

**YOUTH ACTIVITY FORM**

**TYPE OF EVENT:**

**DATE:**

**TIME:**

**COST:**

**LOCATION OF EVENT:**

**EMERGENCY/PARISH CONTACT:**

**INDIVIDUAL(S) IN CHARGE:**

**TRANSPORTATION:**

**PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

**NAME OF YOUTH** \_\_\_\_\_

**SEX** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_ **AGE** \_\_\_\_\_

**PARENT/GUARDIAN** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
**CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_

**EMERGENCY CONTACT PERSON** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **RELATIONSHIP TO YOUTH** \_\_\_\_\_

**MEDICAL/HEALTH INSURANCE COMPANY** \_\_\_\_\_

**INSURANCE POLICY #** \_\_\_\_\_

**PLEASE LIST ANY MEDICATION (PRESCRIPTION OR OTHERWISE) YOU WILL BE BRINGING ON THE TRIP.** \_\_\_\_\_

**PLEASE DESCRIBE ANY ALLERGIES YOU HAVE—FOOD, MEDICATION, OTHER:** \_\_\_\_\_

**PLEASE LIST ANY OTHER INFORMATION THAT YOU FEEL WE MAY NEED TO KNOW IN ORDER TO BETTER CARE FOR YOUR CHILD:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

EVENT RULES:

1. The “buddy” system is in effect at all times. No one can go off by themselves without someone else from the group with them and, a chaperon must know where you are at all times.
2. If leaders have reason to suspect you possess or have used illegal substances like alcohol or drugs, or participated in illegal activities, your parents will be called and they will have to come and get you immediately.
3. Off limits areas include: Opposite gender sleeping areas, non-chaperon-driven vehicles, areas determined to be unsafe, and any other designated areas.
4. Show respect for the people on the trip (adults and teens) and for equipment and facilities. No disrespect, of any kind, will be tolerated. Individuals causing damage to equipment and/or facilities are personally responsible for repayment.
5. Language and behavior will be Christian at all times. This includes (but is not limited to) respecting quiet times, willingly participating in all activities, appropriate language, not littering, etc.
6. Use of any tobacco products is prohibited the entire trip.
7. Other rules may be added at a later date as circumstances dictate.

Participant’s Consent

I (your name) \_\_\_\_\_ have read the rules and agree to live by them and promote them. I understand that violation of the rules and regulations may result in my being sent home early and my not being allowed to participate in future Youth Ministry events.

Name \_\_\_\_\_ Date \_\_\_\_\_

Parental/Guardian Consent

I, \_\_\_\_\_, as parent/guardian of \_\_\_\_\_, hereby give my consent for him/her to participate in this youth activity. I understand that violations of the rules by my child will result in my being required to come get my child immediately and no refund will be given. I understand that reasonable caution will be taken by the person in charge to prevent injuries, and I release on my behalf and on behalf of my child the volunteers, paid staff, St. Michael parish and the Diocese of Richmond from any liability and/or responsibility for any personal injury or damage to personal property. I authorize adults designated by St. Michael secure immediate medical treatment for my child if a medical emergency arises while traveling to or from the event or while staying there, when a reasonable attempt to reach me has failed.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_