

**DIocese of JOLIET****Youth Registration & Permission Form**Participant Name:

Gender: Male/Female (Select One)

Address: _____ City: _____ Zip: _____

Parent Phone: _____ Youth Phone: _____ HS Students ONLY

Parent's Name(s) _____

Parent's E-Mail Address: _____

Parish Name/City: _____

School Attending (include city) _____

Date of Birth: _____ Age: _____ Grade in School: _____

GENERAL PERMISSION FORM

I request that my child, _____, be allowed to participate in the _____. I hereby release and indemnify my parish, _____, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

VIDEOS, PHOTOS and VIRTUAL PLATFORMS

Video and/or photos may be taken during this event. This authorization form constitutes permission for my child's participation in video and/or photos, which may be used for future promotional efforts, including the Parish and/or Diocese of Joliet website. Additionally, this form constitutes permission to participate in virtual platforms such as Zoom, Google, Seesaw etc. for the purpose of programmatic content.

CODE OF BEHAVIOR

You are representing our diocese / parish during this event and we expect that you will represent us well. We expect that you will adhere to all Diocesan guidelines and display responsible, mature and respectful behavior, in action, conduct and usages, which is the trademark of Catholic youth, and adults of our diocese.

EXPECTATIONS

- All participants are expected to arrive on time.
- All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior/conduct will not be tolerated.
- Socializing should always be done in public areas.
- Dress should reflect the value of modesty. Inscription and images on clothing should reflect Christian values.
- The possession or consumption of any alcoholic beverage is not permitted. The possession/use of any illegal substance is subject to legal action.
- Smoking, vaping, e-cigarettes, smokeless tobacco are not permitted.
- Weapons and/or drug paraphernalia are not allowed.
- If under the age of 18, prescription drugs need to be given to an adult from your parish for storage and distribution.
- 9. INFRACTION OF THESE RULES CAN MEAN IMMEDIATE DISMISSAL WITH NO REFUND.**

Parents are responsible for any and all costs related to the student's dismissal from activities and any and all costs assessed by local authorities.

I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal that **if under the age of 18, my guardian will be notified at the time of an infraction requiring my dismissal AND that my parents or guardian will be fully responsible for my removal from the premises and all costs involved.**

(Parent / Guardian Initials) _____ (Teen Initials) _____

Teen Signature _____

Date _____

Parent Signature _____

Printed Name: _____

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child, _____, by the people in charge of the event and those transporting my child to and from the event as their judgment deems advisable, 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. 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 injection, anesthesia, or surgery if deemed necessary for my child.

ALLERGIC TO MEDICATION/OTHER: NO YES CHECK ONE

If **YES**, please describe: (use back if necessary)

MEDICATION(S) PRESENTLY TAKING: _____

OTHER CONDITIONS: _____

INSURANCE INFORMATION

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____

Authorized Physician: _____

Phone _____

EMERGENCY CONTACT

If parent(s) cannot be reached - In case of Emergency, contact:

Name: _____

Phone #'s: _____