



ROMAN CATHOLIC DIOCESE OF BURLINGTON

Office of Pastoral Ministries

55 Joy Drive, South Burlington, Vermont 05403

(802) 658-6110

YOUTH REGISTRATION, MEDICAL RELEASE AND PERMISSION COMBINED FORM

Event Name: _____

(Please print or type all information, except signatures)

I. Youth Information

First Name: _____ Middle Initial: _____ Last Name: _____

AdPCLss: _____

City, State, Zip: _____ Home Phone: _____

Date of birth: _____ Age: _____ Grade: _____

T- Shirt Size: S M L XL X Student Email adPCLss: _____

Parish trust/School (group you are registered with): _____

Mother/Guardian: _____ Father/Guardian: _____

Mother/Guardian Cell: _____ Father/Guardian Cell: _____

Parent Email AdPCLss(es): _____

Additional Emergency Phone numbers (please identify as work, cell, pager, etc.): _____

Circle ALL that apply: Male Female Mobility Impaired Wheelchair Access

Hearing Impaired/Interpretation Needed Visually Impaired (more than wearing glasses)

*Please note: All areas utilized are not ADA accessible. Contact your Event Leader for special arrangements.

II. Parental Agreement

I, the parent/guardian of _____, who is less than eighteen years of age, grant permission for my daughter/son to participate in _____. By allowing my child to participate in the said program, I

hereby assume all risk of accident or harm arising or growing out of, directly or indirectly, any incident of any kind occurring during the course of such program to my child and do hereby release and discharge the Diocese of Burlington, and _____ parish trust/school, and the agents, associates, and employees of the Diocese of Burlington and parish trust/school who have organized or participated in the supervision of such program from all claims, demands, suits, causes or actions, rights, costs, expenses, and any compensations whatsoever which may occur to my family and its members during or resulting from participating in the program mentioned.

I am aware of the particulars of the said program including the times, costs, and adults chaperoning and/or transporting my child for the program and have clarified any concerns I may have with the coordinating adult in charge. I agree that my son/daughter shall abide by the rules and all regulations of the program including in regards alcoholic beverages, drugs, and weapons. I agree that if my son/daughter fails to abide by the regulations set forth, he/she may be dismissed from the program and I will need to arrange for his/her immediate transportation home at my expense.

I grant to the Diocese of Burlington, its directors, officers, employees, staff members, faculty, representatives, volunteers and agents the right to take photographs of my son or daughter and their property in connection with the event named below. I authorize the Diocese of Burlington, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I hereby authorize that the Roman Catholic Diocese of Burlington or the parish trust/school named on the registration form to use the name, voice and likeness of my son or daughter in any manner, form or way relating to communication production in any media, and I hereby release these entities from any and all claim associated therewith in connection the event.

Parent/Guardian Signature: _____ Date: _____

III. Medical Information

(Please read all the options below, then check and sign only those that are in accordance with your wishes.)

In the event of an emergency, I hereby grant permission to transport my son/daughter and obtain emergency medical or surgical treatment(s) from a licensed physician, hospital, or medical clinic. I hereby authorize medical personnel to release necessary information about his/her care to the parish trust or school group leaders(s) named here _____. I wish to be advised prior to further treatment by the hospital in the event that I cannot be reached, please contact:

Emergency Contact _____ at _____ Relationship to youth: _____.

Family physician: _____ Physician Phone Number: _____.

(Please check one of the following)

- My son/daughter is covered by hospitalization and medical insurance under policy # _____ issued by _____.
- My son/daughter does not have medical coverage and I assume responsibility for the cost of hospitalization and medical care for my son/daughter.

If My son/daughter is taking medications at present, He/she will bring all necessary medications and such medications will be well labeled. The names of, and concise directions for taking such medications, including dosage and frequency of dosage are as follows:

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

(Please check one of the following)

- No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is life threatening and emergency treatment is required.

- I hereby grant permission for nonprescription medication (such as acetaminophen, decongestant, cough syrup) to be given to my son/daughter, if requested by my son/daughter and deemed advisable by an adult chaperone.

I wish to inform you of the following additional medical information and the recommended course of action (allergies, dietary restrictions, special conditions, etc.): _____

I would like to have a member of the program staff speak with me further regarding a medical concern or situation. Please contact me at: _____.

Parent/Guardian Signature: _____

Date: _____

IV. Student Participant Expectations (for anyone under age 18)

As a participant of this event, I agree to:

- Represent the Catholic Christian community through my language, PCLs, and behavior at all times. I will respect the rights and property of others. I will respect and follow the directions of all chaperones, staff, and adult leaders, even if these leaders are not from my parish. During Mass, and upon entering a sacred space I will remove my hat, refrain from eating, drinking, and having private discussions during Mass. I will PCLs modestly and avoid wearing anything with inappropriate images or wording.
- Participate in all planned activities, group sessions, and projects, and always stay with my assigned group.
- Any electronic devices such as cell phones should be brought at my own risk, and may only be used during approved times. If I am asked to put my cell phone away, by any staff or chaperone, I agree to abide by those requests quickly and without argument.
- In the event of an overnight trip or event. I agree to respect the privacy of my fellow participants and not go into any other sleeping quarters (guys or girls) that are not assigned to me. I will adhere to the stated curfew of this trip.
- The possession of tobacco products, alcoholic beverages, illegal substances, and weapons is absolutely forbidden, regardless of the age of the participants (including the adults). I will not possess any alcohol, marijuana, non-prescription drugs, electronic cigarettes, JUUL devices, fireworks, weapons or knives (including pocket knives).
- I will treat everyone participating in this event with respect. I will refrain from inappropriate touching and verbal harassment. I will not engage in any form of sexual activities or sexual harassment. I will not take part in any form of bullying which includes (one or more students seeking to have power over another student through the use of verbal, physical or emotional harassment, intimidation or isolation).
- In the event of an emergency, I will reach out to my assigned chaperone for help and assistance.

I have read, understand and agree to follow the expectations outlined above. I will also encourage other group members to live by these rules. We need your support and cooperation to help enforce these expectations. I understand that if I fail to live up to these expectations, I may be immediately removed from this event. If I should be dismissed, I understand that my parents will be contacted to arrange for my immediate transportation home at their expense.

Participant Name: _____

Participant Signature: _____

Custodial Parent Name: _____

Custodial Parent Signature: _____