



CONSENT TO PARTICIPATE IN YOUTH MINISTRY PROGRAM

Dear Parent/Guardian:

Your child is eligible to participate in the parish-sponsored Youth Ministry program for the school year 2014-2015(including the following summer). The group will meet under the supervision of the staff of _____ Parish (the "Parish") and in accordance with the policies of the Diocese of Salt Lake City (the "Diocese"). Please review, complete, sign, and return this form to your Youth Minister.

CHILD'S INFORMATION:

Participant's name: _____ Birth date: _____ Sex: M / F
Home Address: _____ Grade for '14-'15: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Mobile Phone (See Communications below): _____
Email/Social Media (See Communications below): _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian 1: _____ Relationship to child: _____
Work Phone: _____ Mobile Phone: _____
Parent/Guardian 2: _____ Relationship to child: _____
Work Phone: _____ Mobile Phone: _____
Parent/Guardian Email: _____
Parent Social Medias (See Communications below): _____
(Also to send information/updates for parish/diocesan events)

EMERGENCY CONTACTS: In the event of an emergency, if you are unable to reach a parent/guardian above, please contact the following person(s):

Name: _____ Relationship to Child: _____ Phone: _____
Child's Physician: _____ Phone: _____
Child's Dentist: _____ Phone: _____

INSURANCE INFORMATION:

Medical/Dental Insurance Company: _____ Policy Number: _____
Address: _____ Phone: _____

CONSENT: I hereby consent to participation by my child in the Youth Ministry program. I hereby give my express and unqualified approval for my child's voice/verbal statements, written statements, portraits and/or video to appear in diocesan publicity, publications and/or public relations activities. The use of my child's voice/verbal statements, written statements, portraits and/or video may be used according to the sole discretion of the Diocese and is considered the property of the Diocese in perpetuity. No consideration, monetary or otherwise, shall be paid.

RELEASE OF LIABILITY: I hereby release and hold harmless the Diocese of Salt Lake City, the Parish, and their employees, agents, representatives and volunteers from any and all liability and claims arising from any illness or injury to my child and for any loss of property arising during said child's participation.

COMMUNICATIONS: I hereby authorize leaders of the program to use organizational or group-sponsored means to contact my child in the following ways: [Check only one box per media row. *Note, if you wish to be copied using a particular type of communication (checking the middle column), please list your contact information above.]

Text Messaging: contact child directly or *send a copy to child and parent* or don't contact my child in this way
Email: contact child directly or *send a copy to child and parent* or don't contact my child in this way
Social Media: contact child directly or *send a copy to child and parent* or don't contact my child in this way
(Such as Facebook and Twitter)

SPECIFIC MEDICAL INFORMATION

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Details are enumerated below.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Date(s) of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? No Yes

Any physical limitations? No Yes

Is your child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed wetting, or fainting? No Yes

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, or N1H1? No Yes

If "Yes" has been marked for any of the above and/or the Parish should be aware of this or any other medical conditions of my child, please explain in detail: _____

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. Initial: _____

OTHER MEDICAL TREATMENT: In the event it comes to the attention of the Parish/Diocese, its officers, directors, agents, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, fever, diarrhea, or persistent sore throat, I understand I will be contacted for counsel on the proper steps and actions to take. Initial: _____

MEDICATIONS: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

(If your child **does not take** any prescription or non-prescription medication, please write N/A)

CODE OF CONDUCT

In signing below, you agree to the following. Youth who fail to live up to these expectations may be excluded from activities; or at the time of offense parents will be asked to retrieve their child at their own expense.

- ✓ No possession or use of alcohol, drugs, tobacco, or other illegal/objectionable material.
- ✓ No disruptive behavior, excessive noise, fireworks, lighters, explosives, or weapons of any kind.
- ✓ Dress appropriately and modestly for activities/events. Tasteless and revealing clothing are forbidden.
- ✓ Minors (under 18) may not drive to external event locations and may not drive vehicles during events.
- ✓ Respect the property of others and the facilities. If you break or damage something, you pay for it.
- ✓ Youth must remain with their adult chaperones/leaders and are expected to participate during the entire event/activity. Youth may not leave the conference/activity facilities without an adult leader.
- ✓ Report any accidents, incidents, injuries, or illnesses to an adult leader immediately.
- ✓ Respect the rules of the leaders, event, and facility; such as quiet hours, curfews, and cell phone use.
- ✓ Your behavior should reflect a credit to you, your parents, and the Catholic Diocese of Salt Lake City.

Youth Signature: _____ Date: _____

The information provided in this form is correct to the best of my knowledge. I understand that in signing this document, I authorize verification of this information through communication with any person or organization named herein. I release from liability any person or organization which provides such information as well as the Diocese and the Parish. Furthermore, in the event of any changes in the above information, I shall provide the same in writing to the Parish and the Diocese.

Parent/Guardian Signature: _____ Date: _____