



Name of the Event: The Father's Love

Destination: Lansing Catholic High School, 501 Marshall Street, Lansing, MI

Date of Departure: Sunday, November 3, 2019

Time of Departure: 7:30 am

Location of Departure: St. Elizabeth Parish Center

Anticipated time of return: 7:20 pm

Method of transportation: School bus

Designated Supervisor: Heather Marsh

Emergency Phone Number: 517-918-5725

Student Cost: \$40 (plus pack your own lunch and dinner)



Registration is due by Oct. 14th at 3:00 pm.

YOUTH PARTICIPANT

PARISH/CITY St. Elizabeth, Tecumseh

Instructions: A separate copy of this Legal Agreement must be completed for each teen traveling to the Conference. Each teen must return a copy of the Agreement signed by the teen and a parent/guardian to their group leader/youth minister, or the teen will not be permitted to attend Father's Love, on November 3, 2019 at the Lansing Center in Lansing Michigan, sponsored by the Diocese of Lansing. Because it contains emergency contact information, it is advisable that a youth minister or chaperone keep a copy of this signed Agreement in the child's possession at all times during Father's Love **By signing this Agreement, you freely and voluntarily agree that you may be giving up legal rights and remedies available to yourself and your family. Read and complete this Agreement carefully. If you have questions, contact an attorney. No changes can or will be made to this document.**

Child's Name: _____

Parent/Guardian's Name: _____

Complete Home Address: _____

Home Ph: _____ Date of Birth: _____

A) Parent/Guardian Emergency Contact name and Telephone Numbers:

Name: Relationship: _____

Cell Ph: _____ Work Ph: _____ Home Ph: _____

B) If "A" Unavailable, Alternate Emergency Contact name and Telephone Numbers:

Name: Relationship: _____

Cell Ph: _____ Work Ph: _____ Home Ph: _____

Nature of the Risks: I understand that voluntarily traveling to and attending Father's Love may involve certain risks beyond the reasonable control of the Diocese of Lansing, its parishes within, its officers, directors, volunteers, and agents, and chaperones or representatives associated with Father's Love ("Diocese et al."), including but not limited to accidents, emergencies, exposure to reckless conduct of other persons, and/or negligence of security and medical personnel, and that Father's Love et al. and the Diocese of Lansing et al. disclaim any and all responsibility for any such risks. I understand that my child will sometimes be at the Facilities, and at other times may be at other places such as hotels or on tourist excursions in or about Lansing. If during any break in Father's Love there may be an opportunity to participate in recreational or other activities away from the Facilities, participants do so at their own risk and subject to all terms and conditions set by any recreational or other provider.

GENERAL RELEASE, COVENANT NOT TO SUE, LIABILITY WAIVER, AND PERMISSION AGREEMENT (YOUTH PARTICIPANT) – continued

General Release & Waiver of Liability/Covenant not to Sue & Hold Harmless: By signing this Agreement, I agree and acknowledge that I may be giving up important legal rights and remedies available to myself, my family, my heirs, successors, and assigns. This is a **“General Release”** which means that I am giving up and releasing important legal rights described below, and it is to be construed in the broadest possible manner.

For value received, I agree on behalf of myself, my child’s other parent if known or living, my child named herein, and our heirs, successors, and assigns (“Our Behalf”) that I assume all risks and waive any liability of any nature whatsoever against and agree to hold harmless Father’s Love et al. and the Diocese of Lansing et al. with respect to any and all actions, claims or demands that may be made or brought on Our Behalf against Father’s Love et al. and/or Diocese of Lansing et al. arising out of or in connection with my child’s travel to or attendance at Father’s Love, or any other activity my child may engage in while in the Lansing area. In addition, and not by way of limitation, I further agree to abide by any terms and conditions imposed by name badges or credentials. e.g., permission to photograph.

A **“Covenant Not to Sue”** is a legal term that means a person promises not to file a lawsuit. It is different from the General Release of claims above. Besides waiving and releasing the claims covered above, I covenant on Our Behalf not to sue and promise never to file or prosecute any legal claim of any kind against Father’s Love et al. and the Diocese of Lansing et al. in any federal, state or municipal court, asserting any claims that are released by this Agreement. I am also waiving on Our Behalf any right to monetary recovery.

Further, for value received, for any injury to third parties that may arise because of my child’s actions or omissions, I agree on Our Behalf to hold harmless and defend Father’s Love et al. and the Diocese of Lansing et al. with respect to any and all actions, claims, expenses, or demands arising therefrom that may be made or brought against Father’s Love et al. and/or the Diocese of Lansing et al., including but not limited to reasonable attorneys’ fees and expenses arising in connection therewith.

