

# ByzanTEEN Rally 2024

## Registration Form

*This form MUST be filled out completely and signed in order to participate in the Rally. Thank you.*

*ByzanTEEN Rally 2024 participant must be age 13 by November 1, 2024  
and not have reached the age of 18 by June 30, 2024*

*Please Print Legibly*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Age \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_! \_\_\_\_\_ Grade \_\_\_\_\_ Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_@\_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_  
\_\_\_\_\_

Parish Name/City & State \_\_\_\_\_

ByzanTEEN Rally 2024 Registration Fee:

**\$380 per person for registration**

**REGISTRATION DEADLINE** — Friday, May 31,  
2024 @ 5 PM

The NON-REFUNDABLE payment is to be included in FULL with this Registration Form, the Confidential Medical History and Authorization Form, the Travel Info Form, the Code of Conduct Agreement and any other required information. Please make check payable to "ByzanTEEN Youth Rally 2024." Mail Forms and Payment to:

ByzanTEEN Youth Rally 2024  
Byzantine Catholic Archeparchy of Pittsburgh  
66 Riverview Ave  
Pittsburgh, PA 15214

# ByzanTEEN Rally 2024

## Confidential Medical History And Authorization Form

This form **MUST** be filled out completely and signed in order to participate in the Rally. Thank you.  
Information on this form is confidential. Please Print Legibly

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

In case of an emergency, please notify:

Name(s) \_\_\_\_\_  
Emergency Contact Phone \_\_\_\_\_

Physician information:

Phone \_\_\_\_\_

Dentist \_\_\_\_\_

Phone \_\_\_\_\_

**Health Insurance Information:** Please include a copy (front and back) of your medical insurance card, prescription card and dental card. These are required if emergency care is needed.

If your child should require emergency medical attention and we are unable to reach you or any other authorized party, this form authorizes the Rally Staff to obtain medical treatment for your child. It must be signed and dated by the parent/legal guardian and sent in with the registration.

I hereby give permission to the health personnel to perform routine tests and treatment for the health of my child. In the event of an emergency or other acute event where time will not allow me to be reached, or I (the designated contact person) cannot be reached, I hereby give permission for the health personnel to secure necessary consultative care for my child, including hospitalization, anesthesia, surgery and other medical treatment. I hereby give permission for any health personnel to view my child's medical history so they may be treated as necessary. I hereby agree to accept any financial responsibility for any and all medical attention necessary.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Please fill this form out COMPLETELY so your child can be treated properly.

( 1) Medical History (please circle yes/no):

ADD/ADHD	yes	no	
Allergies	yes	no	If yes complete (2) below.
Asthma	yes	no	
Bleeding/Clotting Disorder	yes	no	
Convulsions	yes	no	
Diabetes	yes	no	
Emotional Disorder	yes	no	
Heart Disease	yes	no	
Migraines	yes	no	
High Blood Pressure	yes	no	
Low Blood Sugar	yes	no	
Mental Disability	yes	no	
Physical Disability	yes	no	

Other \_\_\_\_\_

If "yes" to any of the above, please give any special information here:

(2) Allergies (please circle yes/no):

Penicillin or Other Antibiotics/Medications    yes    no

If yes please specify \_\_\_\_\_

Insect Bites/Stings    yes    no

Environmental    yes    no

Dietary    yes    no    If yes circle all that apply:

Gluten I Tree Nuts I Peanuts I Soy I Lactose Intolerant I Shellfish

Other (Specify) \_\_\_\_\_

Is an epipen required to be carried?    yes    no

If "yes" to any of the above, please explain the reaction:

**(3) Medications:**

Please list all medications to be taken (including inhalers and non-prescription medications). Medications brought must be in the original prescription packaging and dispensed by health personnel. ALL medications, including over-the-counter medications must be turned in to the health personnel. List all medications:

The following over-the-counter medications will be available during the Rally if necessary or if requested. These medications will be administered under the direction of the health personnel. Dosages will be as listed on labels and generic equivalents will be used if available. Please circle YES if you approve using or NO if you do not wish the medication to be used:

Tylenol	yes	no	Turns	yes	no
Advil	yes	no	Pepto-Bismol	yes	no
Motrin	yes	no	Maalox	yes	no
Benadryl	yes	no	Immodium	yes	no
Topical antibiotic ointment	yes	no			

Enclose a copy of vaccinations or list names and dates of vaccinations received to date:

Blood type (if known): \_\_\_\_\_

Please specify any activities that your child should NOT be allowed to participate in for health reasons:

Request for roommate or any additional information:

All photography and videography are the property of and will be for ByzanTEEN Rally promotional use ONLY. By signing this form you give permission for pictures and videos of your teen(s) for this ByzanTEEN Rally promotional use.

