

ROCK the UNIVERSE

UNIVERSAL ORLANDO RESORT
TM&O

Forrest Frank

Switchfoot

Blessing Offor
KB

and more!

Rock the Universe - Christian Music Festival

Teen students are invited to this awesome night of music and
Universal Studio rides!

When: Friday, January 23rd

Time: Bus will leave the Divine Mercy parking lot at 3:30 PM

Event runs until 1 AM, arrival back should be around 2:30 AM

Cost: \$95 / Student Chaperones: \$45 Slots are limited.

High Schoolers—You Get First Dibs!

We're giving high school students priority registration until December 31st.
After this period, any remaining spots will be offered to 7th /8th grade students on
a first-come, first-served basis.

Completed packets and money are due by January 12th.

All chaperones need to be fingerprinted through the diocese.

Any questions please email dcardamone@divinemercychurch.org

Youth Group Trip Code of Conduct Contract

We are excited that you are joining us for this upcoming church youth group trip! In order to ensure that everyone has a positive and safe experience, we ask that you agree to the following Code of Conduct. By signing this contract, you acknowledge your commitment to uphold these expectations and respect both your fellow participants and the leaders of the group.

1. Respect for Others

- *Respect for Authority:* You agree to follow the guidance of the youth group leaders, chaperones, and any other adults supervising the trip. This includes following instructions and attending all scheduled activities.
- *Respect for Peers:* Treat all participants, both youth and adults, with kindness, respect, and consideration. Bullying, name-calling, or any form of disrespectful behavior will not be tolerated.
- *Respect for Property:* Take care of the property of others, including hotels, buses, and any venues we visit. Damage or vandalism will be addressed with consequences.

2. Behavior Expectations

- *Appropriate Behavior:* Maintain a positive, Christ-like attitude throughout the trip. Avoid inappropriate language, gestures, or actions.
- *Group Integrity:* Stay with the group during all scheduled activities. No one should leave the designated group areas without permission from a leader.
- *Curfew:* Follow all curfew times set by the leaders. No loitering or gathering in unsupervised areas after curfew.

3. Safety Guidelines

- *Substance-Free:* The possession or use of alcohol, drugs, or tobacco is strictly prohibited during the trip. Any violation of this rule will result in immediate consequences, including possible return home at the parent's expense.
- *Travel Safety:* Always wear your seatbelt when in a vehicle, and follow any travel-related safety instructions given by leaders or chaperones.
- *Emergency Contact:* In case of an emergency, you must immediately inform a leader. You should also provide your leaders with any important medical information.

4. Digital Etiquette

- *Phone Use:* Use phones only during designated times (unless for emergencies). Be respectful of others and refrain from inappropriate photos, videos, or social media posts related to the trip. Always get permission before taking pictures of others.
- *Social Media:* Post positively and with care. Respect people's privacy, and avoid anything that could hurt or embarrass someone else.

5. Dress Code

- *Appropriate Attire:* Dress modestly and appropriately for all activities. Please refrain from wearing clothing with offensive language or images.

6. Christian Conduct

- *Faith and Worship:* Participate in worship, devotionals, and group activities with a positive, open heart. Treat the spiritual aspects of the trip with the seriousness they deserve.
- *Encourage One Another:* Be a source of encouragement to your fellow group members and make efforts to uplift others throughout the trip.

7. Consequences for Misbehavior

If you choose to disregard the rules outlined in this contract, the following consequences may occur:

- Verbal warning from a leader
- Removal from certain activities or privileges
- Contacting your parents or guardians
- Possible return home early at the parents' expense, if necessary

By Signing Below, I Acknowledge That I Have Read, Understood, and Agree to Abide by the Code of Conduct:

Event Name: _____

Participant's Name: _____

Participant's Signature: _____ Date: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____



Parental/Guardian Consent Form & Liability Waiver

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

Applicant Information			
Participant's Name & E-mail Address:			Date of Birth:
Address:		City:	State: Zip:
Home Phone:		Parent/Guardian's Name & E-mail Address:	
Cell Phone:	Work Phone:	Other number where Parent/Guardian can be reached <u>during</u> event:	
Consent & Liability Waiver			
Important! To be filled out by the Parent/Guardian for youth under 18 years of age and individuals age 18 or older <u>and</u> in high school.			
In consideration of the program in which my son/daughter will participate, I, as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany (entity name) <u>Divine Mercy Catholic Church</u> to:			
Event & Location: <u>Rock the Universe - Universal Studios</u>		Date & Time: <u>Jan 23-24, 2026 3:30 PM - 2:30 AM</u>	
<input type="checkbox"/> Transportation Not Provided <input checked="" type="checkbox"/> Transportation Provided		Method of Transportation: <u>Charter Bus</u>	
I acknowledge that (entity name) <u>Divine Mercy Catholic Church</u> is providing transportation to and from (location) <u>Universal Studios Orlando</u> to the event. I acknowledge and assume the risk of this transportation for my child. My child must comply with (entity name) <u>Divine Mercy Catholic Church</u> rules and procedures. By granting this permission, I also waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, (entity name) <u>Divine Mercy Catholic Church</u> , the Diocese of Orlando, any of their religious, employees, volunteers, agents and representatives from any liability, claims, demands and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my child's participation in the program.			

