ARCHDIOCESE OF LOUISVILLE
OFFICE OF YOUTH & YOUNG ADULTS

ADULT MEDICAL/INFORMATION FORM
LOUISVILLE CATHOLIC YOUTH CONFERENCE
FEBRUARY 26-28, 2027, LOUISVILLE, KY

Name _____

Address _____

City _____ State_____ Zip _____

Cell Phone # _____ Gender: Male ____ Female ____

Email Address _____

Representing Parish or School _____

In consideration of my participation as an adult leader/chaperone, I do hereby, waive and release any and all claims that I might have against the Office of Youth and Young Adults of the Archdiocese of Louisville and any designated driver of a van, bus, car, or vehicle, for any and all injuries or losses suffered by me while engaged in the above activities.

Signature: _____ Date: _____

Emergency Contact:

Name: _____

Contact Numbers: _____

Health Insurance Company: _____

Policy Number: _____

Thank You for your support
and all you do for the young Church.