

Diocese of Stockton

Youth Activities Checklist

ALL PARISH SPONSORED YOUTH ACTIVITIES MUST PLAN EARLY AND COMPLY WITH THE FOLLOWING:

KEY ACTION CHECKLIST:

- 1. Offsite Activities Must Obtain Approval - see "Request for Approval Form"**
- 2. Be Knowledgeable Of and Follow All "Safe Environment" Policies**
- 3. Plan for Proper Supervision - Select and Train Chaperons with Care**
 - Adhere to "Safe Environment" Guidelines
 - Review "Supervision" Guidelines
 - Review "Chaperons" Guidelines
 - Obtain completed and signed "Code of Conduct: Chaperons"
 - Obtain completed and signed "Adult Release and Waiver Form"
 - Verify Orientation for Chaperons
- 4. Obtain the Appropriate Completed and Signed Waiver/Release Forms**
 - Review "Informed Consent" Guidelines
 - Youth Registration and Promise, Parental Agreement/Consent and Release and Waiver of Liability Form
 - Annual Registration
 - Single Day Events/Activities – Short Form
 - Overnight Events/Activities
 - Emergency Health/Medical Information and Consent Form
 - Annual Registration
 - Overnight Events/Activities
 - Obtain completed and signed Adult Release and Waiver Form for activity participants over 18 years old
- 5. Activities and Equipment**
 - Review "Activities and Equipment" Guidelines
 - Evaluate activities, facilities and equipment for potential risks and hazards.
 - Do not allow activity if risks and hazards of activity, facilities and equipment cannot be removed
 - Activities to Be Avoided – Review "High Risk Advisory"
- 6. Transportation - Review "Transportation Policy"**
- 7. Have a Written Emergency Plan**
 - Review "Emergency Plan" Guidelines
 - Have an "Incident Reporting Form" readily available at all activities/events

Completed By

Date

Diocese of Stockton

Youth Activities Guidelines

Prevention of losses is important to the diocese, parish, school and its people. First, the pain, suffering and inconvenience that accompany accidents are reduced. Secondly, minimizing losses acts directly to help reduce insurance premiums. Every dollar paid in insurance premiums due to preventable losses is a dollar unavailable to provide resources to your ministry.

The following guidelines are intended, along with your good judgment, to help prevent and minimize losses in parish and school youth activities.

1. Generally, these guidelines should be used for all **offsite** children and youth group activities of the parish/school.
2. The guidelines should also be followed for various “one time” activities held at the parish/school (i.e. lock-ins, dances, CYO, etc).
3. In addition, it is advisable that the “Youth Registration and Promise, Parental Agreement/Consent and Release and Waiver of Liability Form” as well as the “Emergency Health/Medical Information and Consent Form” be obtained from all youth group members on an annual basis.

1. Supervision

Know and follow all aspects of the Diocese’s Safe Environment Program. The guidelines in this document do not replace or supersede the Safe Environment Program. If any of the following guidelines are more restrictive than the Safe Environment Program, consideration of these guidelines is recommended.

Guidelines for appropriate and inappropriate behavior or activities should be clearly explained and distributed in written form (code of conduct) prior to the start of an event to all involved , including but not limited to, chaperons, participants and their parents/guardians.

If you are planning for any type of youth activity, including overnight stays, be sure to plan for proper supervision and accommodations.

