

WORLD YOUTH DAY 2011 – Madrid, Spain  
**ENROLLMENT APPLICATION**

**YOUR PERSONAL INFORMATION:**

Full Name (as it appears on passport) \_\_\_\_\_

Birth Date \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**CLASSIFICATION:**

Youth (Must be 16 by departure date)       Young Adult/Adult       Designated Chaperone (must be 21 or older)

Group leader     Clergy     Diocesan Leader     Other, explain: \_\_\_\_\_

**PARISH/GROUP INFORMATION**

Parish/Group Name \_\_\_\_\_

Youth Minister/Group Leader Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_

**PACKAGE ELECTION(S): Deposit Required**

Please refer to the informational brochure to select the following package(s) for your parish group. (***Preferred Roommate Name and Home Phone Number must be listed for Hotel and Dormitory Package A & B Accommodations.***)

Package A (Hotel Accommodations with World Youth Day only) \$200.00 deposit required\* 

Package B (Dormitory accommodations with World Youth Day only) \$200.00 deposit required\*

\*Preferred Roommate \_\_\_\_\_

\*Preferred Roommate's Home Phone \_\_\_\_\_

Package C (Simple Accommodations with World Youth Day only) \$200.00 deposit required

Package D (Days in the Diocese Extension)

Package E (Extension) Rome

Package F (Extension) Paris and Lourdes

YES! I would like to have the Travel Guard Group Cancellation and Medical Insurance to cover the duration of my trip. (Very important protection covering many circumstances in case you must cancel)

**PLEASE SIGN BACKSIDE OF THIS FORM**

*(You must purchase Travel Guard Insurance at the time of deposit to cover pre-existing medical conditions.)*

**Liability:** In making arrangements for accommodations, meals, transportation, transfers, excursions, sightseeing and other services included in the tour, Corporate Travel Service, Inc. and the Archdiocese of Detroit, are acting only as an agent for the following suppliers of travel services, i.e. all airlines, all hotels, all ground handlers, all transfer companies, all restaurants, all sightseeing attractions, all entertainment, all bus companies, all museums and all cruise lines and is not liable for any accident, injury, damage, loss, illicit act, delay or other irregularity which may be caused by the defect of any vehicle or the negligence or default of any company or person engaged in conveying the passenger or carrying out the arrangements of this tour.

**Hotel Accommodation and Dormitory Payment Schedule and Cancellation Policy:**

**Payment Schedule:** Deposit \$200 non refundable to book on or before October 1, 2010 / \$600 due on or before February 1, 2010 / \$600 due May 1, 2010 / \$500 due on or before August 1, 2010 / \$500 due on or before November 1, 2010 / Balance due on or before March 1, 2011.

**Cancellation Policy:** All cancellations must be received in writing. Absolutely no exceptions can be granted to the following policy. Please know if you cancel you will lose the amounts specified. Thus, it is highly recommended to purchase the available cancellation/medical insurance as offered on the front side of this form. For hotel or dormitory accommodations, cancellations from the time of booking to May 1, 2010 will forfeit \$200 per person deposit. From May 2, 2010 through March 1, 2011, there will be a forfeit of \$1400 per person. Any cancellations after March 1, 2011 will be non-refundable.

**Simple Accommodation Payment Schedule and Cancellation Policy:**

**Payment Schedule:** Deposit \$200 non refundable to book on or before October 1, 2009 / \$350 due on or before February 1, 2010 / \$350 due on or before May 1, 2010 / \$350 due on or before August 1, 2010 / \$350 due on or before November 1, 2010 / Balance due on or before March 1, 2011.

**Cancellation Policy** All cancellations must be received in writing. Absolutely no exceptions can be granted to the following policy. Please know if you cancel you will lose the amounts specified. Thus, it is highly recommended to purchase the available cancellation/medical insurance as offered on the front side of this form. For simple accommodations, cancellations from the time of booking to May 1, 2010 will forfeit \$200 per person deposit. From May 2, 2010 through March 1, 2011, there will be a forfeit of \$900 per person. Any cancellations after March 1, 2011 will be non-refundable.

**Credit Card Payment Visa or Master Card for Hotel Accommodation Packages:**

Name as it appears on Card \_\_\_\_\_

Card Number \_\_\_\_\_

Security Card (back of card) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_

Automatically charge my card for future payments on the designated due dates.

