

Diocese of Knoxville Youth Ministry 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 are strictly prohibited.
2. Clothing must be appropriate, NO Spaghetti straps, short shorts, tank tops, halter tops, baggy pants, and any clothing item found bearing midrifts or offensive in reference to tobacco or alcohol products including insignias or advertisements will not be allowed. Girl's Swimsuits must be one piece or tankies, if not, worn with a t-shirt on top.
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 without a chaperone.
7. If applicable, participants must wear their nametags at all times.
8. No participants are permitted to leave the premises without the expressed permission of the coordinator.
9. Cell phones can be brought, but need to be put away and not used unless calling home. We do not want you to miss anything during the night. We reserve the right to take them up if misused.
10. No participants are allowed to ride in a car with another participant to, from or during an event unless expressed permission has been given by a parent/guardian to the coordinator.
11. Each participant is expected to participate in all activities of the event. The coordinator will address any infraction.
12. Food and drinks are only to be consumed in designated areas.
13. Participants are to abide by specific regulations pertaining to individual events not stated above.

Note: The coordinating team takes every precaution to provide a safe environment. We 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's Printed Name _____

Parent's Signature _____ Date _____

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

Participant's Printed Name _____

Participant's Signature _____ Date _____

Let's RECHARGE at REACH!

"It is Jesus in fact whom we seek when we dream of happiness" and that it is Him alone who will fulfill all our desires.

St. John Paul II

When: Monday, July 19th at 7:00 p.m.-
Thursday, July 22nd at 11:00 a.m.

Where: Harrison Bay State Park Group Camp
For upcoming grades: 7th and 8th

Cost: \$135 (lodging, all meals, water days, t-shirt, dance
and all other activities)

Participant Name: _____

Address: _____

City, State, Zip: _____

Parent's Phone # _____ Birthday: _____

Grade: _____ Gender: _____ Parish: _____

Parent E-Mail: _____

Roommate: _____

T-Shirt Size: Y-L _____ A-S _____ A-M _____ A-L _____ XL _____ XXL _____

Interested in helping at God Camp? Chaperone for shift _____

Cooking _____ Helping with one Activity _____

DEADLINE: Friday, May 28, 2021

Numbers are limited this year, so don't miss the deadline! Also, we need to plan for meals and activities.

Mail Registration Forms and Payment to:

Make checks out to: Chattanooga Deanery Youth Ministry

Chattanooga Deanery Youth Ministry

501 South Moore Road

Chattanooga, TN 37412

Attn: Donna Jones/God Camp

For more information contact Donna Jones 423-622-7232 or

djones6029@gmail.com



The Diocese of Knoxville
Office of Youth & Young Adult Ministry

**YOUTH MEDICAL FORM
AND LIABILITY WAIVER**

Participant's Name: _____ Zip _____
 Address: _____
 Emergency Phone: (____) _____ @ _____
 E-Mail Contact: _____
 Age: _____ Gender: _____ Birthdate: ____/____/____ Grade _____
 Parish: _____
 T-shirt Size: Small Medium Large XL 2XL 3XL
 I _____ give my permission for my child to participate in the _____

I also understand that a certain code of conduct is expected of all youth and adults attending any Diocese of Knoxville 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.

Print Parent/Guardian Name _____ / _____ / _____ Date _____
 Signature _____

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 contact:

Name: _____ Relationship: _____
 Phone: (____) _____
 Health Plan Carrier: _____
 Member ID: _____
 Group #: _____
 Social Security Number: _____ / _____ / _____
 Print Parent/Guardian Name _____ Date _____
 Signature _____

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 using my emergency phone number.

Print Parent/Guardian Name _____ / _____ / _____ Date _____
 Signature _____

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 Parent/Guardian Name _____ / _____ / _____ Date _____
 Signature _____

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 Parent/Guardian Name _____ / _____ / _____ Date _____
 Signature _____

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 Parent/Guardian Name _____ / _____ / _____ Date _____
 Signature _____

Dietary Needs: _____

Allergies: _____

Physical Limitations: _____

Special Medical Conditions: _____