Please circle Yes AND INITIAL your agreement:

Yes – I agree and give permission for this policy \_\_\_\_\_

**RALLY AND ACTIVITY RELEASE AND WAIVER**

I hereby give permission for my teen \_\_\_\_\_ to participate in all the activities of the ByzanTEEN Youth Rally 2024. I fully release, discharge and waive any claims or right of actions which I have or might have later have arising from any negligent acts or omissions of the (Arch)Eparchy, Byzantine Catholic Metropolia sui juris of Pittsburgh, any of its employees, agents and all affiliated individuals arising out of any activity associated with the Rally. I agree to indemnify and hold harmless the (Arch)Eparchy, any of its employees, agents and all affiliated individuals for damage based on negligence of the (Arch)Eparchy, any of its employees, agents or all affiliated individuals arising out of any incident during the Rally. I attest that I have supplied the ByzanTEEN Youth Rally 2024 with any and all information necessary to insure proper supervision of my child's health and well-being. In case of apparent injury or illness, I wish my child to be sent to a reliable hospital and skilled medical attention be secured at once, for which I expect to pay the usual charges. I also wish that notification of any emergency be made immediately to me at the phone number I have listed. I wish the staff to treat my child as if he or she were their own. I also acknowledge that my child's early departure for medical, disciplinary or personal reasons is my sole responsibility.

**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_

DATE

# ByzanTEEN Rally 2024

## Travel Information Form

A copy of this form **MUST** be filled out and returned with your reservation. Thank you.

ByzanTEEN Rally 2024 will be held at

University of San Diego  
5998 Alcalá Park Way  
San Diego, CA 92110

San Diego International Airport is the closest airport. You must arrange your own transportation to and from the airport and Rally site (USD) on your arrival and departure dates. Travel Time by bus between SAN and the University is about 40 minutes.

**ARRIVAL AND REGISTRATION TIME ON THURSDAY: 3 PM-5 PM**

**RALLY CLOSING AND DEPARTURE TIME ON SUNDAY: 11 AM**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

I will be traveling to and from the Rally by (circle one):

Personal Auto                      Charter Bus                      Airline

If by Charter Bus, which parish/eparchy group are you traveling with?

Name of Group Leader/Travel Chaperone \_\_\_\_\_

Contact Number of Group Leader \_\_\_\_\_

If by Airline, which parish/eparchy group are you traveling with?

Name of Group Leader/Travel Chaperone \_\_\_\_\_

Contact Number of Group Leader \_\_\_\_\_

Airline and Flight Information: Airport will

Arriving Thursday 6/27/24 on \_\_\_\_\_ Airlines Flight # \_\_\_\_\_ at \_\_\_\_\_

Departing Sunday 6/30/24 on \_\_\_\_\_ Flight # \_\_\_\_\_ at \_\_\_\_\_

Plan to arrive at your airport 2 hours before your boarding time to get through baggage/security.

# ByzanTEEN Rally 2024

## Remembering Our Loved Ones At The Rally

Saint Paul tells us that Faith without good works is dead. The Church provides us with ways to perform good works. These are called the Corporal Works of Mercy and the Spiritual Works of Mercy. One of the Spiritual Works of Mercy is to Pray for the Living. During the Rally, you will have an opportunity to pray for your family and loved ones. Please list the names of your family and loved ones here and return this form with your Rally Application.

Please PRINT legibly.

YOUR NAME:

1. \_\_\_\_\_

2.

3.

4.

5.

\_\_\_\_\_

7.

\_\_\_\_\_

9.

10.

11.

12.