

St. Joseph of the Lakes

MEA Night 2021

Code of Conduct

The Code of Conduct is for all of those participating in the MEA Night sponsored by St. Joseph of the Lakes . It is our goal that each of us be a witness of Jesus' love and respect for all people and things.

- Any infraction of the expectations may result in the parents of youth being called and the youth being sent home immediately at the parent's expense. Please read through this form carefully before signing.

EXPECTATIONS:

1. All adult and youth participants may not use or possess alcoholic beverages, tobacco, or any illegal drug or substance. Participants may not use or possess any type of weapon or instrument that could be used as a weapon.
2. Participants are required to follow the schedule and stay with the St Joseph group throughout the night
3. Participants will be responsible to make restitution for any damages that they cause to properties utilized during the MEA Night.
4. Harassment in any form (Physical, Emotional, or Sexual) will not be tolerated.

CONSEQUENCES:

1. Adult leader or Director shall confront behavior.
2. Director and youth will discuss issue & take appropriate action.
3. Parental notification/involvement will occur as appropriate. If any of the above are violated, parents will be expected to come and remove the youth immediately.

I have read the above Code of Conduct and discipline policy and agree to support and abide by it.

Participant Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Participant Registration Form

Participant's name: _____ Birth date: _____ Grade(21-22): _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Mobile Phone : _____ Home Phone: _____

I, _____ grant permission for my child, _____ to participate in MEA Night 2021 sponsored by St. Joseph of the Lakes. This activity will take place under the guidance and direction of the Archdiocesan Youth Day Leadership. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

A brief description of the activity follows:

Type of event: **MEA Night 2021**

Locations of the event: **Bowlero in Blaine & St. Joseph of the Lakes**

Individuals in charge: **Coordinator of Youth Ministry & Parish Volunteers**

Date & Time: **Friday, October 22nd, 2021**

Type of Transportation: **Families**

Parent/Guardian Signature _____ **Date** _____

Covid 19 Waiver: MEA Night Leadership cannot guarantee that your child will not become infected with Covid-19 when participating and I voluntarily assume responsibility to myself, and my children for any personal injury, illness, or death that result from Covid and expense that may occur due to participation in this event.

Signature _____ **Date** _____

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

LIABILITY WAIVER

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Joseph of the Lakes their officers, directors, employees and agents, and the Archdiocese of Minneapolis/Saint Paul MN, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Arch diocese of Minneapolis/Saint Paul, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Signature: _____ **Date:** _____

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. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

- **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. In the event of an emergency, if you are unable to reach me at the numbers above, contact:

Name & relationship: _____ **Phone:** _____

Family doctor: _____ **Phone:** _____

Family Health Plan Carrier: _____ **Policy #:** _____

Signature: _____ **Date:** _____

- **Other Medical Treatment:** In the event it comes to the attention of the parish, its officers, directors and volunteers associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called or texted.

Signature: _____ **Date:** _____

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: _____

Signature: _____ **Date:** _____

CHOOSE ONE OF THE STATEMENTS BELOW TO SIGN:

- No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ **Date:** _____

OR

- I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ **Date:** _____

Specific Medical Information: The parish will take reasonable care to see that the following information will be held in confidence. Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as Covid 19, mumps, measles,

chicken pox, etc.? If so, list date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____

*****Please return to St. Joseph's by Monday, October 18 2021*****

Adults are needed. Are you available to chaperone for this event? ___ Yes ___ No