

Name _____ Nickname _____ Sex: _____ Home Phone: _____
(Name Preferred on Nametag)

Address _____ City _____ Zip _____

Date of Birth: _____ Grade in Fall of 2010 (Please circle): 6th 7th 8th 9th 10th 11th 12th School: _____

Church Affiliation _____

I will be the guest of _____
(Registered Youth Ministry Member's Name)

**Catholic Diocese of Peoria
PERMISSION FORM**

I, _____, grant permission for my child, _____, to
(Parent or guardian's name) (child's name)
participate in the **St. Patrick Church of Merna Youth Ministry**. Youth Ministry activities will take place under the guidance and direction of **St. Patrick Church of Merna** employees and/or volunteers.

I understand the risks such activities present to my child, including, but not limited to serious personal injury or death. Any questions I have concerning these activities have been answered.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (participant).

In consideration for my child being allowed to participate in this activity, I hereby **RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS** St. Patrick Church of Merna, the Catholic Diocese of Peoria, and their employees and agents, and the volunteers assisting St. Patrick Church of Merna, from any and all liability for injuries, damages, medical expenses, or any other loss to my child or family or me (including attorneys' fees) arising from or related to my child's participation in Youth Ministry activities.

Printed Name of Parent/Guardian Parent/Guardian Signature Date
.....

Any questions concerning Youth Ministry events or activities can be directed to Youth Ministry Coordinator, Paul Larson, at St. Patrick Church of Merna, 1001 N. Towanda Barnes Road, Bloomington, IL 61705 or feel free to call Paul at 309-662-7361, ext 23.

Office Use Only: Completed: _____Reg _____Permission _____Med _____Travel & Pub _____Conduct

CODE OF CONDUCT

Participants are expected to conduct themselves in a manner that reflects positively on themselves, their parents and their church. Teens are expected to respect the rights, feelings and property of others and the authority of teachers, chaperones and other members of the church staff and volunteers.

For activities that take the teens out of town, participants will be expected to behave in a respectful manner toward the adults on the trip and the other teen participants. Teens will be expected to follow trip rules. If they do not, the Youth Ministry Coordinator or chaperone will call the parents so that they can reinforce the rules set forth. If the teen continues to disregard the rules or is involved in drug or alcohol use or any other serious infraction, the parent will be called immediately and will be required to come and pick up their teen.

Non Christian behavior includes:

1. Insubordination to YM staff and volunteers including failure to comply with directions given
2. Use of profane words or gestures
3. Intimidation of YM staff, volunteers or the teen's peers
4. Harassment (verbal, physical, sexual) and fighting
5. Intentional damage to or destruction of church property or property of YM staff, volunteers, or peers
6. Alcohol, Tobacco, or Drug use (this would result in an immediate call to parents to have the teen removed from the activity.)

Participant's Agreement Regarding Conduct

As a participant in the activities of St. Patrick Church of Merna Youth Ministry, I promise to conduct myself in accordance with the regulations on conduct as set forth by St. Patrick Church of Merna.

I understand that St. Patrick Church of Merna, Catholic Diocese of Peoria, its officers, agents, and/or employees reserve the right to terminate my participation in any St. Patrick Church of Merna Youth Ministry activity for failure to behave and act in accordance with the regulations of conduct, for failure to follow instructions and directions of the supervisors or chaperones, or for any of my acts of conduct that are deemed by St. Patrick Church of Merna Youth Ministry, its officers, agents, or employees to be detrimental to or incompatible with the interest, harmony, comfort or welfare of the activity as a whole. If my participation is terminated, only funds not actually used will be refunded, and I will be sent home at my own expense. I agree that St. Patrick Church of Merna, its officers, agents or employees reserve the right at any time prior to or during the activity to make cancellations, changes or substitutions in emergencies or changed conditions or in the interest of the participants.

Teen's Signature _____ Date: _____

Parent/Guardian Signature Printed Name of Parent/Guardian Date: _____

Parent's Permission for Travel

I give my permission for my child, _____, to Travel in St. Patrick Church of Merna Youth Ministry approved transportation (this may include but is not limited to: contracted busses with professional drivers, rented vans driven by staff or volunteers, staff driven personal vehicles, approved chaperone driven personal vehicles, etc.)

Parent/Guardian Signature Printed Name of Parent/Guardian Date

Parent's Permission for Publicity

On occasion, St. Patrick Church of Merna Youth Ministry, takes photographs or makes an audio or video tape recording of the participants involved in the activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used in St. Patrick Church of Merna Youth Ministry publications or advertising materials to let others know about St. Patrick Church of Merna Youth Ministry. In addition, local news organizations may hear of our activities or events, and St. Patrick Church of Merna Youth Ministry may invite or allow them to photograph or record our events to be used, distributed or displayed as agents of St. Patrick Church of Merna Youth Ministry see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings.

Parent/Guardian Signature Printed Name of Parent/Guardian Date

Authorization for Emergency Medical Treatment

Both sides of this form must be completed.

This information will be kept in the possession of ST. PATRICK CHURCH OF MERNA YOUTH MINISTRY and distributed to the person in charge of this activity. Should the need arise, this information will be given to the proper medical authorities.

I, _____, understand that in the case of illness/accident of my
(name of parent/guardian)
child, _____, ST. PATRICK CHURCH OF MERNA, will try to
(Name)
notify me or the person I have listed as an emergency contact.

In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to ST. PATRICK CHURCH OF MERNA and/or any supervising employee to do as follows:

1. Arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and
2. Sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgement of medical authorities at the facility.

Signature of Parent/Guardian

Date

MEDICAL INFORMATION

Participant's Name (first, middle, last): _____ Date of Birth: _____

Address: _____ Phone: (____) _____
(street) (City) (State) (Zip)

Emergency Contacts

Parent Name: _____ **Parent Name:** _____

Home Phone: (____) _____ Home Phone: (____) _____

Work Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Cell Phone: (____) _____

Other Contact

Name: _____ **Relationship** (friend, relative, neighbor, etc.): _____

Home Phone: (____) _____ Wk Phone: (____) _____ Cell: (____) _____

Participant's Regular Physician: _____ **Phone:** (____) _____

Local Preferred Hospital: _____

Medical Conditions

Please list any medical conditions of the above participant (asthma, diabetes, epilepsy, etc.): _____

Please list any allergies or allergic reactions to medications of the above participant: _____

Please list any medications the above participant is now taking: _____

Other pertinent medical information: _____

Date of participant's most recent tetanus shot: _____

Medical Insurance Information: Company: _____

Identification # of plan: _____ Identification # of covered employee: _____