



**D****MEDICAL TRAVEL INFORMATION****PLEASE INCLUDE:**

- A photocopy of your passport (you must have a valid passport to travel on this pilgrimage)
- A copy of your OHIP CARD (front and back)
- A copy of additional health insurance and travel insurance
- List of medications taking at present (if any)

OHIP card number of participant: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Name of Primary Insured: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT:**

First/Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ Prov./ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

**IN CASE OF A MEDICAL EMERGENCY**, I understand that when feasible, every effort will be made to reach the parent/guardian or emergency contact listed on this form, but in the event one cannot be reached, I hereby give permission to secure medical treatment as deemed necessary. **I understand** that all reasonable safety precautions will be taken at all times by the **Diocese of Peterborough** and its agents during the event. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Diocese of Peterborough, its leaders, employees and volunteers liable for damages, losses, diseases or injuries incurred by the subject of this form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant if over 18 years of age: \_\_\_\_\_ Date: \_\_\_\_\_

**STATEMENT OF CONSENT****Photo/Video Release**

I hereby give permission for images of myself/child, captured during regular and special activities leading up to and including the World Youth Day pilgrimage trip through video, photo, and digital camera, to be used solely for the purposes of the promotional materials and publications and waive any rights to compensation or ownership thereto.

I agree to all the above stated consideration and conditions:

Signature of Participant \_\_\_\_\_ Date: \_\_\_\_\_

AND

Signature of Parent/Guardian if under 18 years of age: \_\_\_\_\_ Date: \_\_\_\_\_

**E**

Please send this registration form and payment to the Youth Office at:  
**VEYO Centre, 820 Frank Street, Peterborough ON K9J 4N4**

**FOR OFFICE USE ONLY** Registration Received

Date: \_\_\_\_\_

 \$350 Deposit Received

Date: \_\_\_\_\_

 Balance Paid In Full

Date: \_\_\_\_\_

 Passport Information Received OHIP Information Received Health Coverage Info. Received