



Encuentros Juveniles

Archdiocese of Miami

9401 Biscayne Blvd, Miami Shores, FL 33138

Encuentros.juveniles@theadom.org

(305) 762-1192

Encuentros Juveniles is a Youth Movement of the Archdiocese of Miami dedicated to the Evangelization of the youth. Started in 1973, to promote the spiritual welfare of the Hispanic youth, Encuentros now caters to the spirituality of any young Catholic/Christian. We call out to all the young persons from the ages of 16 to 23. When you feel that you have reached a point where you must find Christ or want to deepen your relationship with him, we invite you to our movement.

The Encounter takes place at the Archdiocese of Miami Youth Center Located at **3333 S Miami Ave, Miami, FL, 33133** begins on Friday at 7:00pm and ends with a closing mass on Sunday at 4:00pm. The cost for the weekend is **\$70.00**. For more information, contact us at (305) 762-1192 or check us out at www.encjuveniles.com.

PARTICIPANT INFORMATION

Participant Name:				Participant Cell:		
Date of Birth:				Age:		
Home Address:						
City, State Zip:						
Gender:	Male: _____	Female: _____	Email:			
Parish:			Youth Group:			
T-Shirt size:	S _____	M _____	L _____	XL _____	XXL _____	Language Preference: English _____ Spanish _____
Have you received the sacraments of...	Baptism _____	Communion _____	Confirmation _____	Ever been married?	YES _____	NO _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1:				Parent/Guardian 2:		
Home Phone:				Home Phone:		
Cell Phone:				Cell Phone:		

EMERGENCY CONTACT (DIFFERENT FROM THE PERSONS LISTED ABOVE)

Emergency Contact:				Relationship:		
Address:				Home Phone:		
City, State Zip:				Cell Phone:		

MEDICAL INFORMATION

Doctor's Name:				Phone:		
Insurance Provider:				Policy#:		

Allergies/Medical Conditions: (**Medication:** If you are taking medication regularly, please bring a supply in the official **LABELED** container)

I, the undersigned, have read this consent/release and understand all its terms and execute it voluntarily and with full knowledge of its significance. In the event of an emergency, if I cannot be contacted, I hereby authorize medical treatment be administered.

Participant Signature:				Date:		
Parent/Guardian Signature (If under 18):						

PERMISSION AND RELEASE OF LIABILITY INFORMATION ABOUT THE RETREAT

I (We), _____ and _____, the parent(s)/ legal guardian(s) of _____ give my child permission for him/her to attend the retreat organized by Encuentros Juveniles a movement of the Archdiocese of Miami.

In the event of an emergency, I (We), hereby give permission to transport my child to a hospital for emergency medical, dental, anesthetic or surgical treatment. I (We) wish to be advised prior to any non-emergency treatment by the hospital or doctor. I (We) agree to pay for any expenses incurred for such treatment.

I (We), individually and in my (our) capacities as parent(s)/legal guardian(s) release, indemnify, and hold harmless the Archbishop of Miami, the Archdiocese of Miami or any parish thereof, its employees, agents, representatives, affiliates, and volunteers from any and all demands, claims, and liability arising out of my child's participation in the program.

I (We) hereby waive my claim to a lawsuit against the Archdiocese of Miami or any such persons for any liability arising out of my child's participation in this activity

I have read the terms and conditions set forth by Sponsors and I agree that this constitutes a part of any agreement with Sponsors. I understand and agree to all of Sponsors' terms as set forth in the descriptive information and in this Release. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Participant:			
Print Name:		Date:	

For participants under 18 years of age

I certify that I am the parent or legal guardian of the above-signed participant, and that I have read the foregoing release and examined the information in the description. I hereby join in each and every part of this Consent and Release (including such part as may subject me to personal financial responsibility) and hereby relinquish any claims that I may have against Sponsors as set forth above, both in my own behalf and in my capacity as legal representative (as applicable) of the participant, including without limitations any claims arising as a result of the participant's leaving the supervision of Sponsors. I agree that if any portion of this document is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

Signature of Parent(s)/Guardian(s):			
Print Name(s):			
Date:			

*** Encuentros Juveniles is not responsible for any lost or stolen personal items. ***