

YOUTH PERMISSION FORM for ABIDE Youth Ministry Events, 2022-23

Mail/drop off this form to Notre Dame Parish ABIDE or St. Isaac Jogues ABIDE

Teen Name _____ B.D. ____ / ____ / ____ Grade 2022-23 _____

Parent Email _____

Father's Name & Cell # _____

Mother's Name & Cell # _____

In Case of Emergency:

GENERAL PERMISSION I request that my child, named above be allowed to participate in the ABIDE Youth Ministry Activities and meetings. I hereby release and indemnify Notre Dame Parish, Clarendon Hills, and St. Isaac Jogues Parish, Hinsdale, staff, volunteers, and the Joliet Diocese from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in the event. _____ Parent Initials

CODE OF BEHAVIOR — You are representing ABIDE Youth Ministry, your parish, your family and yourself during this activity/event. We expect that you will display a mature and responsible behaviour.

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 adult from your parish for storage and distribution. 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 and agree 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 & 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

MEDICAL PERMISSION I grant permission for the administration of First Aid to my child, named above by the people in charge of the ABIDE Youth Ministry activities, and those transporting my child to and from the events as their judgement 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
Which one?

Insurance Information

Policy in the name of:
Policy Name & Number:

FOOD ALLERGIES:

I give my permission for photos/videos of my child to be used for future parish event promotion only ____ Yes ____ No.

Youth Signature _____ Grade: _____

Parent Signature _____ Date: _____