**Documentation:** All participants under 18 traveling without their parents must have a permission slip, signed and notarized by both parents. Passports are necessary and can take 6 to 8 weeks to obtain. A passport must be valid for 6 months after scheduled return date of the trip (February 25, 2012.) **Note: A Visa is not required for Spain. I have read over and accept all the information provided in this informational brochure regarding World Youth Day 2011 sponsored by the Archdiocese of Detroit. I have also read and accept the conditions regarding payments, refunds, cancellation, and tour operator's responsibilities.**

Date \_\_\_\_\_ Participant Signature \_\_\_\_\_

(A **parent/guardian** signature is required if participant is under the age of 18 at the time of travel.)

Date \_\_\_\_\_ Group Leader Signature \_\_\_\_\_

**Send with payment and applicable forms to:**

Corporate Travel Service, Inc.  
23420 Ford Road, Suite 1  
Dearborn Heights, MI 48127

**WORLD YOU DAY 2011 PILGRIMAGE – PARENTAL PERMISSION FORM**  
(for participants under the age of 18 by time of departure)

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in the following catechetical or youth ministry sponsored activity-requiring transportation to a location away from parish facilities.

**World Youth Day 2011 Madrid, Spain**  
**The method of transportation is by air, train, boat, car, and/or bus**

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility, which may result from any acts of the named student.

Are there any specific medical needs of which the administrator should be aware?

No  Yes

If yes, please explain:

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I hereby consent to participation by our (my) child, (name of child)

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in the event described above scheduled for:

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**World Youth Day 2011**

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I understand that this event will take place away from the parish grounds. I further consent to the conditions stated above in order for my child to participate in this event, including the method of transportation.

In consideration of my child being allowed to participate in this event, I hereby release and agree to indemnify and defend, and hold harmless: *(name of parish/group)*

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Parish, the **Archdiocese of Detroit**, Corporate Travel Service, Inc. any and all affiliated organizations, its/their employees, agents, representatives, volunteers and drivers, from any and all claims I, or my child, and/or any family member may have, excluding claims for intentional misconduct, arising from or relating to my child's participation in this event.

I authorize *(name of parish/group)*

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Parish to obtain necessary medical treatment for my child in case of illness, injury or accident.

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Child's name

Date

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Father's Signature (If only one signature it must be the parent with legal custody)\*

Date

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Mother's Signature (If only one signature it must be the parent with legal custody)\*

Date

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Legal Guardian Signature

Date

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If you have any questions, please contact Joyce Francois at the Archdiocese of Detroit (313) 237-5812. You can also fax your questions to (313) 237-5752, or email to [francois.joyce@aod.org](mailto:francois.joyce@aod.org).

**Group Leaders please keep a copy of the form and send to:**

Corporate Travel Service\*23420 Ford Road, Suite 1\*Dearborn Heights, MI 48127

**WORLD YOUTH DAY 2011 PILGRIMAGE – YOUTH MEDICAL RELEASE FORM**  
(Must be signed by parents for participants who will be under the age of 18 at the time of departure in August 2011)

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Participant's Last Name                      Participant's First Name (as it appears in passport)                      M    F

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Participant's Age                                      Birth Date (mm/dd/yy)                                      Sex

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Address

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City                                      State                                      Zip Code

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(    )                                      (    )  
Parent (s) Work Phone Number                                      Emergency Phone Number

**To Whom It May Concern:**

The undersigned does hereby give permission for our (my) child, (name of child)

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To attend and participate in World Youth Day Madrid, Spain in August 2011, sponsored by the **Archdiocese of Detroit**

We (I) authorize: *(name of parish and group leader/youth minister)*

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In whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree (s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the above-mentioned child pursuant to the authorization.

Should it be necessary for our (my) child to return home due to medical reasons or infraction of the rules, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the **Archdiocese of Detroit and WYD 2011**.

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Medical Insurance Company                                      Policy Number

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Participant Signature                                      Date

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Father's Signature (If only one parent signs it must be a parent with legal custody)                                      Date

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Mother's Signature (If only one parent signs it must be a parent with legal custody)                                      Date

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Legal Guardian Signature                                      Date

If you have any questions, please contact Joyce Francois at the Archdiocese of Detroit (313) 237-5812. You can also fax questions to (313) 237-5752, or email [francois.joyce@aod.org](mailto:francois.joyce@aod.org).