_____ Parent/Guardian Signature <i>(must sign for any participant under 18 &/or 18 or older & in high school)</i>	_____ Date
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Participant: In signing the line below, I certify all the information on the trip form is complete and accurate, I also agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand there will be consequences for my actions, including being removed from the activity and being sent home at my parents/guardian's expense.

_____ Participant's Signature	_____ Date
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Insurance Information			
<input type="checkbox"/> No, I do not carry medical insurance at this time. <input type="checkbox"/> I do carry medical insurance at this time.			
Insurance Carrier:			
Name of Insured:		Insurance Policy Number:	
Father's Name:	Day Phone	Mother's Name:	Day Phone:

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.



Parental/Guardian Medical Information & Consent Form

Applicant Information				
Participant's Name:			Date of Birth:	
Address:	City:	State:	Zip:	Phone:
Father's Name:		Phone:		
Mother's Name:		Phone:		
Emergency Contact:		Languages Spoken by Emergency Contact:		
Medical Matters				
<p>I hereby warrant to the best of my knowledge, all the information provided is true and correct and I assume all responsibility for the health of my child. I understand it is my responsibility to update the Medical Information & Consent Form if there are any changes to my child's health. <i>(Please initial)</i> _____</p> <p>Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment. <i>(Please initial)</i> _____</p>				
Family Doctor:		Phone:		
<p>Medications: I hereby Grant Permission for my child to be given the following provided medications. All medications must be well labeled. [NOTE: Any/all prescription medications must be in original pharmacy container with young person's name on the prescription label. Non-prescription/over-the-counter medications must be in original container with young person's name on the container.] I release and hold harmless (entity name) <u>Divine Mercy Catholic Church</u>, the Diocese of Orlando and any other religious, employees, volunteers, agents and representatives from any injury or harm resulting from administering the medication. <i>(Please initial)</i> _____</p> <p>Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency, are as follows:</p>				
Medication:	Dosage:	Administer:		
Medication:	Dosage:	Administer:		
Medication:	Dosage:	Administer:		
<p>Medical Conditions Information: (Reasonable steps will be taken to keep this information confidential, but it will be shared with Diocesan personnel and others, as warranted.) My son/daughter:</p> <ul style="list-style-type: none"> Is allergic to the following medications _____ Has had an episode of the following or has been diagnosed with: <input type="checkbox"/> Seizures <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetic Has had allergic reactions to the following (foods, dyes, latex, etc.) _____ Has had a medical surgery within the last six months? <input type="checkbox"/> Yes <input type="checkbox"/> No Still under doctor's care? <input type="checkbox"/> Yes <input type="checkbox"/> No Has a medically prescribed diet <i>(please explain)</i> _____ Has the following physical limitations _____ Immunizations current and up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last tetanus/diphtheria immunization _____ You should also be aware of these special medical conditions of my child: _____ 				
Insurance Information				
<input type="checkbox"/> No, I do not carry medical insurance at this time. <input type="checkbox"/> I do carry medical insurance at this time.		Insurance Carrier:		
Name of Insured:		Insurance Policy Number:		

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.

Parent/Guardian Signature
(must sign for any participant under 18 or 18 or older & in high school)

Date



Image Release Form

(Photography and Image Assignment Waiver, and Release)

I _____,
for valuable consideration received, and for being allowed access to Diocesan property, activities, or events, expressly assign to
Divine Mercy Catholic Church and the Diocese of Orlando,
and to all of their current, former, and future agents and related entities (collectively, “the Diocese”), all rights, title and interest
in, and to, the use of my and my child/ward’s image or likeness, including, but not limited to all videotape recordings,
photographs, or audio recordings of, or made by, me and/or my child/ward on Diocesan property, during a Diocesan-sponsored
event, or for any other Diocesan purpose (“the Property”). The Diocese shall have, without my consent, the right to assign its
rights in the Property, in whole or in part, to any entity, parish, or school within the Diocese of Orlando.

I hereby irrevocably grant the Diocese perpetually and exclusively, the right to use and incorporate (alone or together with other
materials), in whole or in part, the Property, in any Diocesan publication, news release, or for any other purpose. Further, I
hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or distribution of the Property without
limitation for any purpose whatsoever, and I further waive all rights to any compensation for my and/or my child/ward’s
appearance or participation in the Property. I understand and have been advised that photographs or videotape of participants
may be used in publications, websites or other materials produced from time to time by the Diocese. Participants’ names would
not be identified, however, without specific written consent. I further understand that the Diocese has no control over the use of
photographs or film taken by media that may be covering the event in which my child(ren)/ward(s) participate(s).

I hereby waive any claims against and release the Diocese, its current, former, and future religious, employees, volunteers,
agents, and successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs,
expenses, liabilities, and damages whatsoever that I and/or my child/ward may have against the Diocese in connection with the
Property or the use of the Property.

This release shall not obligate the Diocese to use the Property or to use any of the rights granted hereunder, or to exhibit,
distribute, or exploit the Property. I acknowledge that the Diocese cannot control all photographic access to its properties, and
that my child/ward’s name may be printed with photos/images in various publications, including non-Diocesan publications.

I represent that I am eighteen years of age or older, and that I have read and understand the terms of this Assignment, Waiver,
and Release.

Signature

Date

Witness

If applicable, name(s) of minor children/wards:

