Registration Form

Religious Family of the Incarnate Word

Universitas
CATHOLIC YOUNG ADULT CONFERENCE

June 1st – 5th, 2019

St. Patrick's Retreat Center
East Durham, NY

Last Name	First Name	Middle Name	
Street Address	Apt #	City State	ZIP Code
Home phone	Cell Phone	E-mail Address	
Parents' Names		Applicant's Date of Birth	Age
Applicant's Gender: Male Female (Check One)		Parish/University Name	

How did you hear about the *Universitas*?

1. Health History: Are you now, or have you ever been treated for any of the following health problems?

Yes	No	Condition	Explain
		Asthma Last attack: _____	
		Diabetes Last HbA1c:_____	
		Hypertension (high blood pressure)	
		Heart disease (e.g., CHF, CAD, MI)	
		Stroke/TIA	
		Lung/respiratory disease	
		Ear/sinus problems	
		Muscular/skeletal condition	
		Psychiatric/psychological and emotional difficulties	
		Behavioral disorders (e.g., ADD, ADHD, Asperger syndrome, autism)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures Last seizure:_____	
		Sleep disorders (e.g., sleep apnea)	Use CPAP: Yes No
		Abdominal/digestive problems	
		Drug or alcohol addiction	
		Surgery	
		Serious injury	

		Other	

ADDITIONAL EXPLANATION (if necessary):_____
_____
_____
_____

2. MEDICATIONS: List all medications currently used. Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only. (If additional space is needed, please attach an additional sheet of paper.)

Medication _____ Strength _____ Frequency _____ Approximate date started_____ Reason for medication _____ _____	Medication _____ Strength _____ Frequency _____ Approximate date started_____ Reason for medication _____ _____	Medication _____ Strength _____ Frequency _____ Approximate date started_____ Reason for medication _____ _____
Medication _____ Strength _____ Frequency _____ Approximate date started_____ Reason for medication _____ _____	Medication _____ Strength _____ Frequency _____ Approximate date started_____ Reason for medication _____ _____	Medication _____ Strength _____ Frequency _____ Approximate date started_____ Reason for medication _____ _____
Be sure to bring medications in sufficient quantities along with their original containers. You SHOULD NOT STOP taking any maintenance medication.		

EMERGENCY CONTACT PERSON (who will be available during the trip dates)

PRIMARY CONTACT PERSON:

NAME_____
ADDRESS_____
E-MAIL_____
TELEPHONE_____
CELL HOME WORK

SECONDARY CONTACT PERSON (optional but recommended):

NAME_____
ADDRESS_____
E-MAIL_____
TELEPHONE_____
CELL HOME WORK

WHAT IS YOUR T-SHIRT SIZE? (circle one) . S M L XL XXL

PAYMENT METHOD (Checks/money orders Payable to "**Institute of the**	**TOTAL PRICE IS $80** 1- Please indicate your method of payment

Incarnate Word." Put "**Universitas 2019**" in the "For" field)	I WILL PAY BY CHECK/MONEY ORDER/VENMO ☐ I WILL PAY BY CASH ☐ 2 – Full payment enclosed? YES ☐ NO ☐

I CERTIFY THAT THE ABOVE MEDICAL AND PERSONAL INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE, KNOWING THAT ANY INTENTIONAL OMISSION MAY CONSTITUTE GROUNDS FOR MY DISMISSAL FROM THE *UNIVERSITAS* 2019 FORMATION COURSE.

_____ _____

SIGNATURE OF APPLICANT DATE

MAIL TO: VOCES VERBI USA, 5706 SARGENT RD, CHILLUM, MD 20782

OR **EMAIL IT TO US AT: IVE.UNIVERSITAS@GMAIL.COM**