



General Permission Form

I request that my child, _____, be allowed to participate in the Discovery Retreat event, located at St. Walter Church on the following day(s): **January 25-26, 2019.**

I hereby release and indemnify St. Walter Parish, its staff volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

Code of Behavior

You are representing Youth Ministry in our diocese during this event and we expect you will represent us well. We expect that you will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our diocese.

Some 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 an adult from your parish for storage and distribution.
9. 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 and 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 the premises and any costs involved.

Videotaping and Still Photographs

Video and still photographs may be taken during this event. This authorization from constitutes permission for my child's participation in the videotape and/or still photographs, which may be used for future promotional efforts, including the Diocese of Joliet or St. Walter website or Facebook page.

Participant's Name: _____

Birth Date: ____/____/____

T Shirt Size: _____

Parent's Name(s): _____

Parent's Phone #(s): _____

Allergic to medication/other? NO YES (circle one)

If **YES**, please describe:

Medication(s) presently taking: _____

Insurance Information

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____

Authorized Physician: _____

Phone Number: _____

If parents can't be reached

In case of emergency, contact: _____

Phone #(s): _____

Teen Signature: _____ Date: _____

Parent Signature: _____ Date: _____