

**DIOCESE OF PENNSYLVANIA
EVENT AND ACTIVITIES RELEASE FORM
YOUTH AND ADULT PARTICIPANTS**

The information that is provided by this form is gathered to assist us in identifying the appropriate care, in the case of a medical emergency, for those who attend *Diocese of Pennsylvania* Youth Ministry events & activities. This form should be completed and signed by *all* participants, both youth and their adult chaperones, attending Parish Youth Ministry events & activities. When this form is completed for youth (under the age of 18) a parent/guardian signature is required or this form is invalid. Those representing *Diocese of Pennsylvania* in an official capacity have the right to refuse any attendees who do not provide this information before or during registration for a particular event or activity. This form is valid for all *Diocese of Pennsylvania* youth events for the period of 1-year.

PARTICIPANT INFORMATION:

Please Print Legibly

FIRST AND LAST NAME _____ NAME YOU GO BY _____

DATE OF BIRTH ____/____/____ AGE ____ GRADE ____ PRONOUNS ____
Month Day Year

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE NUMBER _____
(Please list an email address that is checked regularly)

EMERGENCY CONTACT:

NAME _____

RELATION _____ EMERGENCY CONTACT TEL.#(____) _____

SECONDARY CONTACT TEL.# (CELL PHONE, WORK, ETC) (____) _____

INSURANCE INFORMATION: IS THE PARTICIPANT COVERED BY FAMILY MEDICAL/HOSPITAL INSURANCE? _____

IF SO, INDICATE CARRIER or PLAN NAME _____ GROUP # _____

CARRIER ADDRESS _____ PHONE # _____

NAME OF INSURED _____

INSURANCE ID NUMBER _____

ALLERGIES _____
(Food, Medication, Insects, etc.)

INDICATE ANY OTHER KNOWN MEDICAL CONDITION THAT WE SHOULD BE AWARE (Seizures, Diabetes, Low Blood Sugar, Heart Problems, Asthma, Etc. Please attach additional pages as needed.)

In the case of a medical emergency, I give permission to have my student/myself to be evaluated and treated by qualified medical personnel. I understand that every attempt will be made to notify me/others identified by the information provided by me on this document in such an event. The adults in charge have my permission to authorize any further medical care, which in their judgment, they deem necessary and to sign any medical forms necessary on (my student's/my) behalf. This form is good for one year from the date below and may be kept on file.

Transportation Release: I understand that youth programming may include transportation to and from the location of an event or activity. I give permission for my student/myself to be transported by *Diocese of Pennsylvania* to and from programming during the event.

Media Release: I understand that *Diocese of Pennsylvania* and their ministry partners will sometimes record images, sound and/or video of youth ministry programming for use in marketing and promotional material, and on Web sites owned by *Diocese of Pennsylvania*. Last names are not printed in conjunction with photos of students. If I do NOT want such images published of my student, it is indicated by checking this box: ☐

SIGNATURE _____ RELATIONSHIP _____ DATE _____
(CUSTODIAL PARENT/GUARDIAN SIGNATURE REQUIRED FOR ALL YOUTH UNDER 18 YEARS OF AGE)

Community Covenant

The *Diocese of Pennsylvania* is committed to providing a safe and secure environment for all participants in all activities. We seek to live the values of the Baptismal Covenant, to seek and serve Christ in all persons and to respect the dignity of every human being.

While attending parish sponsored events:

- ✓ I will be an active participant in all planned activities, willing to try new things.
- ✓ I will respect the property of the facilities where the event is occurring.
- ✓ I will respect the environment and refrain from littering and harming my surroundings.
- ✓ I will be kind, polite and positive while participating in the event.
- ✓ I will not engage in inappropriate sexual behavior, this includes: sexual misconduct, sexually explicit communication, or harassment.
- ✓ I will not enter any sleeping areas that aren't appropriate during the event (if applicable).
- ✓ I will not possess or use any illegal drug, alcohol, tobacco or medication not prescribed to me at the event.
- ✓ I will not possess any type of weapon (firearms, knives, fireworks, etc.).
- ✓ I will not use language that degrades any person based on race, creed, ethnicity, gender, color, sex or sexual orientation.

I make this covenant and I agree to abide by the above guidelines. I understand that a violation of this covenant is damaging to the community. I also understand that violations will be dealt with in an immediate and appropriate manner by the Chaperones. Possible consequences for serious or repeated offenses may include (but are not limited to) notification of one's guardian/clergy, and being sent home immediately.

Print Name: _____

Signature: _____ Date: _____

Parental Covenant Support:

I, as parent or legal guardian of the above youth, give permission for her/him to attend the youth event. I have read the above community covenant and understand that I will be contacted if my child violates this Covenant.

Print Name: _____

Signature: _____ Date: _____