

MOUNT 2010 REGISTRATION FORM

COMPLETE FORM (FRONT AND BACK).

RETURN TO: MOUNT 2000, C/O MOUNT ST. MARY'S SEMINARY, 16300 OLD EMMITSBURG ROAD, EMMITSBURG, MD 21727-7797

Registration fee: \$40 per participant (initial \$15 deposit MUST have been sent to Mount 2000; if deposit for this registration is not on file this registration will not be processed). There are no refunds. **Both a registration form and a liability release form must be completed and submitted for each person attending.** Please make additional copies and distribute them to interested attendees, or download additional copies from www.mount2000.com.

Please print neatly and complete the liability form on the reverse side.

NO REGISTRATIONS WILL BE ACCEPTED AFTER JAN. 10, 2010

PLEASE CHECK THE APPROPRIATE BOX AND COMPLETE THE ENTIRE FORM FRONT AND BACK.

I AM A CURRENT HIGH SCHOOL STUDENT. *We're excited that you're coming. Be sure to fill out your registration form front and back, and we'll see you in February. In the meantime, keep praying for a great outpouring of the Holy Spirit at Mount2000, and we'll be praying for you.*

I AM A COLLEGE-AGE PARTICIPANT (18-21 YEARS OLD). *We're excited that you're continuing to foster your relationship with Jesus Christ. Just a reminder: Every Mount 2000 attendee 18 years or older must have documentation from his or her diocesan Office of Child and Youth Protection stating that he or she has received safe environment training and a background check as defined in the Charter for the Protection of Children and Youth. Those needing housing for those over 18 who don't have Child and Youth Protection Certification, please contact registration@mount2000.com and we will try to assist you.*

I AM A CHAPERONE (21 YEARS OLD AND OVER). *Thanks for being willing to help our youth grow ever closer to Jesus Christ. Every Mount 2000 attendee 18 years or older must have documentation from his or her diocesan Office of Child and Youth Protection stating that he or she has received safe environment training and a background check as defined in the Charter for the Protection of Children and Youth YOU CANNOT ATTEND MOUNT2000 WITHOUT THIS PAPERWORK ON FILE WITH US BY JAN. 10.*

Parish/Group Name/City _____ Diocese _____

Group Leader's Name _____

Attendee's First Name _____ Last Name _____

Age (limited to high school grades 9-12 and young college adults) _____ Sex (circle) M F

I would like my **FREE T-SHIRT** in size (circle one) XXL XL L M S

Home Address _____

City _____ State _____ Zip Code _____

Phone _____

In case of emergency, please contact: Name _____

Address _____ Phone (Home) _____

_____ (Cell) _____

Allergies or Medical Conditions (briefly describe): _____

Current Medications (please list): _____

Medical History (briefly describe): _____

Office Use Only: Check # _____ Amount _____ Group _____ Individual _____

IMPORTANT NOTE: Mount 2000 is first-come, first-served. Due to local fire code regulations, we can only accept 1,600 participants. Registration will close on Jan. 10, 2010. Once we have received the completed group and individual registration forms, liability/release forms and payment by check, then that group is registered for the retreat (if all forms are not received, then the registration cannot be processed or completed. Also, if you are under 18 years old, you must register with a group. No chaperone means no registration. Please call or e-mail with questions. No registrations are accepted by phone or online. Additional forms can be downloaded from the Mount 2009 Web site, www.mount2000.com

SPECIAL NEEDS: If you have special dietary, medical or other needs, please let us know prior to the retreat by calling the Mount 2009 hotline at 301-447-5738 or e-mailing us via the Web site.

MEALS: Mount 2000 will provide participants with five meals: Friday dinner through Sunday breakfast, plus a snack bag for the trip home after the retreat concludes Sunday morning.

HOUSING: Men and women will sleep in separate gyms. Please bring a pillow and sleeping bag (roll pad is optional). Check the Mount 2000 Web site for alternative and further housing information. Note: Air mattresses are not allowed.

CHAPERONES: One adult chaperone is required for every six young people. Chaperones must remain with youth at all times. Chaperones must also complete the registration/liability forms. Chaperones are responsible for the discipline and organization of the participants. If there are youth of both sexes in the group, that group must have both a male and female chaperone. Please see the chaperone policy included in the registration packet.

LIABILITY RELEASE FORM/ RELEASE OF ALL CLAIMS

NOTE: ALL PARTICIPANTS ALONG WITH THEIR PARENTS/GUARDIANS MUST SIGN THIS FORM

The undersigned, do hereby release, forever and agree to hold harmless Mount 2000 including Mount St. Mary's University and Seminary, from and against any and all liability, death, or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or participant (if said participant is under 18 years of age or over the age of 18).

Furthermore, the undersigned agree to indemnify and hold Mount 2000 and its respective members, seminarians, students, directors, employees and agents (collectively the "Indemnities") harmless from and against any and all claims, demands, actions, lawsuits and liabilities, including attorney fees and expenses sustained by the Indemnities as a result of negligent, willful or intentional acts of the undersigned and/or participant (if said participant is under 18 years of age or over the age of 18).

If the participant is under 18 years of age: I (We), the parent(s) or legal guardian(s) of the participant, do hereby grant permission for our child to participate fully in Mount 2000 and all of its activities and hereby give permission to Mount 2000, Mount St. Mary's University, its employees or agents to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery. I (We), the parent(s) or legal guardian(s) fully and completely assume all responsibility for all medical bills of said participant. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary actions or otherwise, I (We) assume all responsibility and transportation costs.

Participant's Signature _____
(If under 18, a parent or legal guardian also must print and sign below)

Parent/Legal Guardian Printed Name _____

Parent/Legal Guardian Signature _____

Phone _____

Please mail completed form and payment to:

**Mount 2000
c/o Mount St. Mary's Seminary, 16300 Old Emmitsburg Road,
Emmitsburg, MD 21727-7797**