Youth Activities Guidelines (Continued)

2. Chaperons

- a.) All chaperons must comply with all Diocesan Safe Environment policies.
- b.) Chaperons must be at least 21 years of age.
- c.) The number of chaperons for any event should be based on good judgment factoring in the age of the participants, the number of participants, the location and the nature of the activity or event.
- d.) At least 2 chaperons should attend any parish or school sponsored event.
- e.) Both male and female chaperons should supervise co-ed events and field trips.
- f.) In addition to other criteria, chaperons should be chosen that have the mental and physical abilities as well as the temperament to effectively deal with youth.
- g.) **NO CHAPERON SHOULD BE ALONE WITH A YOUTH PARTICIPANT AT ANY TIME (OTHER THAN A PARENT WITH HIS/HER CHILD), INCLUDING DURING TRANSPORTATION.**
- h.) Maintain an 'open door' policy – all interactions between chaperons and youth should be in an area that can be observed by other chaperons
- i.) If the pre predetermined number of qualified chaperons do not show-up, the event should be canceled.
- j.) Chaperons should be reminded to stay in their role as chaperon.
- k.) All Chaperons must attend a formal orientation to familiarize them with their duties and responsibilities
- l.) All chaperons must review and sign a Code of Conduct and Adult Release and Waiver Form.

- 3. Participants** - Only youth that are judged to have the maturity and physical capabilities to handle the activities safely should be allowed to participate.

Youth Activities Guidelines (Continued)

4. Informed Consent

Parish must have in its possession the “Youth Registration and Promise, Parental Agreement/Consent and Release and Waiver of Liability Form” as well as the “Emergency Health/Medical Information and Consent Form” The appropriate form must be fully completed and signed for each participant.

All Forms must include specific details regarding the destination, activities, time frames and method of transportation for all youth activities

a.) Annual Program Registration

- i. Youth Registration and Promise, Parental Agreement/Consent and Release and Waiver of Liability Form must be filled out, signed by parent/guardian, signed by participant and submitted for all youth that participate on a regular basis in parish sponsored on-site weekly youth group programs for all participants under the age of 18, NO EXCEPTIONS
- ii. Emergency Health/Medical Information and Consent Form must be filled out, signed by parent/guardian and submitted for all youth that participate on a regular basis in parish sponsored on-site weekly youth group programs for all participants under the age of 18, NO EXCEPTIONS

b.) Single Day Events

- i. Youth Registration and Promise, Parental Agreement/Consent and Release and Waiver of Liability Form must be filled out, signed by parent/guardian, signed by participant and submitted for all youth activities and field trips (other than overnight trips/events) for all participants under the age of 18, NO EXCEPTIONS

c.) Overnight Events

- i. Youth Registration and Promise, Parental Agreement/Consent and Release and Waiver of Liability Form must be filled out, signed by parent/guardian, signed by participant (where applicable) and submitted for all **overnight** youth activities and field trips for all participants under the age of 18, NO EXCEPTIONS

Youth Activities Guidelines (Continued)

- ii. Emergency Health/Medical Information and Consent Form must be filled out, signed by parent/guardian, signed by participant (where applicable) and submitted for all overnight youth activities and field trips for all participants under the age of 18, NO EXCEPTIONS.

d.) **Adult Participants** - Participants over the age of 18 must fill out and sign an “Adult Release and Waiver” form (see attached form).

5. Activities and Equipment

- a). All activities must be appropriate for the age, mental ability and physical ability of the participants.
- b). Any facility or equipment used as part of a youth activity should be reviewed and inspected for obvious hazards prior to the activity.
- c). Chaperons must understand and maintain the scope of activities for which parents/guardians have provided informed consent.
- d). Activities to be avoided are listed in “High Risk Activities Advisory”

6. Transportation (See “Transportation Policy”)

7. Emergency Plan

All activities require an emergency plan. These plans need to be responsive to reasonably foreseeable emergencies. Your emergency plan must include:

- a. Emergency Reporting and Evacuation
- b. “Incident Report” readily available
- c. Emergency Medical Aid
- d. First Aid
- e. Keep the “Youth Registration and Promise, Parental Agreement/Consent and Release and Waiver of Liability Form” and the “Emergency Health/Medical Information and Consent Form” in your possession at all times
- f. Procedures and reporting if child is missing
- g. Security/Violence
- h. Fire/Earthquake

Diocese of Stockton

FORMS

Diocese of Stockton

Request for Approval: Offsite Youth Activities

This form must be submitted for approval as far in advance as possible to the appropriate person: For parish youth ministry events/activities to the Pastor. For parish religious education trips, to the Pastor and Director of Religious Education.

