

Event: Faith Formation 2021-20211 Dates: September 2021- May 2022

Location: _____ Mode(s) of Transportation: _____

Parish/School Name & City _____ Parish/School Group Leader: _____

Name: _____ Gender: Male / Female (circle one)

Complete Address: _____

Home Phone: _____ Cell: _____ E-mail: _____

Date of Birth: ___/___/___ Age at time of event: _____ School Grade at time of event: _____

Parent/Guardian Name: _____ Relationship: _____

Parent/Guardian Home Phone: _____ Work: _____ Cell: _____

PARISH PARENTAL CONSENT/LIABILITY WAIVER/MEDICAL RELEASE

I, _____, agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the above named parish/school, its officers, directors, employees and agents, and St. Augustine/St. Edward, 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/school, its officers, directors and agents, and St. Augustine/St. Edward, its employees and agents and chaperones, 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/school.

IMAGE WAIVER: I understand and agree that any photograph, video and internet site image of me during this event may be used for promotional purposes.

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

EMERGENCY CONTACT: In the event of any emergency, if you are unable to reach me at the above numbers, contact:

_____	_____	_____	_____	_____
Alternative contact name (printed)	Relationship	Home Phone	Work Phone	Cell Phone

Medication my child is taking at present: _____
 My child will bring all such medications necessary, and such medications will be well-labeled and in original containers. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage is as follows: _____

Family Health Plan Carrier _____ Policy #: _____
 Family Doctor _____ Clinic _____ Phone Number _____

The undersigned parent/guardian hereby consents that St. Augustine/St. Edward be permitted to use and publish for advertising, commercial or publicity purposes, the photograph or video of my child for lawful purpose and the undersigned parent guardian does hereby release St. Augustine/St. Edward from any liability in connection with such use.

Student signature: _____ Date: _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.	
Signature	Date

YOUTH CODE OF CONDUCT

Name: _____ Parish/ Town _____

MEDICAL INFORMATION: Specific Medical Information: St. Augustine/St. Edward will take reasonable care to see that the following information will be held in confidence.

- Allergic reactions (medications, foods, gluten intolerance, plants, insects, etc.)
□ Date of last tetanus/diphtheria immunization
□ Does your child have a medically prescribed diet?
□ Any physical limitations?
□ You should also be aware of these special medical conditions of my child:

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 me child, if deemed advisable. □ YES or □ NO



Signature _____ Date _____

EVENT CODE OF CONDUCT

Please remember you are representatives of St. Augustine/St. Edward. We expect you will represent your parish/school well during this conference. Recall that you are a witness to Christ Jesus, to the press, and others who will attend this gathering. We ask you to project an image of Christian charity and respect to everyone and to the property around you. We are confident you will display maturity, responsibility in leadership and character. Thank you!

St. Augustine/ St. Edward participants are responsible for their actions. Each participant accepts the full responsibility for any damage or theft caused while attending this pilgrimage. Leaders/Chaperones are expected to enforce the Code of Conduct and set an example for the participants.

- 1. I will treat all persons with as a son or daughter of God with dignity and respect. I will not intentionally cause any harm (physically, emotionally, or spiritually) to any person in any way.
2. I will respect the property of others, including all program facilities.
3. I will follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
4. I will be on time for all check-ins and departure times.
5. I will attend all activities and remain with their group or designated subgroup at all times. I will wear my lanyard at all times with the appropriate documentation and medical release forms.
6. I will not purchase, possess or use alcohol or illegal drugs.
If you have prescription medication, your group leader and PARISH staff must be informed before the trip.
7. I will not purchase, possess or use any tobacco products...
8. I will not purchase, possess or view sexually explicit or morally inappropriate materials in any form.
9. I will not purchase or possess any weapons. Possession of a weapon will mean immediate dismissal.
10. I will be aware of noise levels in sleeping areas. I will respect others' need for sleep, quiet time and privacy.
11. I will dress modestly at all times.
12. There should be no need for sleeping room changes. If such need arises, the pilgrims must contact the group leader who will coordinate a change with the appropriate facility. Men and women are to stay in separate sleeping areas and not visit the sleeping areas of the opposite sex at any time. Socializing may be done only in public areas.

I agree to abide by this code of conduct traveling to and from and during this event. I understand that failure to abide by this code may result in my being sent home at my own and/or my parent/guardian's expense.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____