

OFFICE OF FAITH FORMATION
 CATHOLIC DIOCESE OF WICHITA
Medical Release and Waiver

PLEASE PRINT LEGIBLY IN INK:

Name of Participant _____ Date of Birth ____/____/____

Address _____ City _____ State _____ Zip _____

Phone # (____) _____ M F Height _____ Weight _____ Age _____

Emergency Contact # 1 Name: _____ Relationship to participant _____

Address (if different from participant) _____

Contact Home or Cell Phone _____ Contact Work Phone _____

Emergency Contact # 2 Name: _____ Relationship to participant _____

Contact Home or Cell Phone _____ Contact Work Phone _____

Insurance Company _____ Policy # _____

List any Allergies/ Present medical conditions/ Activity restrictions:

We will attempt to accommodate gluten free requests, but cannot accommodate other dietary restrictions.

List current medications and dosage: _____

Does Participant wear contact lenses? Yes ___ No ___

Medical Authorization:

I/We understand that the Catholic Diocese of Wichita and the Office of Faith Formation assume no responsibility for accidents which may occur in association with diocesan events and activities. I/We agree to use my/our personal insurance to cover any such incidents. I/We understand that, in the event medical intervention is needed, every attempt will be made to contact the persons listed above. In the event those individuals cannot be reached, I/We hereby give permission to the physician or any other qualified medical staff selected by the event leader to hospitalize, secure medical treatment, and/or order injection, anesthesia or surgery for Participant as deemed necessary.

Permission for Other Medical Matters:

___ YES, in the event it comes to the attention of the diocesan and/or parish chaperones that my child complains of illness, I grant permission for non-prescription medication (such as Tylenol, lozenges, etc.) to be given to Participant.

Waiver:

I understand all reasonable safety precautions will be taken at all times by the Catholic Diocese of Wichita and the Office of Faith Formation and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to indemnify and hold harmless the Catholic Diocese of Wichita and/or the Office of Faith Formation, its leaders, employees and volunteer staff from any claim arising from or in connection with attending this event.

Code of Behavior:

I agree to abide by and/or instruct Participant to abide by all rules and regulations as outlined by the aforementioned chaperones/representatives. I agree that if I/Participant fail(s) to abide in any way by the rules, that I/Participant can be dismissed from the trip/event and sent home immediately at my/Participant's expense with no right of reimbursement or refund for any amount in connection therewith from the Catholic Diocese of Wichita or its chaperones/representatives.

Photo Release:

I hereby authorize the Catholic Diocese of Wichita, and its agents to utilize photographic and/or video images of me or my child by the Catholic Diocese of Wichita. In giving my consent, I hereby indemnify and hold harmless the Catholic Diocese of Wichita and its agents from any and all responsibility or liability. I understand that I will receive no compensation, should any photograph and/or video of me or my child be used.

Signature of Participant _____ Date _____

2018 Diocesan Catholic Youth Conference
YOUTH CODE OF CONDUCT & PARENTAL PERMISSION FORM

As a Conference youth participant, I agree to abide by the following code of conduct:

YOUTH CODE OF CONDUCT

As a youth participant, I will:

- 1. Project an image of Christian consideration, sensitivity, and respect to everyone and to the property around me through language, dress* and behavior
2. Refrain from inappropriate touching and verbal harassment
3. Adhere to stated curfew
4. Wear appropriate credentials at all times
5. Attend all scheduled activities
6. Observe quiet in hotel hallways, especially in the late evening
7. Notify my adult chaperone of any necessary late arrivals or early departures
8. Report problems of any kind to a trusted adult

As a youth participant, I will not:

- 1. Possess weapons of any kind
2. Purchase, possess, consume or distribute alcohol, illegal drugs or tobacco
3. Visit or gather in hotel rooms with the opposite sex, without proper chaperoning
4. Engage in any form of sexual activity or peer sexual harassment

I have read this code of conduct and agree to its terms.

(Please Print)
Parish: _____
City: _____
T-shirt size: _____

*Dress Code: What to wear
Modest outfits including nice pants and/or skirts that are at (or near) knee-length or longer. Parish/regional t-shirts are permitted.
Do NOT wear
Blue jeans, clothing containing words or symbols that are profane, suggestive, or promote cigarettes, drugs or alcohol. Strapless, backless, low-cut, too-short, or otherwise revealing or clingy dresses.

IF AGE 18 OR OLDER BY MARCH 10, 2018
I have attended a VIRTUS training class, signed the proper forms, and registered online. _____ (initial)

Signature

Print name here

THIS PERMISSION FORM MUST BE SIGNED BY THE PARENT/GUARDIAN OF ALL YOUTH PARTICIPANTS

POLICY REGARDING ALCOHOL AND ILLEGAL SUBSTANCES

The presence of alcohol or illegal substances of any kind by any individual will not be tolerated during the Youth Conference. Any youth found in possession of alcohol or illegal substances will be sent home regardless of the time of day or the distance from home.

I, the parent/guardian of _____, request that my child be allowed to participate in the following activity, and do hereby grant permission for the child name above to participate in this activity:

Name of event: Diocesan Catholic Youth Conference
Location: DoubleTree Hilton Wichita Airport
Time frame: Saturday, March 10 & Sunday, March 11, 2018

I understand that transportation to this event will be provided by (check one):
___ Chartered bus
___ Parish staff and/or volunteers private vehicles
[X] My child will provide his/her own transportation

[] I have reviewed the dress code with my child and agree with its terms.

Signature of parent/guardian

Date

Print name of parent/guardian

Date

This form must be completed and received along with the Medical/Liability Release Form by the Office of Faith Formation no later than February 2, 2018