Name of sponsoring parish organization: _____

Name of contact person: _____ Phone: _____

Type of Activity(ies): _____

Dates: _____

Place: _____

What is the purpose of the event/activity? _____

What else is occurring at the event when the group will be there? _____

What type of sleeping accommodations will be used? (**Over night stays**) _____

What will be the adult child ratio? _____

All adults screened, fingerprinted and trained according to the Safe Environment Program?

What type of transportation will be used? _____

What type of training/preparation/orientation will be done in advance?

Approved by: _____ Date: _____

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Code of Conduct: Chaperons

1. I agree to be responsible and provide adult supervision for the children.
2. I agree to follow the requirements of the Roman Catholic Bishop of Stockton's **Safe Environment Program**, a copy of which has been provided to me.
3. I agree to be a good role model in my interactions with children and adults on this trip by:
 - a. Dressing appropriately
 - b. Not consuming alcohol
 - c. Not smoking
 - d. Not using illegal drugs
 - e. Not possessing a weapon
 - f. Being respectful to all children, adults and others and their property that I may encounter on this trip.
 - g. Cell phones and other electronic equipment should be used at appropriate times and places

I have read and understand this Agreement and agree to perform my obligations as set forth above.

Signature

Print Name

Event

Date

Diocese of Stockton

Adult Release and Waiver Form

ACTIVITY _____

_____ (herein "Activity")

(Describe in detail; include transportation)

PARISH/SCHOOL: _____

NAME: _____

ADDRESS: _____
(Street, City, Zip)

PERSON(S) (OTHER THAN PARENT) TO NOTIFY IN CASE OF EMERGENCY:

NAME: _____

PHONE: _____

RELEASE AND WAIVER OF LIABILITY:

In consideration of my participation in the activity described and on behalf of my heirs, executors, administrators and next of kin, I hereby release, covenant not to sue and forever discharge the Released Parties (as defined below) of and from all liabilities, claims, actions, damages, costs and expenses of any nature arising out of or related to, or in any way connected with my participation in the activity and/or any such related or associated activities, and further agree to indemnify and hold each of the released parties harmless from and against any and all liabilities, claims, actions, damages, costs and expenses including by way of example, but not limited to, all attorneys' fees, costs of court and the cost and expense of other professionals and disbursements up through and including any appeal. I, for myself, understand that this Release and indemnity includes any claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury, including, without limitation, death, property damage, and the loss by theft or otherwise, whether suffered by me during or after such participation. For the purposes hereof, the "**RELEASED PARTIES**" are:

The Roman Catholic Bishop of Stockton, a Corporation sole

(Parish/School/Organization)

their respective parent, subsidiary, affiliated or related companies and the officers, directors, employees, agents, representatives, successors, assigns, and volunteers for each of the foregoing entities.

Adult Release and Waiver Form (Continued)

I am not aware of any medical condition I have which would render it inappropriate for me to participate in any such activity.

This Release and Waiver shall be governed by the laws of the State of California and any legal action related to or arising out of this Release and Waiver shall be commenced exclusively in the Superior Court in and for San Joaquin County, California, and I specifically waive the right of trial by jury for myself. I certify I am eighteen (18) years of age or older.

I HAVE READ, UNDERSTOOD AND ACCEPT THE CONDITIONS OF THIS RELEASE AND WAIVER FORM, INDEMNITY AND PROMISE NOT TO SUE.

