

2018-2019 – COTC Youth Event Permission Form

Name: _____ Phone: _____

Street Address: _____

City: _____ Zip: _____

Parent/Guardian Name(s): _____

Phone: (h) _____ (c) _____

At Chapel of the Cross, we believe that our youth and our ministry to and with them is one of the most serious and gracious gifts of God. As such, we are called to be good stewards of this gift. This includes setting a good example of behavior as adults and insisting that any youth who participates in any event sponsored by COTC also models such good behavior. Thus, each youth intending to go on a trip sponsored by COTC must read and sign a community covenant.

Community Covenant for all Chapel of the Cross Youth Events

I acknowledge and accept in writing that community life at a COTC Youth Event is based upon mutual trust, respect for others and adherence to the spirit and to the specifics of a set of standards as follows:

- I will respect all others and their possessions;
- I will treat the staff and property with respect and will treat all buildings and furnishings with care;
- I will not use or possess alcohol, illegal drugs, fireworks, firearms or any other kind of weapon;
- I will refrain from using words or actions as weapons
- I will not use or possess tobacco in any form;
- I will stay with the group at all times and will not ride in or drive a motor vehicle without specific permission from Youth and Family Minister Mike Peterson or another adult leader;
- I will not participate in any inappropriate sexual behavior;
- I will not alter my appearance in any permanent or semi-permanent manner (i.e., tattooing, piercing, hair dyeing).

Attending a COTC youth event is a privilege, and participants are encouraged to enter fully and cooperatively into the community life. The Youth and Family Minister reserves the right to terminate participation in the event and to send home at his/her expense any person whose conduct is considered detrimental to the community.

Participant Signature: _____

Parent/Guardian Signature: _____

Media Release

I hereby give my consent to all photographs, audio recordings, academic work, and/or video recordings taken of me or my minor child by The Chapel of the Cross staff or their designee. I understand that any such photographs, audio recordings, academic work, and/or video recordings become the property of The Chapel of the Cross and may be used by the parish or others with their consent, for educational, instructional, or promotional purposes determined by the Youth and Family Minister and/or other leaders in the parish in broadcast and media formats now existing or created in the future, including print and audiovisual presentations.

Participant Name: _____ Signature: _____

Parent/Guardian Name: _____ Signature: _____

Chapel of the Cross Medical Form

Name _____ D.O.B.: _____ Gender: M F

Medical Insurance Carrier _____ Group # _____

Name of insured / parent _____ ID # _____

Allergies (medication/food/insect/etc): _____

Medications Currently Taking: _____

Current Medical Conditions: _____

Special Dietary Needs: _____

Are immunizations [tetanus, mumps, measles, rubella, polio, smallpox, pertussis (whooping cough), and diphtheria] up to date? Y N

If immunizations are not up to date, please specify: _____

Last tetanus immunization (mo/yr): _____

Activities to be restricted from: _____

Participant's Doctor: _____ Phone: _____

Please give an emergency contact other than the parent/guardian listed above. If the parent/guardian cannot be reached the emergency person will be contacted.

Emergency Contact Name: _____

Phone: _____ Relationship: _____

PARENT'S AUTHORIZATION

The information on this form is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event an adult chaperon is unable to reach parent or guardian in an emergency, I hereby give permission to the physician selected by the Youth and Family Minister and Leaders to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above. The above forms serve as a general authorization for the staff and adult volunteers at The Chapel of the Cross to transport my child to and from youth events at the church and other agreed upon destinations. By filling out and signing the above forms, I give my child permission to attend Chapel of the Cross Youth Events during the 2017-18 school year.

Parent/Guardian Signature: _____ Date: _____

Transportation Permission:

The undersigned does also hereby give permission for our (my) youth to ride in any vehicle driven by an approved ADULT chaperone while attending and participating in activities sponsored by The Chapel of the Cross. My youth and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.

Parent/Guardian Signature: _____ Date: _____