

St. Isaac Jogues - Fill-in-the-Blanks Permission Form

Religious Education Office 427 S. Clay Street, Hinsdale, IL 630-323-0265 Email: re@sijhinsdale.com

PERMISSION FORM / CODE OF BEHAVIOR

Permission: I request that my child, _____ (NAME),
be allowed to participate in _____ (EVENT)
at _____ (LOCATION)
on _____ (DATE) from _____ (TIME)

I hereby release and indemnify St. Isaac Jogues, Hinsdale, IL, 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.

Videotaping & Still Photographs: Video and still photos will be taken during this event. Event registration constitutes permission for possible participation in the videotape and – or still photographs. These may be used for future promotional efforts.

Code of Behavior: You are representing Youth Ministry in our parish and our diocese during this event and we expect you will represent us well. We expect that you will display a mature and responsible behavior that for many years has been the trademark of Catholic youth and adults of our diocese. Participants are expected to adhere to the following:

1. All participants are expected to arrive on time. Your parish leader(s) will communicate these times to you.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty.
 - a. Writing on clothing must reflect Christian values
 - b. Caps, hats, and other headgear are not permitted during prayer and liturgy celebrations
5. Littering **and** improper disposal of chewing gum, is not permitted.
6. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug by an individual is not permitted.
7. Smoking is also not permitted.
8. Weapons and/or drug paraphernalia of any kind are not allowed.
9. If under the age of 18, prescription drugs in the original prescription bottle with instructions for dosage must be given to the parish leader from your parish for storage and distribution.
10. Infraction of these rules can mean immediate dismissal w/o refund. Parents or legal guardians are responsible for any costs associated with this dismissal, including, but not limited to, all travel expenses.
11. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved. If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Youth Signature: _____

Parent/Guardian Signature: _____

Date: _____

****Register on SignUp Genius and submit a photo or scan of completed Permission Form to the RE Office via email (re@sijhinsdale.com)**

YOUTH MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child, _____, by the people of this event as their judgment 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 in such communication would endanger life. In case of 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 injection, anesthesia or surgery, if deemed necessary for my child.

Print Name: _____ (youth)

Birth Date: _____ (youth)

Allergic to medication/other? YES _____ NO _____

If yes, please describe: _____

Medication(s) presently taking: _____

Please list other health problems: _____

Insurance Information

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____

Identification Number and/or Social Security Number: _____

Authorized Physician: _____

Phone: () _____

Signature of Parent/Guardian _____

Date: _____

Address: _____

Street City State Zip

Phone #'s: / /

Home Work Cell

E-Mail Address(es): _____

In Case of Emergency, contact: _____

Phone #'s: _____