

REGION 10 CATHOLIC YOUTH MINISTRY
2008 REGION 10 YOUTH CONFERENCE

Youth Participant Name: _____

Date of Birth: _____ Sex: _____ Age: _____ Grade: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Parish: _____ Arch / Diocese: LITTLE ROCK

I/We, the parent(s)/guardian(s) of the above named student, do hereby give my/our permission and approval for my/our son/daughter/guardianship to travel to Amarillo, TX to participate in the Region 10 Catholic Youth Conference between the dates of November 21-23, 2008, with the Diocesan Office of Youth Ministry of the Diocese of Little Rock.

I/ We do hereby, for myself, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperone this event, other participants, our parish and diocese, the Diocese of Amarillo, Region 10 Catholic Youth Ministry, the city of Amarillo and the Amarillo Civic Center, and any of the above named parties. representatives, agents, successors, supervisors, sponsors, and/or organizers, for any injuries in connection with the outing / event(s) named above, provided that said injuries are not the result of gross, willful negligence.

I/We likewise release from liability any person(s), airline, bus company, or other transportation service, transporting my child, in a privately owned and/or leased vehicle, to and from any activities connected with the above named event(s), with the exception of gross negligence due either fully, or in part, to mechanical failure and/or operator error.

I/We agree that I/we am legally responsible for all/any personal actions taken by my/our child/guardianship during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of the actions/behavior of my child/guardianship.

Furthermore, I/we agree that if the above named student's behavior is inappropriate, unsafe and/or detrimental to the group, I/we will be contacted immediately to secure means of removing my/our child/guardianship from the event premises. I/we understand that any financial costs incurred as a result of my/our child/guardianship being sent home are my/our responsibility.

Parent/Guardian signature: _____ Date: _____

Printed Name: _____ Relationship: _____

In signing this form, I certify that all information contained herein is true and accurate to the best of my knowledge. *****

Participant's Signature: _____ Date: _____

In signing the above line, I agree to abide by any / all policies and rules established for this conference (see the attached Code of Conduct). Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

**REGION 10 CATHOLIC YOUTH MINISTRY
2008 REGION 10 YOUTH CONFERENCE**

ADULT CONSENT and RELEASE FOR MEDICAL TREATMENT
(For participants, 18 years of age or older.)

In Case Of Emergency, and in the event that I am not coherent or conscious, I hereby grant representatives from Region 10 Catholic Youth Ministry, the Diocese of Amarillo, and/or other adult chaperones, permission to act on my behalf in seeking emergency medical treatment for myself in the event that such treatment is deemed necessary by medical professionals.

I hereby give permission to attending physicians / medical personnel to hospitalize, secure treatment, and to order injection, anesthesia, and/or surgery as deemed medically necessary.

I further absolve and release our parish and (Arch)Diocese of _____, the Diocese of Amarillo, Region 10 Catholic Youth Ministry, the City of Amarillo, the Amarillo Civic Center, their representatives, employees, and volunteers, from any liability whatsoever when acting on my behalf in regard to medical treatment, and in any other respect deemed necessary should I become incapacitated.

Name of Participant: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: _____

Insurance Company: _____

Policy Number: _____

Insurance Address / Phone: _____

Place of employment providing Insurance: _____

Please attach a photocopy of both sides of your Insurance Card to this release form.

_____ **At this time, I am not covered by Medical Insurance**

Additional comments regarding medical history, allergies, medications, or other conditions:

In the event of an emergency, please contact the person(s) named below:

Name: _____

Relationship: _____

Phone Number(s): _____

In affixing my signature below, I testify that the above statements are true to the best of my knowledge, and that I am in agreement with all statements on this form. Furthermore, I agree to abide by all policies and expectations regarding adult leaders / chaperones as put forth by our Diocese and Region 10 Youth Ministry (see attached). My primary function on this trip is to ensure the safety / well-being of all participants in my charge. I will refrain from any actions / behaviors that are not consistent with the teachings of the Catholic Church and those that could be potentially harmful to myself and /or others.

Signature of Participant: _____ **Date:** _____

**GUIDELINES FOR (ARCH)DIOCESAN LEADERSHIP &
ADULT CHAPERONES/SPONSORS**

(Arch)Diocesan Directors are responsible for the actions of youth from their respective (Arch)Dioceses. Each (Arch)Diocese will take full responsibility for any damage or theft done by members at the conference site. It is our request that all adult leaders in each delegation help enforce the code of conduct, and to set an example for youth. Due to the size and nature of this conference, nineteen and twenty year old youth group assistants will not be considered adult chaperones. Adult leaders must be at least 21 years of age and successfully completed their (Arch)Diocesan Safe Environment Programs and background check requirements.

