

**This form is due back to the parish no later than \_\_\_\_\_.**

**FORM C**

**DIOCESAN SENIOR HIGH YOUTH DAY (SHYCON) 2025  
YOUTH REGISTRATION AND PERMISSION FORM**

**(PRINT OR TYPE CLEARLY - BOTH SIDES!)**

NAME \_\_\_\_\_ SEX \_\_\_\_\_

AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARISH/CITY OR CATHOLIC SCHOOL/CITY YOU ARE REPRESENTING:  
\_\_\_\_\_

**If you would like to be a liturgical minister for the Liturgy (altar server, usher, gift bearer, etc.)  
Check here \_\_\_\_\_**

**Indicate the size of t-shirt desired: (all are adult sizes):**

S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

**PERMISSION**

I/WE the parents or guardians of \_\_\_\_\_, for myself/ourselves and for my/our child, give permission for my/our child to participate in the Diocesan Senior High Youth Day (SHYCON), Sunday, October 19, 2025, at the Maurice Stokes Athletic Center, St. Francis University, Loretto, Pennsylvania.

**INDEMNIFICATION**

In consideration of the Youth Ministry Office's agreement to allow my/our child to participate in the Diocesan Senior High Youth Day (SHYCON)2025 and intending to be legally bound, hereby, I/WE agree to indemnify and hold harmless, the Youth Ministry Office, the Roman Catholic Diocese of Altoona-Johnstown, St. Francis University, and any parishes within the diocese, their agents, successors, and legal representatives against any loss from any and all claims, demands, and actions at law or in equity that may hereafter at any time be brought by myself/ourselves, my/our child, or anyone on his/her behalf, for the purpose of enforcing a claim for damages because of any injury or property damage sustained by my/our child as a result of, or in any way related to his/her participation in this day.

**CODE OF BEHAVIOR**

Participation in the Diocesan Senior High Youth Day (SHYCON) 2025, is a privilege and not a right. I understand and agree that my behavior must reflect Christian values and that I will abide by all rules and regulations for the day. I agree to stay with my designated group at all times and to participate in all activities. I understand that if I fail to act according to the guidelines of the Diocesan Senior High Youth Day, the staff reserves the right to ask to me to leave at my parent/guardians expense. I also agree that I will not leave until the event is over unless I have written permission from my parent and guardian that I present at registration.

Signature of Youth \_\_\_\_\_

**(Parent - please turn over and complete the other side.)**

## MEDICAL AUTHORIZATION

In the event of any injury or illness to my/our child during his/her participation in the Diocesan Senior High Youth Day (SHYCON) 2025, I/WE hereby give my/our permission for the necessary medical treatment to be given to my/our child. I/WE for my/ourselves, for my/our child, our respective heirs, and my/our respective legal representative, do hereby indemnify and hold harmless any representative of the Youth Ministry Office, the Roman Catholic Diocese of Altoona-Johnstown, St. Francis University, and any parishes from any and all claims, demands, and causes of action of whatever kind and nature for their actions taken pursuant to this authority,

I/WE agree that in case of injury to my/our child, I/WE will apply our hospitalization and/or accident insurance toward payment of the expense incurred and will not look to the Youth Ministry Office, the Roman Catholic Diocese of Altoona-Johnstown, St. Francis University, and any parishes within the diocese, or their agents for the payment of any medical costs or injury related costs.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Parent/guardian phone number

### The Following Information Must Be Completed:

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy number

\_\_\_\_\_  
Name and phone number of person if parent/guardian is not available

Does your child have any allergies? \_\_\_\_\_

Does your child take any special medications? \_\_\_\_\_

Does your child have any special dietary needs? \_\_\_\_\_

Please check one in case of minor headache or stomach ailment:

\_\_\_\_\_ Permission to give non-aspirin (Tylenol/Advil) or antacids

\_\_\_\_\_ Please call for permission      \_\_\_\_\_ Please do not give any medication to my/our child

**IT IS IMPORTANT THAT THE GROUP LEADER MAKES A COPY OF THIS FORM AND KEEPS THE COPY WITH HIM/HER DURING YOUTH DAY.**