



**IMPORTANT INFORMATION**  
Please print clearly and fill out all blanks.

STUDENT NAME		
DATE OF BIRTH	AGE	GENDER
PARENT/GUARDIAN		
PARENT CELL	PARENT HOME	
EMERGENCY CONTACT		
PHONE	RELATIONSHIP	
MEDICAL INSURANCE CARRIER		
POLICY HOLDER	RELATIONSHIP	
POLICY NUMBER	GROUP NUMBER	
ALLERGIES	MEDICAL ISSUES/CONCERNS	

**CONSENT AND LIABILITY WAIVER**

I, (Parent/Guardian above), grant permission for my child, (Student above), to participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from the parish. A brief description of the activity follows:

**Title of Event: CONTAGIOUS (EDGE RETREAT)**

**Date of Event: FEBRUARY 4-6, 2011**

As a parent and / or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend this **PARISH** (Holy Trinity Catholic Church), its officers, directors, and agents and the **ARCHDIOCESE OF ATLANTA**, Georgia, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Atlanta, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

I / We hereby grant permission for publication of photos/videos taken at youth events. I give permission for pictures and videos of my son/daughter to be used for promotional materials (both in print and on the web).

**MEDICAL TREATMENT**

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical attention. I wish to be advised prior to any further treatment by the doctor and hospital. If you are unable to reach me, contact the emergency contact listed above.

If you are unable to reach parent/guardian or the emergency contact person, I hereby grant permission for the doctor and hospital to exercise professional judgment in treating student.

I hereby grant permission for non-prescription medications to be given, if deemed appropriate.

All medications (prescription and non-prescription) brought by my student must be checked in on the day of the event.

PARENT/GUARDIAN SIGNATURE

DATE



**CODE OF CONDUCT**  
Please read carefully.

1. I am responsible for my own actions.
2. I am asked to assume the natural consequences for any negative behavior or disturbance.
3. I will take full responsibility for any damage or theft as a result of my actions.
4. I understand that youth/adult leaders are acting in my best interest and for the benefit of this event and will be enforcing this code of conduct. I understand that I need to listen when asked or instructed to act.
5. I will attend all aspects of each youth event. I understand that if I leave the designated area my parent(s) will be immediately notified.
6. I understand that I am to be respectful and courteous to all youth and adults present at all times.
7. For my safety, I realize that I am not allowed to leave the meeting facility for ANY reason without being accompanied by or with prior consent/arrangement of my parent/legal guardian.
8. ALCOHOL, CIGARETTES, WEAPONS OR ILLEGAL DRUGS ARE STRICTLY PROHIBITED. Possession of these items is grounds for immediate dismissal. (Weapons are defined as: knives, switchblades, guns, chains or items intended to cause harm.)
9. I understand that EDGE staff reserves the right to search my bag, clothes, room, etc. if deemed necessary.
10. I agree to have the best possible time at all youth events and to share the spirit of Christian joy and friendship with other participants. In order for this to happen I agree to joyfully participate in all activities and discussions.
11. Christ-like behavior is expected from me at all times. Inappropriate contact, touch, gesture, language or activity of an offensive or sexual nature is NOT ACCEPTABLE.
12. I understand that I am never allowed in sleeping rooms, bathrooms, shower areas, etc of the opposite sex.
13. As a representative of Holy Trinity Catholic Church, I am asked to project an image of Christian consideration, sensitivity and respect to others and the property around me.
14. In the unlikely event that a behavior problem requires action, my parent(s) or guardian will be notified. If the behavior warrants dismissal, I will be immediately dismissed from the event. **My parent(s)/legal guardian(s) will be expected to pick me up and/or cover any expenses related to the early dismissal.**

***Please sign below if you have read and agree to the rules/guidelines listed above.***

STUDENT NAME
STUDENT SIGNATURE
DATE
PARENT/GUARDIAN SIGNATURE
DATE