



The Diocese of Knoxville
Office of Youth & Young Adult Ministry

YOUTH MEDICAL FORM AND LIABILITY WAIVER

Participant's Name: _____
Address: _____
Phone: _____ Age: _____ Gender: _____

I _____ give my permission for my child to participate in _____.

Attached is a youth code of conduct. I also understand that a certain code of conduct is expected of all youth and adults attending any Deanery-sponsored event. By signing below, I state that my child has read, signed and has full understanding of the code of conduct. I understand that any violation of the code of conduct by any youth is grounds for dismissal. If a young person is in violation of the code of conduct, I understand that I will be contacted by telephone regardless of the time of day or evening to be informed of the incident. I also understand that all arrangements and costs for transportation home will be the responsibility of the parent or guardian.

MEDICAL MATTERS

I hereby warrant that to the best of my knowledge, my child is in good health. **I assume all responsibility for the health of my child with our families insurance.** Of the following statement pertaining to medical matters, sign only those in accordance with your wishes:

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to transport my child to the hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above number or at my business: (My Business Phone: _____) (Cell Phone: _____)

Please contact – Name: _____
Relationship: _____ Phone Number: _____
Health Plan Carrier: _____
Policy #: _____

Print Parent Name _____ Signature _____ Date _____

OTHER MEDICAL TREATMENT

1. In the event it comes to the attention of the Diocesan and Parish agents, chaperones or representatives associated with this event that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself.)

Print Name _____ Signature _____ Date _____

2. My child is taking medications at present. My child will bring all such medications necessary and such medications will be labeled. Names of medications and concise directions for administering such medications, including dosage and frequency are:

Print Name _____ Signature _____ Date _____

3. I hereby grant permission for non-prescription medication (such as Tylenol, Advil, throat lozenges, and cough syrup) to be given to my child, if deemed advisable.

Print Name _____ Signature _____ Date _____

4. No medication of any type whether prescription or non-prescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Print Name _____ Signature _____ Date _____

Dietary Needs? _____

Allergies? _____

Physical Limitations? _____

Special Medical Conditions? _____



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YOUTH CODE OF CONDUCT

1. The use of drugs, tobacco, alcohol, fireworks, matches, cigarette lighters, or items that would endanger people, pets, wildlife, or property is strictly prohibited.
2. Clothing should be appropriate. Exposed midriffs, shoulders, cleavage or undergarments are not permitted. Respectable gym shorts, fingertip length shorts, and one piece swim suits, tankini (if water activities are a part of the event) for girls. Spaghetti straps, short shorts, tank tops, halter tops, baggy pants, and any clothing items found to be offensive or bearing reference to tobacco or alcohol products including insignias or advertisements will not be allowed. Any participant whose attire is deemed inappropriate will be asked to change. Refusal could lead to dismissal.
3. Language and behavior should exemplify Christian values.
4. Public displays of affection will be addressed when deemed inappropriate.
5. Participants are expected to respect the rights and property of others. Neither vandalism nor stealing will be tolerated. Financial obligations that result from such behavior will be the sole responsibility of the youth and his/her family.
6. Male and female participants are not to be in each other's sleeping areas.
7. If applicable, participants must wear their event identification at all times.
8. No participants are permitted to leave the premises without the expressed permission of the coordinator of the event.
9. Cell phones (to be used only with the permission from an adult youth minister), CD players, Ipods, MP3 players are permitted.
10. All participants must travel in a vehicle provided by the parish/school ministry.
11. Each participant is encouraged to participate in activities of the event.
12. Participants are to abide by specific regulations pertaining to individual events not mentioned above.

Note: The coordinating team takes every precaution to provide a safe environment for these events. The coordinating team cannot be held responsible for the willful misconduct of a young person.

Code of Conduct: I agree that my child is expected to abide by all rules and regulations as outlined in the *Code of Conduct*. I agree that if my child fails to abide by this *Code* or engages in any infraction that is deemed by the coordinator to be inappropriate, he/she will be dismissed from this activity and sent home at my expense with no right of reimbursement.

Parent/Guardian

Printed Name _____ Signature: _____ Date: _____

I have read the foregoing and understand the *Code of Conduct* for participants and will abide by them. In addition, I will abide by all directions given me by the coordinator and adult chaperones. I also understand and agree that my parents or guardians will be notified at the time of any infraction requiring my dismissal from the event and that I will be sent home at the expense of my parents or guardians. **I also understand that being in possession of any tobacco product, alcoholic beverage, or drug is cause for automatic dismissal from the event.**

Participant

Printed Name _____ Signature: _____ Date: _____



Diocese of Knoxville

Office of Youth and Young Adult Ministry

Audio/Video Photo Release

I hereby agree to have Audio/Video and Photographs taken of me and kept on file by the Roman Catholic Diocese of Knoxville on the following date(s): _____. I understand that the audio sound bites and images shall be exclusively owned by the Diocese of Knoxville, and it may be used for the purposes of promoting the Office of Youth and Young Adult Ministry or another development program of the Archdiocese. The Archdiocese has made no representations or other promises to me regarding quality or possible distortion of this material.

I hereby expressly grant all rights, in perpetuity, for the use of all or any part of the sound or video images taken of me on the above date. I acknowledge that the audio and video images have been taken free of charge and without a professional fee or any other compensation.

I further acknowledge that I shall receive no royalties, residual compensation or any other consideration of any sort from any party at any time, as a result of the audio and video being taken or arising from the subsequent reproduction or distribution of the audio and video taken on the above date. I expressly waive and relinquish without recourse all rights, interests and claims that I may now have or may have at any future time in the audio and video taken on the above date. I expressly waive notice of distribution or redistribution or any right of approval of the material taken on the above date.

I hereby grant the Diocese of Knoxville my permission to publish my name and use my likeness that it manufactures from the material taken on the above date. This permission extends to the Diocese of Knoxville and any subsequent party which the Diocese may designate that is involved in the reproduction and distribution of this material.

I have read the above terms and conditions of this release. I understand the contents of this release and that I am waiving and relinquishing all rights that I may have as set forth above.

[Date]

[Subject Signature]

[Typed or Printed Name of Subject]

[Date]

[Signature of Parent or Guardian (if required)]

[Typed or Printed Name of Parent or Guardian]