**Group Leaders please keep a copy of the from and send the original to:**  
Corporate Travel Service\* 23420 Ford Road, Suite, 1\*Dearborn Heights, MI 48127

**WORLD YOUTH DAY 2011 PILGRIMAGE – ADULT MEDICAL RELEASE FORM**  
(This form will be accepted ONLY for those who are 18 of age and over at the time of departure)

Participant's Last Name \_\_\_\_\_ Participant's First Name (as it appears in passport) \_\_\_\_\_ M F

Participant's Age \_\_\_\_\_ Birth Date (mm/dd/yy) \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

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

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Emergency Contact Emergency Contact Number

**Medical Information** *(Please check and sign only those in accordance with your wishes.)*

In the event of an emergency, I hereby grant permission to transport me and obtain emergency medical or surgical treatment from a licensed physician, hospital, or medical clinic. I hereby authorize medical personnel to release necessary information about my care to a representative from the Archdiocese or Corporate Travel Service as well as the following person(s) named here \_\_\_\_\_.

I wish to inform you of the following additional medical information and the recommended course of action (allergies, dietary restrictions, special conditions, etc.). \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If I am rendered unconscious for some reason, I wish to have the following person advised prior to further treatment by the hospital or doctor.

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

Family physician \_\_\_\_\_ Phone \_\_\_\_\_

*(Please check one of the following)*

I am covered by hospitalization and medical insurance under policy # \_\_\_\_\_  
\_\_\_\_\_ issued by \_\_\_\_\_.

I do not have medical coverage and I assume responsibility for the cost of hospitalization and medical care for myself.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I am taking medications at present. I will bring all necessary medications and such medications will be well labeled. The names of and concise directions for taking such medications, including dosage and frequency of dosage are as follows:

\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# WYD 2011 Code of Behavior

We are happy and excited that you are joining the Archdiocese of Detroit for World Youth Day 2011! The Code of Behavior has been developed as a way of helping all pilgrims understand what is expected of them during the pilgrimage. In addition, it helps to ensure that the learning experience is a healthy and spiritual one for all involved.

*Rules are necessary to maintain order.  
They can't and won't guarantee a successful World Youth Day Pilgrimage.  
Success depends on all pilgrims working together for the common good.*

## Definitions:

Youth are defined as anyone under 18

Young Adults are defined as anyone 18 and older and not designated as a chaperone.

1. Pilgrims take part in World Youth Day as representatives of their parish or school. The ultimate responsibility for all happenings with youth, young adults and adult chaperones will and must fall in the hands of the adult in charge.
2. You must wear your WYD Credentials and carry a copy of the first page of your passport at all times.
3. Youth/Young Adults are responsible to attend and remain with their assigned chaperone during tours and activities.
4. Youth/Young Adults are expected to participate in as many World Youth Day events as possible culminating with the World Youth Day Vigil and Mass.
5. The use of alcohol and drugs is strictly prohibited. Those who fail to comply with this rule will be sent home at the expense of the participant.
6. Tobacco users who are over 18 may use tobacco products only when not infringing on another's comfort level. There will be no use of tobacco by anyone over 18 when the group is gathered as a whole.
7. No one is permitted to give, lend or sell tobacco products to minors, which is a violation of the law.

## Accommodation Rules

8. Youth/Young Adult may not leave the accommodation site unless they are with a chaperone. Socializing should take place only in the public areas. NO visiting is allowed in sleeping areas occupied by the opposite sex.
9. Curfew -12:00 Midnight through 6:30 a.m. Pilgrims must be in their respective sleeping areas by curfew time. Only the adult-in-charge may alter curfew to facilitate travel, evening prayer or group debriefing. Noise level in sleeping areas should be kept at a minimum.
10. No phone use or room service (if applicable) during curfew. Participant responsible for all fees charged to your room.
11. At all times, you need to display appropriate behavior toward the opposite sex.
12. Disagreements that impose on an individual's or group's comfort level will be brought to the group leader's attention for resolution

**Group Leaders have participants and parents sign the back of this form, keep a copy for your files and send with your registration packet.**

**Archdiocese of Detroit – World Youth Day 2011  
CODE OF BEHAVIOR**

**Please Print**

Parish Name: \_\_\_\_\_

Parish Traveling With to World Youth Day: \_\_\_\_\_

Name of Adult-In-Charge While Attending WYD: \_\_\_\_\_

Your Name: \_\_\_\_\_

**If you are a Parent and/or Guardian:**

I agree that my child shall obey the rules and regulations outlined in the World Youth Day Code of Behavior. I have reviewed and discussed the Code of Behavior with my child prior to signing this form. I agree that if my child fails to consistently abide by the Code or engages in a serious infraction of the Code, he or she will be disciplined accordingly. I also understand that I will be notified at the time of any infractions requiring my child's dismissal from any part of the program and that he/she may be sent home at the participant's/family's own expense.

