

AUTHORIZATION FORM FOR PARISH EVENTS

I hereby give permission for my child _____ to participate in the **ST. JOAN OF ARC TEEN MINISTRY RETREAT – MAY 18TH – MAY 20TH** hereby release and indemnify **St. Joan of Arc Parish - Lisle, Illinois**, its staff, volunteers and the Joliet diocese, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

I understand that my child is responsible for following certain regulations while taking part in this event.

SIGNATURE OF PARENT/GUARDIAN

ADDRESS, CITY AND STATE

AREA CODE AND PHONE NUMBER

EMERGENCY PHONE NUMBER

PHONE NUMBER OF CLOSET RELATIVE

MEDICAL PERMISSION FORM

I grant permission for the administration of first aid to _____ BY THE PEOPLE IN CHARGE OF **ST. JOAN OF ARC TEEN MINISTRY RETREAT – MAY 18TH – MAY 20TH** and those transporting my child to and from the program as their judgment deems advisable, and to make the necessary referrals to qualified physicians and treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parents/guardians of the participant. In the event I cannot be reached I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed as necessary for my child.

SIGNATURE OF PARENT GUARDIAN _____

DATE _____ ADDRESS _____

PHONE _____ CITY/STATE _____ ZIP _____

AUTHORIZED PHYSICIAN _____ PHONE _____

INSURANCE INFORMATION

POLICY IN THE NAME OF _____

INSURANCE COMPANY _____ POLICY# _____

IDENTIFICATION # AND/OR SOCIAL SECURITY # _____

St. Joan of Arc Parish Center – 630-963-4500

**ALL PERMISSION SLIPS MUST BE TURNED IN NO LATER THAN
May 14th. COST: \$30.00**

PLEASE MAKE CHECKS PAYABLE TO *ST. JOAN OF ARC PARISH*

CODE OF BEHAVIOR

You are representing St. Joan of Arc in our diocese during this event and we expect you will represent us well. We expect that you will display a 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 ILLEGAL DRUG BY AN INDIVIDUAL 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 Behavior code. I also understand and agree that at the time 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 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.

TEEN SIGNATURE_____DATE_____

PARENT/GUARDIAN

SIGNATURE_____DATE_____

