

**Florida Catholic Conference  
Catholic Days at the Capitol  
March 26-28, 2019  
Diocese of Orlando  
2019 Registration Form**



Name: \_\_\_\_\_  
(First & last name for name badge – please print clearly)

Senate District No.: \_\_\_\_\_

Is this your first time attending CDAC? \_\_\_Yes \_\_\_No

House District No.: \_\_\_\_\_  
(Located on voter registration card)

Daytime Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Diocese: Orlando Diocese Parish: \_\_\_\_\_

Ministries I am involved in:  K of C  CCW  SVDP  Other: \_\_\_\_\_

**\$70 INCLUDES:**

**Legislative Briefing with Light Dinner on 3/26/2019**

**Luncheon with Arch/Bishops & Catholic Legislators on 3/27/2019**

*Luncheon Meal Preference*  Regular  Vegan

**\$238 HOTEL**

**Fairfield Inn & Suites: \$119/night;  
up to 4 people per room**

I require a handicap accessible room

Roommates:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**\$85 BUS TRANSPORTATION**

**From Diocese of Orlando to Tallahassee. Pick Up:**  Orlando  Melbourne  Ocala

**\$25 Bus Transportation in Tallahassee Only**

*If you are driving yourself, but plan to use the Diocese's bus in Tallahassee please check this box to help us defray the cost of the bus. Only those registered for the bus will be allowed to board.*

**I HAVE INCLUDED MY SIGNED WAIVER.  
(Must be included with registration if you are riding the bus at any point)**

**I AM PROVIDING MY OWN TRANSPORTATION**

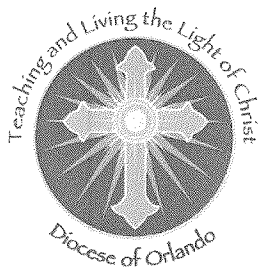
\$ \_\_\_\_\_ **TOTAL PAID** Please make checks payable to **Catholic Charities of Central FL**; memo **CDAC**

**PLAN TO WEAR RED ON WEDNESDAY, March 27, 2019**

The 44<sup>th</sup> Annual Votive Mass of the Holy Spirit (Red Mass) will be celebrated at the  
Co-Cathedral of St. Thomas More at 6:00 p.m. on Wednesday, March 27, 2019.

**\*\*Plan for early morning departures.**

**There are MANY steps and A LOT of walking required in Tallahassee!\*\***



# Adult Consent Form & Liability Waiver

(This form is required for chaperones or adult participants to attend an off property event or trip).

**This form is to be completed by individuals 18 years of age and older (not in high school). For individuals 18 years of age or older and in high school, the Parental/Guardian Consent form & Liability Waiver must be completed.**

## Applicant Information

Participant's Name:				
Address:		City	State:	Zip:
Home Phone:		Cell Phone:	Work Phone:	
Physician's Name:		Phone:		
E-mail Address:		Last 4 Digits of Social Security Number:		
Event & Location:		Date & Time:		
<input type="checkbox"/> Transportation Not Provided <input type="checkbox"/> Transportation Provided		Method of Transportation:		
I hereby waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, (name of entity) _____, the Diocese of Orlando, and any of their religious, employees, staff, volunteers, agents and representatives from any liability, claim, loss, damage, cost or expense arising from my participation in this event. I waive such claims against such organization or any such person, arising directly or indirectly from or attributable in any legal way, to any action or omission to act of any such organization or person in connection with execution of this event. I authorize treatment by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.				
<b>The following request is pertinent information is you are rendered unconscious</b>				
Date of Birth (including year):		Age:	Date of Last Tetanus shot:	
Please list <b>ALL</b> medical conditions/allergies/special health information:				
Please list <b>ANY</b> medications (prescription or non-prescription) you would like us to be aware of:				
<b>Insurance Information</b>				
Do you have medical insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes			If yes, please provide the following information:	
Insurance Company:				
Policy in the name of:			Policy Number:	
Name of Emergency Contact:		Phone number:	Language Spoken by Emergency Contact:	

**In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the patient.**

Signature

Date

**In signing the line above, I agree to abide by any/all policies and rules established for this event. Should I not be able to maintain the guidelines and expectations for this event, I understand there will be consequences for my actions, which could include my being asked to leave the event.**