

**YOUTH EVENT RELEASE & EMERGENCY INFO FORM  
 VALID SEPTEMBER 1, 2017 – SEPTEMBER 1, 2018  
 ST. MICHAEL CATHOLIC CHURCH, GLEN ALLEN, VA  
 CATHOLIC DIOCESE OF RICHMOND**



**YOUTH INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

First/Nick Name for Nametag: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (circle):      Male      Female

Grade: \_\_\_\_\_ Adult T-Shirt Size: \_\_\_\_\_

Parish Name: St. Michael the Archangel      City: Glen Allen, Virginia

Group Leader: Mike Horvath/Laura Stapleton

**PARENT / GUARDIAN INFORMATION**

Name: \_\_\_\_\_ (Father)      \_\_\_\_\_ (Mother)

Cell Phone: \_\_\_\_\_ (Father)      \_\_\_\_\_ (Mother)

Email: \_\_\_\_\_ (Father)      \_\_\_\_\_ (Mother)

**ALTERNATE EMERGENCY CONTACT INFORMATION (AFTER PARENTS/LEGAL GUARDIAN)**

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

**TEEN CONTACT INFORMATION**

**TEEN'S**  
 Cell Phone  
 & Email: \_\_\_\_\_

# Medical Information and Release Form

All information is kept private and confidential

Name of Participant: \_\_\_\_\_

## MEDICAL INFORMATION

In many cases, our staff and volunteers are not familiar with the medical, physical, and/or emotional history of each participant. Please share **ANY** information relating to the participant in detail. **BE AS SPECIFIC AS POSSIBLE.**

Does the participant have any dietary restrictions?

YES  NO

List any dietary restrictions (i.e. vegetarian, allergies):

Is the participant allergic to anything?

YES  NO

List any details of allergies below (this may include food allergies, allergies to specific medications or chemicals, allergies to any substances):

Is the participant currently taking or has taken any prescription medication in the last 6 months?

YES  NO

List the specific prescription medications, reasons for medication, and daily dosage. Indicate if the medication is currently being administered.

Does the participant have any emotional, physical or sensory conditions?

YES  NO

List any emotional conditions that may impede participation in the event. This may include counseling, treatment for emotional conditions (i.e. depression, eating disorders), and/or family situations that may have a significant impact on the participant.

List any physical and/or sensory conditions of which we should be aware or of which need special accommodations (e.g. hearing loss, visual impairment, mobility).

## RELEASE OF LIABILITY AND MEDICAL RELEASE

As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Michael the Archangel Catholic Church, the Catholic Diocese of Richmond, its employees and agents, chaperones, or representatives associated with all events held during this year (September 1, 2017-September 1, 2018) from any claim arising from or in connection with my child attending any events held within the date range specified or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese, its employees and agents and chaperones, or representatives associated with any events this year for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of any emergency, I hereby give permission to transport my child to a 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 numbers I give permission for the noted emergency contact to be notified. I will not hold St. Michael the Archangel Catholic Church and the Catholic Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## USE OF PICTURES AND/OR VIDEO

I give permission for pictures and/or video of my child (named above) engaged in activities related to the parish or Diocesan events to have their pictures posted in St. Michael the Archangel Catholic Church and/or Catholic Diocese of Richmond publications or websites. Names of participants **will not** be used without expressed permission from the parent or guardian. If no box is checked below, St. Michael the Archangel Catholic Church and the Catholic Diocese of Richmond assumes you give permission.

YES  NO Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## YOUTH CODE OF CONDUCT

Youth participants must read, understand, agree, sign and return this sheet with the Medical Information and Release form. Each participant is expected to adhere to the following principles while at all events:

### SHOW LOVE AND RESPECT FOR GOD:

- ✓ Pray daily for self and others.
- ✓ Participate in opportunities to receive the Sacraments.
- ✓ Participate in the sessions, activities, and prayer experiences.
- ✓ Be open, flexible, and have a servant's attitude.
- ✓ Represent God in your words and actions.

### SHOW LOVE AND RESPECT FOR SELF:

- ✓ Remember that you are the Temple of the Holy Spirit. Present yourself accordingly.
- ✓ No alcohol, drugs, or smoking will be tolerated during any event.
- ✓ Dress with modesty. Bare mid-drifts, spaghetti straps, short-shorts, low cut tops, or guys without shirts are not permitted during the event.
- ✓ Any music you bring and listen to should glorify God.
- ✓ Drink plenty of water, obey sleeping times, and make sure you eat all meals. This will allow you to fully participate and not be tired.
- ✓ If you must leave an activity, adult chaperones should accompany you since they are responsible for you.

### SHOW LOVE AND RESPECT FOR OTHERS:

- ✓ All words and actions should be those of Christ to build up others and not injure.
- ✓ Make sure that your actions during the activities do not distract others from hearing, seeing, or praying.
- ✓ Be safe. No horseplay or other potentially harmful actions. Leave pocketknives, lighters, or other hazardous materials at home.
- ✓ No teenagers are allowed to drive to or from any conferences/long trips due to liabilities
- ✓ On overnight events: Under no circumstances can a youth be in a room, hall, or designated area of a member of the opposite sex.
- ✓ On overnight events: Allow others to sleep. "Lights Out" means that it is time to go to sleep. Do not be in the showers or halls after "Lights Out".
- ✓ On overnight events: No outside or unregistered visitors at the event will be permitted.
- ✓ All facilities we use for events must remain clean and undamaged. Otherwise, you will personally be responsible to pay for the damage. Keep food and drinks in their properly designated areas and pick up trash if you see it.

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***I have read, understand, and agree to the above principles. Any violation of the above principles may result in immediate dismissal from events and participants will forfeit their registration fees.***

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Parish: St. Michael, Glen Allen

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_