CATHOLIC DIOCESE OF PEORIA, IL

PARISH YOUTH PARTICIPANT AND/OR VOLUNTEER PERMISSION FORM

GENERAL PERMISSION FORM: I request that my child, _____, be allowed to participate/volunteer for the (event) Teens Encounter Christ located at Peterstown which takes place _____.

I hereby release and agree to indemnify and hold harmless my parish, St. Isidore & Maria, its staff and their employees and agents, volunteers, and the Catholic Diocese of Peoria, IL from any and all liability, for injuries, damages, medical expenses, or any other loss to my children or family, including attorney fees, arising from claims of any nature whatsoever from my child's participation/volunteer in this event.

VIDEOTAPING, STILL PHOTOGRAPHS AND AUDIO RECORDINGS: Video, still photographs and audio recordings may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape, still photographs and/or audio recordings, which may be used for future promotional efforts, including the Diocese of Peoria website.

CODE OF BEHAVIOR: As a volunteer, he or she is representing our parish/school during this event, and we expect he/she will represent us well. We expect that he/she will display mature and responsible behavior, which for many years has been the trademark of the Catholic youth and adults of our Diocese.

SOME EXPECTATIONS:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on Clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. If under the age of 18, prescription drugs need to be given to an adult for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.

If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Youth Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

CATHOLIC DIOCESE OF PEORIA, IL

PARISH YOUTH PARTICIPANT AND/OR VOLUNTEER MEDICAL PERMISSION FORM

MEDICAL PERMISSION FORM:

I grant permission for the administration of First Aid to my child, _____, by the people in charge of the Teens Encounter Christ event, and those transporting my child to and from the event as their judgment deems advisable, to sign the necessary release as may be required, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant/volunteer. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery if deemed necessary for my child.

PARTICIPANT/VOLUNTEER NAME: _____ DATE OF BIRTH _____

Allergic to Medication/other? NO ☐ YES ☐ If YES, please describe:

_____

_____

Medication(s) presently taking: _____

_____

Parent/Guardian Signature: _____ Date: _____

Parent /Guardian Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ ☐ Cell ☐ Home

Work Phone: _____ Alternative Phone: _____

In case of emergency contact: _____ Relationship: _____

Phone(s): _____