Print Name: \_\_\_\_\_

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

**If you are a Youth/Young Adult/Adult Participant:**

I understand and agree to the World Youth Day Code of Behavior. I also understand that my parents/guardian/pastor will be notified at the time of any infractions requiring my dismissal from any part of the program and that I may be sent home at my/my family's own expense. (Your signature must appear below in order to participate in the World Youth Day Pilgrimage.)

Print Name: \_\_\_\_\_

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

**If you are a designated Chaperone Participant:**

I agree that I shall obey the rules and regulations outlined in the World Youth Day Code of Behavior, Chaperone Expectations and Chaperone Guidelines. I have reviewed all prior to signing this form. I agree that if I fail to consistently abide by the Code and/or Guidelines or engage in a serious infraction of the Code, I will be disciplined accordingly. I also understand that I can be dismissed from any part of the program and that I may be sent home at my own expense. (Your signature must appear below in order to participate in the World Youth Day Pilgrimage.)

Print Name: \_\_\_\_\_

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

**Group Leaders please make copies of this form and send with your registration packets:**

Corporate Travel \*23420 Ford Road\*Dearborn Heights, MI 48127

# WYD 2011 CHAPERONE'S GUIDELINES

1. As an adult chaperone, you set an example for the young people, and adults, who are participating in the World Youth Day Events. All adult chaperones are responsible for helping enforce the Code of Behavior and should use the code as a guide for their own behavior. The Archdiocese of Detroit requires that adult chaperones be at least 21 years of age.
2. Youth/Young Adults are to be assigned a specific adult chaperone that will be responsible for their behavior.
3. All adult chaperones are expected to attend all activities. This gives adults the opportunity to share with the youth/young adults what they have learned, answer questions, and have "downtime" at the end of each busy day with the young people.
4. Adult chaperones must review the code and related guidelines with the youth/young adults assigned to them. After the pilgrimage program has been distributed, adult chaperones should go over the booklet with the youth/young adults, helping them become familiar with the layout of the facilities where **World Youth Day** activities take place, and assure that the young people understand important safety information.
5. The possession or use of illegal drugs will not be tolerated. Adults are asked not to go anywhere in the company of youth/young adults during the pilgrimage where the youth/young adults are not permitted by Michigan State Law (i.e., cocktail lounges, bars, etc.). We encourage refraining from alcohol use during the pilgrimage.
6. Adult chaperones must check to assure that the youth/young adults, for whom they are responsible, are in their accommodation site by curfew. Adult chaperones should check periodically after curfew to make sure all young people remain in their proper sleeping areas. The Archdiocese of Detroit, designated adult chaperones, and security personnel (hotel/WYD volunteers) have the authority to question youth/young adults, especially after curfew, in the hotel corridors, as well as for noise coming from rooms being used by World Youth Day delegates (all participants). We must assure a pleasant and safe environment for all guests at the hotel.
7. If an adult chaperone must go into a sleeping area of an individual youth/young adult, a second adult must be present with them. ***THIS IS FOR YOUR OWN LEGAL PROTECTION!***
8. **The Designated Group Leader** must assure that each adult chaperone in their group agrees to follow these guidelines and the Chaperone Expectations. The ultimate responsibility for all happenings with youth, young adults, and adult chaperones **will and must** fall in the hands of the adult in charge. If an extreme situation arises a representative from the Archdiocese will be contacted. **Group leaders must provide the dates of each chaperone's criminal background check, receipt of the Code of Conduct and Safe Environment Policies and participation in a Protecting God's Children workshop(PGC).**

Please Print

Parish Name: \_\_\_\_\_

Parish Traveling With to World Youth Day: \_\_\_\_\_

Name of Adult-In-Charge While Attending WYD: \_\_\_\_\_

Your Name: \_\_\_\_\_

Dates for Criminal Background Check \_\_\_\_\_ PGC Workshop \_\_\_\_\_

I, as an adult attending the World Youth Day event have read, understand and agree to abide by these guidelines and the Chaperone Expectations.

\_\_\_\_\_  
Adult Chaperone Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Group Leader Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pastor/Parish Administrator/Principal Signature (stamps not accepted)

\_\_\_\_\_  
Date

**Group Leaders please keep a copy and send one to:**

Corporate Travel\*23420 Ford Road, Suite 1\*Dearborn Heights, MI 48127