Medical permissions (Limited): As a condition of attending Father’s Love, on Our Behalf, I grant permission in the event of an emergency or accident for emergency medical care to be administered to my child within the Facilities and/or during or after transportation to a hospital or doctor for emergency medical care. I understand that in Michigan a person may claim Good Samaritan defenses for providing in good faith gratuitous care at the scene of any emergency or accident. I further understand that it is not the responsibility of Father’s Love et al. to attempt to reach my child’s emergency contacts and that I remain responsible for my child’s medical expenses. In the event it comes to the attention of the medical personnel or the Diocese of Lansing et al. that my child complains of illness, I grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child by medical personnel or the Diocese of Lansing et al.

Father’s Love code of Behavior for Children: Parent/Guardian: I agree to instruct my child to abide by all rules and regulations as outlined in the Father’s Love Youth Participation Code of Conduct (the “Code”). I understand that if I have not heretofore seen the Code, it is my duty to seek a copy of the Code and to have reviewed it and explained it to my child prior to signing this Agreement I agree that if my child fails to abide in any way by the Code, that my child can be dismissed from Father’s Love and sent home immediately at my expense for the immediate transportation home with no right of reimbursement or refund for any amount in connection therewith from Father’s Love et al.

Initials of Parent/Guardian _____

Youth: As a participant, I understand and agree to conform to the Father’s Love Youth Participant Code of Conduct. I also understand and agree that my parent/guardian will be notified at the time of any infractions requiring my dismissal from Father’s Love and that I will be sent home at my parent’s/guardian’s expense. Among other things, being found with any alcoholic beverages, drugs, or weapons is cause for automatic dismissal from Father’s Love.

Initials of Youth _____

Signature of Parent or Guardian _____ Date _____

Signature of Youth _____ Date _____

FATHER'S LOVE? Youth Code of Conduct

Youth participants will:

- Project an image of Christian consideration, sensitivity, and respect to everyone and to the property around them through language, dress, and behavior
- Refrain from inappropriate touching and verbal harassment
- Respect other persons and/or property
- Refrain from actions that could result in injury and/or damage to property
- Adhere to stated curfew
- Wear appropriate credentials in order to gain and maintain access to Unashamed and its activities
- Keep their personal belongings with them at all times
- Attend all scheduled activities, arriving promptly, and staying for the entire event
- Be aware of noise levels in lobbies, hallways, and sleeping areas, especially later in the evenings
- Maintain the spirit of the event
- Report problems of any kind to a trusted adult

Youth participants will not:

- Possess weapons of any kind
- Purchase, possess, consume, or distribute alcohol
- Purchase, possess, consume, or distribute illegal drugs
- Engage in any form of sexual activity or peer sexual harassment
- Purchase, download, possess, or distribute pornography
- Visit or gather in hotel rooms with the opposite gender

Youth participants will be aware of what are and *are not* appropriate behaviors in terms of relationships between adults and youth, and with their peers:

The following behaviors are generally considered appropriate at Father's Love:

- Side hugs
- Shoulder to shoulder or "temple" hugs
- Handshakes
- "High-fives" and hand slapping
- Verbal praise for a job well-done (not regarding physical attributes)
- Touching hands, faces (usually in context of a blessing), shoulders, and arms of minors
- Arms around shoulders
- Holding hands while walking with younger minors
- Sitting beside younger minors
- Kneeling or bending down for hugs with younger minors
- Holding hands during prayer
- Pats on the head when culturally appropriate

The following behaviors are generally considered inappropriate at an Father's Love event:

- Inappropriate or lengthy embraces
- Kisses on the mouth
- Holding children on the lap who are capable of sitting on their own
- Touching bottoms, chests, or genital areas
- Showing affection in isolated areas of a facility such as bedrooms, restrooms, bathrooms, closets, staff-only areas, or other private rooms
- Being in or on a bed with an adult
- Touching knees or legs of minors
- Wrestling with minors
- Tickling minors
- Piggyback rides
- Any type of massage given by minor to adult or another minor
- Any type of massage given by adult to minor
- Any form of unwanted affection or peer sexual harassment
- Compliments or put downs that relate to physique or body development
- Going to an isolated area away from the group, or being taken to an isolated area by an adult or peer

If a problem of any kind occurs during Father's Love, young people will immediately go to a trusted adult to discuss the matter.

Youth and parents understand that failure to agree to and abide by the Youth Code of Conduct will bar youth from participation in any Father's Love event.

