



Participant Name	FIRST _____	LAST _____
Address	_____	
Parent Name	Parent / Guardian 1 _____	Name Parent/Guardian 2 _____
Parent Cell	_____	Cell Parent/Guardian 2 _____
Parent Email	Parent / Guardian 1 _____	Teen Cell - (HS Students ONLY) _____
Parish Name	_____	City _____ Zip _____
School Attending	_____	City _____ Zip _____
Date of Birth	_____ Age _____	Grade _____ M <input type="checkbox"/> F <input type="checkbox"/>

GENERAL PERMISSIONS

I request that my child: _____
be allowed to participate in: _____

I hereby release and indemnify my parish, its staff, 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.

I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend Parish:

And the Diocese of Joliet, its officers, directors, agents, employees, or representatives from any and all liability for illness or death arising from or in connection with my participation in the trip.

CODE OF BEHAVIOR

I acknowledge that I am representing our diocese/parish during this event, and I will represent us well. I will adhere to all Diocesan Guidelines and display responsible, mature, and respectful behavior in my words, actions, and usages.

EXPECTATIONS

- All participants are expected to arrive on time.
- All participants are expected to demonstrate respect and common courtesy at all times. Inappropriate language/behavior/conduct will not be tolerated.
- Socializing should always be done in public areas.
- Dress should reflect the values of modesty and respect, and inscriptions and images on clothing should reflect Christian values.
- The possession or consumption of any alcoholic beverages is prohibited.
- The possession of any illegal substances is prohibited and subject to legal action.
- Smoking, vaping, e-cigarettes, smokeless tobacco, and cannabis in any form are prohibited.
- Weapons and/or drug paraphernalia are prohibited.

INFRACTION OF THESE RULES CAN MEAN IMMEDIATE DISMISSAL WITH NO REFUND.

I understand and agree to the Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal my guardians (if under the age of 18) will be notified and/or I will be responsible for any and all costs related to the participants dismissal from activities and any all costs assessed by local authorities.

Parent/Guardian initial _____ Participant initial _____

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child: _____ by the people in charge of the event and those transporting my child to and from the event as their judgement deems advisable and to make the necessary referrals to qualified physicians for the treatment of 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 of 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 physicians selected by the adult staff to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery if deemed necessary for my child.

MEDICAL INFORMATION

ALLERGIC TO MEDICATIONS: YES NO

If YES, please describe: _____

ALLERGIC TO OTHER: _____

OTHER CONDITIONS: _____

INSURANCE INFORMATION

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____ I.D.# _____

Insurance Phone: _____

Authorized Physician: _____

Physician Phone: _____

VIDEOS, PHOTOS, and VIRTUAL PLATFORMS

Video/photos may be taken during this event. This authorization form constitutes permission for my child's participation in video and/or photos, which may be used for future promotional efforts, including the Parish and/or Diocese of Joliet website. *Additionally*, this form constitutes permission to participate in virtual platforms such as Zoom, Google, Seesaw etc. for the purpose of programmatic content. If you wish to opt out initial here:

Parent/Guardian Initial to Opt Out of Photos _____

EMERGENCY CONTACT

In the event of an emergency please contact:

Name: _____

Phone: _____ Relation _____

Name: _____

Phone: _____ Relation _____

Participant Signature	_____	Date	_____
Parent/Guardian Signature	_____	Date	_____



Participant Name	FIRST	LAST	
Address			
City		State	Zip
Email		Cell Phone	

GENERAL PERMISSIONS

I, _____, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend Parish:

And the Diocese of Joliet, its officers, directors, agents, employees, or representatives from any and all liability for illness or death arising from or in connection with my participation in the trip.

VIDEOS, PHOTOS, and VIRTUAL PLATFORMS

Videos and or/photos may be taken during this event. This authorization form constitutes permission to use my image in video and/or photos which may be used for future promotional efforts including the parish and/or Diocese of Joliet website. If you wish to opt out of this permission initial here: Participant's Initial _____

CODE OF BEHAVIOR

I acknowledge that I am representing our diocese/parish during this event, and I will represent us well. I will adhere to all Diocesan Guidelines and display responsible, mature, and respectful behavior in my words, actions, and usages.

EXPECTATIONS

- All participants are expected to arrive on time.
- All participants are expected to demonstrate respect and common courtesy at all times. Inappropriate language/behavior/conduct will not be tolerated.
- Socializing should always be done in public areas.
- Dress should reflect the values of modesty and respect, and inscriptions and images on clothing should reflect Christian values.
- The possession or consumption of any alcoholic beverages is prohibited.
- The possession of any illegal substances is prohibited and subject to legal action.
- Smoking, vaping, e-cigarettes, smokeless tobacco, and cannabis in any form are prohibited.
- Weapons and/or drug paraphernalia are prohibited.

INFRACTION OF THESE RULES CAN MEAN IMMEDIATE DISMISSAL WITH NO REFUND.

I understand and agree to the Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal I will be responsible for any and all costs related to dismissal from said events and activities and any all costs assessed by local authorities.

Participant's Initial _____

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid by the people in charge of the event and those transporting to and from the event as their judgement deems advisable and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians or other medical personnel, I give permission for the necessary emergency treatment to be administered. I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery if deemed necessary. I also understand that I will be responsible for any costs incurred.