The following guidelines have been established to help adult leaders:

1. Adult leaders' nametags will bear a colored ribbon or dot, identifying them as chaperones/sponsors.
2. Each chaperone is asked to be in charge of a group of youth following the official ratio in accordance with individual (Arch)Diocesan policies. Youth should know in advance that there will be a specific chaperone for them to check in with. Chaperones should give their room number to these youth. Chaperones should also know the room numbers of all youth assigned to them.
3. Chaperones are encouraged to go over conference guidelines with youth. ADULT LEADERS of each delegation are responsible for enforcing the *Code of Conduct* and to set an example for their youth.
4. Responsibility for discipline is shared by all adult chaperones.
5. Each (Arch)Diocesan Director or designee will pick up registration packets and hotel keys and distribute to the chaperones.
6. Adults are asked to attend all conference activities and touch base with youth on a regular basis to answer questions. Please do not leave the conference or hotel/convention center and expect other adults to be responsible for the youth assigned to you.
7. Adults are also required to wear nametags at all times. Nametags are necessary to be admitted into all activities and meals.
8. Each (Arch)Diocese is responsible for medical releases for their participants. A copy of the medical releases/permission forms must be kept in the first aid room (see program location). The room number and cell number of each (Arch)Diocesan Director or designated contact should be left in the first aid room in case of an emergency. Any illness or injuries should be reported to the (Arch)Diocesan Director or designee.
9. Adults must refrain from drinking alcoholic beverages during the conference.
10. Chaperones are requested to check rooms periodically after curfew to ensure all youth are accounted for. Any youth not accounted for should be reported to the (Arch)Diocesan Director or designee immediately.
11. Chaperones are asked to monitor areas until at least 2:00 a.m. both Saturday and Sunday mornings. If necessary, please double-check the rooms you are responsible for during the night.
12. Each (Arch)Diocesan Director or designee is responsible for the care, safety, and supervision of their delegation throughout the conference. In particular, special arrangements for meals should be made for the Friday evening arrival. It is not advised to permit youth to leave the Hotel to eat dinner upon arrival. It is suggested that late arriving (Arch)Dioceses can order pizza/select food and have it served in monitored area.
13. Depending on the structure of the conference, monitoring duties may be assigned to (Arch)Dioceses for evening social activities on Friday and Saturday. Please check with your (Arch)Diocesan Director or designee for information/ assignments.
14. At times, a (Arch)Diocesan check-in time may be scheduled. Chaperones are requested to make sure all youth are accounted for and notify their (Arch)Diocesan Director or designee.
15. Youth who cause problems should be reported to the (Arch)Diocesan Director or designee. If necessary, parents will

be notified and youth will be sent home.

16. Chaperones are requested to monitor the hotel lobby/atrium, hallways, stairwells, workshop areas, game rooms, pool areas, balconies, terraces, and elevators at all times. Please familiarize yourself with the hotel/convention center space the conference is utilizing. Youth are not allowed to leave the immediate hotel/convention center area except during times specified as free times in the conference booklet. Adult chaperones should always know the location of the young people in their care.
17. No visiting will be allowed in rooms by members of the opposite sex.
18. It is the hope of the Region that everyone who attends this conference and congress has an opportunity to benefit from all that it has to offer. By providing chaperones with guidelines, we hope to answer questions and avoid problems and confusion. Thank you very much for your willingness to participate in this conference and congress. We hope that you will benefit from it as much as the young people from your (Arch)Diocese.

I have read and agree to abide by these guidelines during the Region 10 Catholic Youth Conference.

Signature of Adult Chaperone/Sponsor

Date

**REGION 10 CATHOLIC YOUTH CONFERENCE
YOUTH CODE OF CONDUCT**

We want you to enjoy your time here as well as gain valuable information to take back to your (Arch)Diocese and parishes. This is a time to celebrate, pray, worship, meet new people, exchange ideas, have fun, and to experience the community of the Catholic Church in Oklahoma, Arkansas, and Texas.

You are representing the Catholic Church and your (Arch)Diocese, and are asked to conduct yourself accordingly. All participants should exhibit Christian consideration, sensitivity, respect, and maturity. We respectfully ask for your cooperation, and are sure that you will have no trouble adhering to the following *Code of Conduct*.

