

# AUTHORIZATION FORM CHRIST THE KING PARISH

## **General Permission Form**

I request that my child, \_\_\_\_\_, be allowed to participate in the \_\_\_\_\_ at \_\_\_\_\_ and thereby release and indemnify Christ the King, its staff and 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. Videotaping and still photographs may be taken during this event.

## **Code of Behavior**

You are representing Youth Ministry in our Parish and 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. The possession or consumption of any alcoholic beverage and/or possession/use of any 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. 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 removal from the premises and any costs that are involved. If under the age of 18, I also understand and agree that my parents/guardians will be notified at the time of an infraction requiring my dismissal. My parents/guardians will be responsible for my removal from the premises and any costs involved.

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

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

## **Medical Permission Form**

I grant permission for the administration of First Aid to \_\_\_\_\_ (print your child's name), by the people in charge of the event, and those transporting my child to and from the event as their judgment deems advisable, and to make the necessary referrals to qualified physicians for the treatment or illness or accidents of a more serious nature. I understand 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 the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that 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 necessary for my child.

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Allergy to medication/other  No  Yes Please describe: \_\_\_\_\_

Medication(s) presently taking: \_\_\_\_\_

## **Insurance Information**

Policy in the name of: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Id/SS Number: \_\_\_\_\_  
Physician Phone Number: \_\_\_\_\_

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

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

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_