MEDICAL INFORMATION

ALLERGIC TO MEDICATIONS: YES [] NO []

If YES, please describe: _____

ALLERGIC TO OTHER: _____

OTHER CONDITIONS: _____

INSURANCE INFORMATION

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____ ID# _____

Insurance Phone: _____

Authorized Physician: _____

Physician Phone: _____

EMERGENCY CONTACT

In the event of an emergency please contact:

Name: _____

Phone: _____ Relation _____

Name: _____

Phone: _____ Relation _____

Participant Name	(Please Print)	
Participant Signature		Date



Thank you for your willingness to further the message of Christ to youth through your participation as an Adult Chaperone. Youth Ministry cannot happen without adult involvement. Your presence, encouragement, and empowerment of youth are critical to the success of Youth Ministry at your parish and in the diocese. The following Adult Chaperone Guidelines have been developed to help you in your role as Adult Chaperone:

GENERAL CHAPERONE CONDUCT

Adult chaperones should reflect mature and responsible behavior. As models of appropriate Christian behavior, Chaperones are asked to follow the Code of Behavior as outlined on the Adult Waiver Form. In addition to leading youth by modeling a positive attitude and involvement, all adults are to refrain from consuming drugs, alcohol and from smoking, vaping, e-cigarettes or cannabis in any form. It is important for the youth to realize that the chaperones from their parish are there to walk the journey with them. **Initial** _____

SUPERVISION OF YOUTH

All adult chaperones are responsible for the supervision of the youth participants from their parish. This extends to **all** youth at diocesan events when inappropriate behavior is to be observed. **Please be familiar with the Code of Behavior. It is imperative that all adults are willing to address and relay behavior code violations.** Serious behavior code violations are to be brought to the attention of the parish leader. If it is a diocesan sponsored event, parish leaders are expected to disclose inappropriate behaviors to the people in charge of the diocesan event. **Initial** _____

Visibility Among Youth

Please be **intentionally visible and interactive with the youth participants from your parish.** Your presence among the young people is very important. Please be consciously aware of the attendance of the youth from your parish as well. Make frequent head counts, monitor time away from the group for bathroom breaks and other reasons, and communicate firm check-in times to youth participants. Being attentive to their needs can help you anticipate situations that might require your attention. **Initial** _____

RESPONSIBILITY TO REPORT - ADULT CHAPERONES HAVE THE RESPONSIBILITY TO REPORT THE FOLLOWING INFORMATION CONCERNING YOUTH:

RESPONDING TO ACCIDENTS

If there is an emergency that requires immediate medical attention, contact emergency services immediately. **In the US, dial 911.** Then inform your parish leader (and if at a diocesan event, the diocesan staff person responsible for the event) as soon as possible of any accident. If medical attention is required, but not an emergency, make the participant comfortable following the boundaries provided by the Youth Medical Form. *Inform the parish leader / diocesan leader who will contact the participant's parents as soon as possible.* If the incident occurs and you are the designated adult, you must be sure to stay in regular communication with the parish leader and/or the diocesan staff person in charge of the event. It is important to use the Accident/Incident Form for Youth Events to document what happened to cause the accident and the steps taken to provide attention or treatment following the accident. This form is to be turned in to the parish / diocesan leader and Catholic Mutual. **Initial** _____

PROVIDING GUIDANCE AND ENCOURAGEMENT TO YOUTH

There may be times when young people have difficulty focusing, following directions, or cooperating for many reasons. Speak to the person privately in a gentle and direct manner. You may have to remove the individual from the group setting in order to have that conversation, which is highly recommended. See the guidelines below for Safety of Youth and Adult Participants. It is important that you never publicly humiliate any person. **Ask** other adult chaperones or your parish leader for help, especially if the cause of these behaviors is beyond your ability to respond. **Initial** _____

FOR THE SAFETY OF THE YOUTH PARTICIPANTS & ADULT CHAPERONES

No adult should be alone in an enclosed area with a youth participant. Conversations with youth should always take place in a public location. When speaking to youth in a room, the door to that room must remain open. When responding to situations in opposite-sex housing, make sure another adult is present and you announce your presence prior to entering the area. **Initial** _____

REQUIREMENTS FOR THE PROTECTION OF YOUNG PEOPLE

Adult chaperones are required to have a criminal background check and Protecting God's Children (VIRTUS) training prior to chaperoning any event with minors. **Initial** _____

Type of Information to Report	Timeframe to Report It	Who to Report it To
Serious behavior code violations (at the event)	As soon as possible	Parish leader & diocesan staff person in charge of the event
Accident or injury (at the event)	<ul style="list-style-type: none"> ▪ Immediately if emergency treatment is required ▪ As soon as possible if not an emergency situation Initial _____	<ul style="list-style-type: none"> ▪ Emergency services first, then parish leader, parents, and diocesan staff in charge of the event ▪ Parish leader, diocesan staff in charge of the event, and/or parents
Suicidal thoughts or threat. And / Or poses an immediate danger to themselves or others	Immediately Initial _____	Parish leader, diocesan staff in charge of the event, and parents.
Disclosure of physical or sexual abuse	Immediately Initial _____	Must report to civil authorities. Must also report to parish leader / diocesan staff in charge of the event, and to the diocesan Victim Assistance Coordinator (815-263-6467).

As an adult chaperone for a parish attending this event, I have read and understand my responsibilities and agree to abide by these guidelines.

Print Name	
Signature	Date