SIGNATURE: _____

DATE: _____

ADDRESS: _____

PHONE: Home: _____ Work: _____ Cell: _____

Diocese of Stockton

Annual Youth Registration and Promise Parental Agreement / Consent, Release and Waiver of Liability

Youth Registration and Promise

Participant Name: _____ Date of Birth: _____

Parents / Guardians Names: _____

Street Address: _____

City / State / Zip Code: _____

Phone: Home: _____ Work: _____ Cell: _____

Parish / School: _____

Event/Activity: _____

_____ (herein "Activity")

Date: _____

I agree to uphold and exemplify positive Catholic values, and I understand that my participation in an Activity requires compliance with rules and regulations regarding my conduct. Specifically, I agree that during my participation in the Activity:

- I will not use, bring, or be under the influence of illegal drugs or alcohol;
- I will not smoke or use tobacco products;
- I will politely obey the requests and directions of the adult leaders;
- I will stay with my assigned group or buddy at all times;
- I will participate in the approved activity at all times;
- I will dress appropriately at all times;
- I will be on time to activities and will observe all check in rules;
- I will treat adult leaders, other participants, and community members with respect and will not engage in behavior that reflects poorly on me or the group such as: stealing, swearing, fighting, being physically or verbally abusive, being dishonest, damaging property, threatening others, or engaging in disruptive behavior;
- I will only use cell phones and other personal devices at appropriate times and places when allowed by adult supervisors;
- I will not participate in hazing, teasing, or other similar activities;
- I will not engage in inappropriate sexual behavior;
- I will not be in the possession of or use firearms, knives, lighters, explosives, or weapons of any kind;
- I will not engage in acts of violence; and
- I will respect the physical property of the facility used by us and others and will not engage in acts of vandalism.

I agree to abide by these rules and the supervision of adult leaders, and understand that violations will be dealt with in an immediate and appropriate manner. If I should be dismissed from participation in the Activity, I understand that my parents will be contacted to arrange for my immediate transportation home.

Signature of Participant: _____ Date: _____

Youth Registration and Promise, Parental Agreement / Consent Release and Waiver of Liability

Parental Agreement / Consent

I/we, the undersigned parent or guardian of the Participant named on this form give permission for my/our child's participation in the Activity referred to on this form, and:

- I/we agree to direct my/our child to cooperate and comply with all reasonable directions and instructions from Children/Youth Ministry staff or adult leaders and Chaperons.
- I/we will immediately and at my own cost retrieve my child(ren) from this Activity if my child(ren) does not comply with the Code of Conduct to the satisfaction of the adult leaders.
- I/we give permission for my/our child to be transported to and/or from Children/Youth Ministry programs, events, and Activities in vehicles driven by adult leaders selected by the parish Children/Youth Ministry coordinator or Parish Pastor, in accordance with diocesan and/or Parish guidelines.
- I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in any Children/Youth Ministry activity or other Activity, whether or not caused by the negligence of the parish, school, diocesan, or Children/Youth Ministry program employees, Chaperons, agents, or volunteers or other participants.
- I/we understand that in the course of participating in Children/Youth Ministry activities or other Activity, my/our child may engage in activity that carries a risk of injury to the body, psyche, or property of themselves and others. Such injuries can be caused by other persons, may be accidental or self-inflicted, or may arise from faulty equipment or facilities, existing conditions of recreational facilities, vehicle accidents while in transport during an activity, or through the activity itself.
- I/we are not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.
- I/we, hereby, give permission to the physician or dentist selected by the Activities supervisory personnel then present to render medical or dental treatment deemed necessary and appropriate by the physician or dentist

Release and Waiver of Liability

In consideration of my or my child/childrens participation in the activity described, and my consent thereto, and on behalf of my heirs, executors, administrators and next of kin, I hereby release, covenant not to sue and forever discharge the Released Parties (as defined below) of and from all liabilities, claims, actions, damages, costs and expenses of any nature arising out of or related to, or in any way connected with my or my child/childrens participation in the Activity and/or any such related or associated activities, and further agree to indemnify and hold each of the released parties harmless from and against any and all liabilities, claims, actions, damages, costs and expenses including by way of example, but not limited to, all attorneys' fees, costs of court and the cost and expense of other professionals and disbursements up through and including any appeal. I, for myself, understand that this Release and indemnity includes any claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury, including, without limitation, death, property damage, and the loss by theft or otherwise, whether suffered by me or my child(ren) during or after such participation. For the purposes hereof, the "RELEASED PARTIES" are:

