term? Yes No

Name of roommate: (Note: if you do not have a roommate, one may be assigned to you)

1st Choice _____ 2nd Choice _____

T-Shirt Size (adult sizing): S M L XL 2XL 3XL

Travel Plans: Car Van Bus Train Airplane

Arrival time and date: _____ Departure time and date: _____

Do you need transportation from the airport? Yes No

Airline _____ Flight # _____ (if known) Airport _____

Emergency Contact: _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Alternate emergency contact: _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Parental Permission Section

If you are 17 years of age or younger, this section must be signed by your parent or legal guardian.

I give my permission for my child _____ to attend Convo 2018 from July 23 to July 27, 2018, at The University of Scranton in Scranton, Pennsylvania. I will take full responsibility for my child and will hold harmless the Polish National Catholic Church, the Central Diocese, the Convo 2018 Committee, and The University of Scranton if my child does not abide by the rules and regulations set forth by the Convo 2018 Committee. I understand that if my child does not abide by the Convo rules and regulations, my child may be sent home at my own expense.

Parent/Guardian Signature: _____ Date: _____

Print Parent Guardian Name: _____

Please complete this entire form and mail it together with the early registration fee of **\$325.00** per person (\$365.00 per person after May 20, 2018) to:

CONVO 2018 Committee
c/o Maddie Hughes
359 Lehigh Road
Clifton Twp., PA 18424

Please include a check made payable to: **Convo 2018 Committee**

SPECIAL NOTES:

- Your completed Registration Form and check payment must be received at the above address by May 20th 2018 to take advantage of our early bird rate
- Registration Forms **will not** be accepted after **July 1, 2018**
- By registering, every participant agrees to abide by the Convo 2018 rules and regulations
- Everyone 17 years of age or younger must have a parent or guardian sign this form in agreement with the terms stated herein
- You must have one adult chaperone for every eight youth participants in your group
- Additional information will be shared with you via your email address - please make sure you have included it
- Linens (bed sheets, pillows, towels) are provided by the University
- Bring comfortable shoes and clothing; inappropriate clothing/dress will NOT be allowed at Convo (lewd/offensive shirts, short shorts, etc.)
- Bring an appropriate swimsuit for our field trip (*remember, you'll be swimming with your priests, bishops and someone's grandmother!!!*)
- Bring spending money for extra food/souvenirs for our day at Kalahari
- Bring musical instrument if planning to participate in music ministry for the week
- Bring cassock/alb if planning to be an altar server
- Bring 'nice' clothes for the Dance (formal wear NOT needed)

HEALTH INFORMATION and EMERGENCY PERMISSION
Convo 2018–Polish National Catholic Church

This section is required on site for every person under 18 years of age, not accompanied by parent or guardian. It must be retained by one of the group leaders, and be available on a moment's notice for any emergency.

PLEASE PRINT ALL INFORMATION CLEARLY

Group Name: **Convo 2018 – PNCC** Dates from: **July 23- July 27, 2018**

_____ has my permission to participate in
The PNCC National Youth Convocation (Convo 2018) at The University of Scranton, in Scranton, PA
on the above dates.

Please list (with dates) any major illness or injury this child has had within the past year:

Date of Tetanus Shot (should be within 5 years): _____

List any allergies (medication, inhalant, or food):

Can this child take part in strenuous physical activity? Yes No

The following medication will be needed by this child at Convo 2018. (All such medication should be given to the group leader before leaving - it may not be carried by the child).

Medication	Amount and time to be given
_____	_____
_____	_____
_____	_____
_____	_____

I hereby give permission to the Adult Chaperone, Group Leader or their designate to administer the above medication in the absence of a nurse.

Additional Information and remarks:

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I understand that every attempt will be made to contact me in the event of accident or injury but that it might be impossible in an emergency to contact me quickly enough to authorize proper treatment. Therefore, I authorize the officials of my child's group and the officials of the Convo 2018 Committee or The University of Scranton to seek the proper treatment in the event of any accident or injury. I give my permission for the use of any form of medical treatment necessary, such as but not limited to, injections, anesthesiology, medicines, drugs, surgery, or any other treatment which is deemed necessary by attending nurses and physicians, and also authorize transportation of my child by either private vehicle or ambulance in order to facilitate any necessary treatment.

_____ Date: _____
Signature of Parent or Guardian (circle one)

Printed Name of Parent or Guardian _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Place of Employment: _____

Family Insurance Carrier: _____

Who carries the medical insurance? _____
Name of parent/guardian

Other emergency phone numbers if parent cannot be reached:

Name: _____ Phone: (____) _____

Relationship: _____

Family Doctor's Name: _____ Phone: (____) _____

-IMPORTANT-

Please include a copy of the front and back of your medical insurance card.