SPECIFIC GUIDELINES & RULES

1. Adult sponsors/chaperones will be assigned to a group of conference participants. Please check in with your chaperone on a regular basis. If you have any questions, please contact your chaperone. Please know the room number of your chaperone.
2. Adult Leaders are acting in the best interest of all participants, and will be enforcing this code of conduct. Understand that you are asked to respect and listen to adult leaders/chaperones when asked or instructed to act.
3. For your safety, you are not allowed to leave the event site for ANY reason without chaperone or (Arch)Diocesan leader.
4. Participants must carry a picture ID on them at all times.
5. Participants are expected to attend all scheduled conference activities.
6. NAME TAGS are to be worn at all times in order to be admitted to all activities.
7. Youth who cause problems will be reported to their (Arch)Diocesan Director. If necessary, parents will be notified and youth will be sent home.
8. Shirts and shoes must be worn at all times when not in your hotel room or pool areas.
9. Socializing prior to curfew should be done in the public areas of the hotel since noise levels must be kept to a minimum in the sleeping areas. This guarantees the right to privacy and to peace and quiet, for not only fellow conference attendees, but also other guests who may be staying in the hotel at the time. Please be respectful of these other persons and use rooms for sleeping, not for visiting.
10. Males and females are to remain in separate sleeping spaces at all times. No visiting is allowed in rooms by members of the opposite sex.
11. Please refrain from "joy riding" on the elevators. Please do not overcrowd elevators.
12. All participants must be in their respective hotel rooms by curfew on each night of the conference. Do not leave your rooms after curfew.
13. Throwing objects from balconies into the street or atrium areas will not be tolerated. Such behavior can result in serious injury to persons and/or property and can result in youth being sent home.
14. Please keep your hotel rooms in order. If you choose to disregard basic rules of tidiness and cleanliness, and housekeeping personnel have trouble getting into your room, they will be instructed to not service/clean your room. Occupants are responsible for any damage done to hotel rooms. Keep your door locked at all times in your hotel room, and do not leave valuables in your hotel room unattended.

15. We utilize hotels and convention center space. Participants should remain in the assigned areas of the conference at all times, unless during specified free times. During those times please be aware of assigned boundaries/perimeters. Your adult sponsor should know where you are at all times.
16. Follow water safety rules when in the swimming pools. No running or horseplay around the pool is permitted. Follow all posted guidelines in pool areas. For your safety in case you choose to swim, understand that there is no lifeguard and you are swimming at your own risk and will follow basic water safety rules when in the swimming pools.
17. NO illegal drugs, alcohol, underage smoking, firearms, explosives, or other illegal substances. The purchase, possession or consumption of beer, wine, other alcoholic beverages, or tobacco products by minors and the possession or use of illegal drugs by any individual will not be tolerated. Infraction of these rules will mean immediate dismissal from the conference. The hotel bars and lounges are OFF LIMITS to ALL participants.
18. Christ-like behavior is expected at all times. Inappropriate contact, touch, gesture, language or activity of an offensive nature is NOT ACCEPTABLE. Respect for all adult leaders, peers, and all property is expected.

I have read and discussed this Code of Conduct with my parent/guardian and agree to abide by its' guidelines during the Region 10 Catholic Youth Conference.

Signature of Participant

Date

Signature of Parent or Guardian

Date

ADULT MEDICAL RELEASE FORM

(Diocese of Little Rock)

Date: _____

Print Name: _____

Parish: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: (____) _____ Work Phone Number: (____) _____

Physician's Name: _____ Phone # (____) _____

Date of Birth: _____ Date of last tetanus shot: _____

Please list **all** medical conditions/allergies/special health information: _____

Please list **any** medications (prescriptions or non-prescription) that you would like us to be aware of:

Medical Insurance Company: _____ Policy Number: _____

Policy in the name of: _____ Relationship: _____

Emergency Contact Name and Number: _____

In the event that the participant does not have insurance, payment in full for medical care becomes the responsibility of the patient.

I, _____, do hereby release, hold harmless and discharge the Diocese of Little Rock, its staff and volunteers from any and all liability, claim, loss, damage, cost or expense arising from my participation in this event. I waive such claims against such organization or any such person, arising directly or indirectly from or attributable in any legal way, to any action or omission to act of any such organization or person in connection with execution of this event. I authorize treatment by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.

Signature: _____

Diocese of Little Rock / Office of Catholic Youth Ministries

PARENTAL/GUARDIAN MEDICAL CONSENT AND LIABILITY WAIVER

Participant's Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian's Name: _____ Home Phone(____) _____

Alternate Phone Number: (____) _____ Cell Phone Pager Work

Parish: _____ Grade _____ Age _____ Sex: M/F

CONSENT & LIABILITY WAIVER

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age.
If participant is 18 years of age or older, consent must be signed by the individual.**

I (name of parent/guardian) _____, grant permission for my child, (participant's name) _____, to participate in (event)____Region 10 Catholic Youth Conference, to be held over the dates of November 21 – 23, 2008 traveling roundtrip between Little Rock, Arkansas and Amarillo, Texas and travel in and around Amarillo, Texas.