Youth Participant Sanctions for Non-Compliance

For the most part Father's Love never has direct responsibility for chaperoning the conduct of youth participants in its programming and events. Father's Love relies on group leaders from participants' home dioceses or other chaperones to ensure that every young person attending an Father's Love event is aware of the Youth Code of Conduct and the sanctions for non-compliance. Group leaders, chaperones, and/or parents bear the responsibility for sharing this information with youth participants. Their failure to do so does not excuse any inappropriate behavior on the part of youth participants nor does it affect Father's Love's ability to levy sanctions. Youth participants are held to the Youth Code of Conduct regardless.

If a young person violates the Youth Code of Conduct, any or all of the following sanctions may be implemented:

- Reporting of misconduct to local authorities, if the violation in any way violates local ordinances or laws.
- Dismissal of the youth from the Father's Love event or program by requesting that the group leader remove the youth from the event (whereby it would become the responsibility of the group leader/chaperone/parent to ensure timely, accompanied, and safe transportation home).



**THEME
VERSE**

How much more will your Father in Heaven give good gifts to those who ask Him?

**HEALTH HISTORY AND MEDICAL RELEASE FORM
FOR PARISH PROGRAMS AND ACTIVITIES**

Participant's Name _____ Sex _____ Birth Date _____ Age _____
Parent/Guardian _____ Relationship to participant _____
Street Address _____ City _____ State _____ Zip Code _____
Primary Phone _____ Secondary Phone _____

HEALTH HISTORY

Family Doctor _____ Telephone Number _____

IMMUNIZATIONS (Record if up-to-date, or month/year of last time person had disease)

Tetanus/Diphtheria _____	Measles _____	Mumps _____
Chicken Pox _____	Rubella _____	Polio _____
TB _____(results) _____	Hepatitis B _____	Other _____

SPECIAL INFORMATION: (Please check all that apply. Information will be held in strict confidence.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Fainting | <input type="checkbox"/> Kidney Problems |
| <input type="checkbox"/> Blackouts | <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Frequent Nosebleeds | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Severe Homesickness |
| <input type="checkbox"/> Severe Headaches | <input type="checkbox"/> Diabetes | |
| <input type="checkbox"/> Frequent Earaches | <input type="checkbox"/> Dizziness | |

Dietary Restrictions: _____

Allergic Reactions (Please list all known allergies - plant, insect, food, medicine AND TYPE OF REACTION):

Please indicate any other medical problems/situations pertinent to your child:

Any physical limitations? _____ If yes, explain _____

Any emotional/psychological limitations or reactions to be aware of? _____ If yes, explain:

Is the student presently taking any medication? _____ All medication is to be well labeled with clear, concise directions indicated here (frequency, dosage, etc.):

----- **FILL OUT BOTH SIDES** -----

In an **EMERGENCY**, and if *unable to reach parent/guardian*, we should contact:

1. Name _____ Telephone Number _____

2. Name _____ Telephone Number _____

Note to parent/guardian: Please read the following sections carefully. We apologize for the complexity but we must be sure we have your full consent in these areas.

PERMISSION FOR ROUTINE MEDICAL TREATMENT

All attempts will be made to notify you if your child requires medical treatment (i.e., cases of high, persistent fever; severe vomiting, etc.). Please indicate whether or not you wish attempts to be made to contact you if your child becomes ill with **MINOR SYMPTOMS** (i.e., headache, sore throat, stomach ache, etc.). **YES** _____ **NO** _____

NOTE: If you do wish to be contacted and it is not a local call, the charges shall be reversed to you.

We do not wish to give any medical treatment to your son/daughter against your wishes or family practice. Please read each of the following statements carefully and **sign only either A or B** which is in accord with your wishes:

A) I grant permission for non-prescription medication (i.e., Tylenol, cough syrup, etc.) except for the following _____ to my student if deemed advisable by the designated supervisor, and I grant permission for routine non-surgical medical care to be given to my student, if deemed advisable by the designated supervisor(s).

* SIGNATURE _____ DATE _____

OR

B) I do not want **ANY** type of medication administered to my child unless the situation is life-threatening and emergency treatment is required.

*SIGNATURE _____ DATE _____

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In case of emergency, I hereby give permission to transport my child to the nearest hospital/emergency center for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor.

SIGNATURE _____ DATE _____

FAMILY INSURANCE PROVIDER/HEALTH PLAN _____

HEALTH PLAN NUMBER (Include expiration date): _____

**Copy of insurance/medical card needed for any trips away from campus or overnight.*