The Roman Catholic Bishop of Stockton, a Corporation sole

(Parish/School/Organization)

Youth Registration and Promise, Parental Agreement / Consent Release and Waiver of Liability

their respective parent, subsidiary, affiliated or related companies and the officers, directors, employees, agents, representatives, successors, assigns, and volunteers for each of the foregoing entities.

I am not aware of any medical condition I have which would render it inappropriate for me to participate in any such activity.

This Release and Waiver shall be governed by the laws of the State of California and any legal action related to or arising out of this Release and Waiver shall be commenced exclusively in the Superior Court in and for San Joaquin County, California, and I specifically waive the right of trial by jury for myself. I certify I am eighteen (18) years of age or older.

I HAVE READ, UNDERSTOOD AND ACCEPT THE CONDITIONS OF THIS RELEASE AND WAIVER FORM, INDEMNITY AND PROMISE NOT TO SUE.

SIGNATURE: _____

DATE: _____

ADDRESS: _____

PHONE: Home: _____ Work: _____ Cell: _____

Diocese of Stockton

Emergency Health / Medical Information and Consent

In the event of an emergency, I, the undersigned parent/guardian of the child named on this form, hereby gives permission to the Roman Catholic Bishop of Stockton, the Pastor, employees, agents, representatives, Chaperons and adult volunteers (the Designated Person(s)) to arrange for and authorize emergency medical, dental, or surgical treatment for my child, as considered necessary by the attending physician or dentist. I wish to be advised prior to any further post-emergency treatment by the hospital, doctor or dentist.

Family Doctor _____ Phone _____
Family Dentist _____ Phone _____
Family Health Plan Carrier _____
Policy Number _____

I also agree to provide the Pastor, the designated Youth Ministry representatives, Chaperon or adult volunteer with current telephone numbers at which I can be reached, as well as the names and phone numbers of individuals who are likely to know where I am should an emergency arise. In the event of an emergency, if you are unable to reach me at the numbers listed above, please contact:

Name _____
Relationship _____
Home Phone Number _____
Work Phone Number _____
Cell Phone Number _____

Signature of Parent/Guardian Date

1. If my child becomes ill with symptoms that do not indicate emergency medical treatment (e.g., headache, vomiting, sore throat, fever, diarrhea), I wish to be called collect (reversed phone charges) to be informed of my child's condition.

Signature of Parent/Guardian Date

2. My child is currently taking the following medication(s), which he/she will be bringing on this activity in well-labeled containers that include clear directions for dosage and frequency of usage. I hereby give permission the Designated Person (s) to administer the following medication(s):

Signature of Parent/Guardian Date

Emergency Health / Medical Information and Consent (continued)

3. No medication of any type (prescription or nonprescription) may be administered to my child unless his/her condition is life threatening and emergency treatment is required, as considered necessary by the attending physician.

Signature of Parent/Guardian

Date

4. I hereby grant permission for nonprescription medication (e.g., non-aspirin pain relievers, throat lozenges, cough syrup) to be given to my child, if deemed advisable by the Designated Person(s).

Signature of Parent/Guardian

Date

Specific Medical Information / Conditions

Allergic reactions (to medications, foods, plants, insects, etc.)?

Immunizations (date of last tetanus/diphtheria immunization):

Current medications being taken by child:

Medically-prescribed dietary restrictions?

Physical limitations?

History of severe homesickness, emotional reactions to new situations, sleepwalking, bed wetting, fainting?

Any recent exposure to contagious disease/condition, such as mumps, measles, chicken pox? If so, specify the date and the condition exposed to:

Any other special medical issues to be aware of?