I agree on behalf of myself, my child's other parent if known, or living (name of parent) _____. My child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Diocese of Little Rock, the sponsoring parish (its pastor, youth minister, other agents, etc.) or any representatives associated with the scheduled activity unless the parties involved were careless or negligent.

Signature (Parent/Guardian)

Date

Signature
(Participant 18 years of age or older must sign own consent)

Date

MEDICAL CONSENT

Medical Matters

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Of the following statements pertaining to medical matters, sign only those in accordance to your wishes:

Emergency Medical Treatment

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

Name & Relationship _____ Phone (____) _____

Family Doctor: _____ Phone (____) _____

Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows:

My child is taking the following medication at the present time:

Medication(s): _____ Dosage _____ Medication _____ Dosage _____ Medication _____ Dosage _____

Administer: _____

_____ I hereby **DO NOT GRANT PERMISSION** for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please initial)

_____ I hereby **GRANT PERMISSION** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. (Please initial)

MEDICAL CONDITIONS INFORMATION

(Diocesan personnel will take reasonable care to see that the following information will be held in confidence)

My son/daughter has: _____

Has had an episode of the following or has been diagnosed Seizures Asthma Diabetic

Allergic reactions to the following (foods, dyes, latex, etc.) _____

Has had medical surgery within the last six months? Yes No Still under Doctor's care? Yes No

Has a medically prescribed diet? _____

The following physical limitations? _____

Immunizations current and up to date: Yes No Date of last tetanus/diphtheria immunization _____

You should be aware of these special medical conditions of my child: _____

INSURANCE INFORMATION

(Please attach a copy of the Insurance Card, front and back, with this form)

Insurance Carrier: _____

Name of Insured: _____

Insurance ID Number: _____ Insurance Policy Number: _____

Father's Name: _____ Birth Date: _____

Place of Employment: _____

Mother's Name: _____ Birth Date: _____

Place of Employment: _____

No, I do not carry medical insurance at this time.

In the event it comes to the attention of the chaperones associated with the activity that my child becomes ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. If this will be a long distance call, I want to be called collect (with phone charges reversed to myself).

Signature (Parent/Guardian) Parent Guardian must sign for anyone under 18 years of age

Date

Signature (Participant 18 years of age or older must sign own consent)

Date

Youth Expectations & Code of Behavior - Diocese of Little Rock

At all Diocesan sponsored activities, we expect you to represent the Diocese of Little Rock well! We hope that you will display the mature, responsible leadership and character, which has for so many years been the trademark of Catholic youth within this diocese.

Expectations . . .

- Participants are expected to attend all sessions and wear their name badges (on upper chest) for all activities.
- Throwing objects from the balcony, as well as running and loud talking/shouting in the halls is not acceptable behavior.
- All participants must be in their own room from evening curfew to 7:00 AM. **Guys and girls are not to be in the same sleeping room at any time.** Only convention participants are allowed in sleeping rooms.
- Dress code: **At All Times** - no halter-tops, no midriff tops, and no spaghetti strap tops, no sagging jeans, no inappropriate t-shirts. If dressed inappropriately, the individual will be asked to change. **Dress appropriately for Saturday evening Mass!**
- Ordering of food is not permitted after curfew.
- Smoking will not be permitted at any time.

CODE OF BEHAVIOR . . .

1. Individuals are responsible for their own actions and will be asked to assume the natural consequences for any negative behavior. Each participant will take full responsibility for any damage or theft.
2. Participants should not leave the activity site unless accompanied by an adult from their parish.
3. The possession and/or use of alcohol, drugs and firearms or explosives are prohibited. Any of these items found in a dorm room are considered belonging to those assigned to the room.
4. Christ-like behavior is promoted and expected at all times. Therefore, inappropriate contact, touch, gesture, language, or activity of a sexual nature is unacceptable.

Infractions of the Code of Behavior or any other inappropriate activity will result in the diocesan director discussing the infraction with the participant. In the unlikely event that a behavior problem based on the above requires extreme action, it is likely to result in dismissal from convention. One's parent/guardian is responsible for removing the participant from the convention site.

I understand and accept this code of behavior.

(Participant's Signature)

(Date)

I consent to the conditions stated above on participation in this event.

(Parent/Guardian's Signature)

(Date)

(Phone Number - Day)

(Phone Number - Evening)