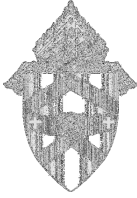


**DIOCESE OF AUSTIN**



**THE CATHOLIC CHURCH OF  
CENTRAL TEXAS PRESENTS:**



# Never Be the Same

**JANUARY 29-31, 2010**

**WACO CONVENTION CTR.**

Featuring: Steve Angrisano, great music w/ SOUNDWAVE, Sacraments, Life-Changing Workshops and over 1,300 friends from around the Diocese! Cost - \$85.

Cost includes: two nights at the Marriott Courtyard in Waco, most meals, transportation, conference fee, and t-shirt. \$30 deposit with Registration

**Fill out the bottom portion and return it with \$30 deposit to the Keysis Youth Office by Wed. Dec. 16**

Name:	
Address:	
City:	St.: Zip:
Phone:	Shirt Size:
Email:	Grade:

**St. Luke's Catholic Church—Liability/Medical Release Form**  
*(Parent/Guardian, please fill out the following (if participant is under age 18):*

I, \_\_\_\_\_ (parent's name, if participant is under age 18), give permission to my above named son/daughter to attend the Austin Diocesan Catholic Youth Conference (DCYC) on Jan 29-31, 2010. If needed for health reasons, I give permission for my child to be evaluated, diagnosed, treated, and/or given medication in accordance with standard medical practice by licensed medical personnel. I relieve St. Luke Catholic Church, its staff members and volunteers of all responsibility and consequence that may arise as a result of this treatment. I will not hold St. Luke's Catholic Church, its personnel, or volunteers liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

My child agrees to abide by all the rules and regulations stated by St. Luke's Catholic Church and the Youth Ministry Staff. I understand that St. Luke's Catholic Church will not be liable if my child fails to cooperate with regulations, and that any infraction of the rules may result in immediate dismissal from this activity at my expense.

Parent's/Guardian's Signature \_\_\_\_\_

Participant's Signature \_\_\_\_\_