

**St. Francis by the Sea Youth Ministry Parent/ Guardian
Permission and Liability Waiver**
This information will be kept confidential.

Participant Information:
 Name _____
 Birth Date _____ Gender _____ Grade: _____ School: _____
 Mailing Address _____
I am interested in carpooling to events and give permission for my address and contact information to be shared with other registered members via e-mail _____ yes _____ no
 Youth e-mail _____
 Parent's e-mail _____
 Home Phone: _____ Youth Cell Phone _____
 Mother's Cell _____ Father's Cell _____
 Sacraments received (circle) *Baptism First Communion Confession Confirmation*
 Parish registered with _____

Permission to Participate:
 I, _____, grant permission for my son/daughter, _____,
 to participate in parish youth ministry events both at and away from the parish site. These activities will take place under the guidance and direction of Parish employees and/or volunteers from St. Francis by the Sea.

Hold Harmless Agreement:
 As parent/ legal guardian, I remain legally responsible for any personal actions taken by my son/ daughter named above.
 I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless and defend St. Francis by the Sea, its officers, directors, agents and the Diocese of Charleston from any liability for illness, injury or death arising from or in connection with my son's/daughter's attending the above named event and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Charleston, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.
Signature of Parent/ Guardian: _____ *Date* _____

Permission to be photographed:
 I give permission for my child, _____, to be photographed at youth ministry events from September 2000 to August 2010 and understand that the photographs may be used for publicity, etc. in both on-line and print publications.
Signature of Parent/ Guardian: _____ *Date* _____

Social Networking Permission:
 I give permission for my child to be contacted by the director of youth ministry and approved volunteers through the following ways (*please only check what you allow your child to use*). Texts and phone calls will not be returned after 10:00 p.m.
 _____ Telephone _____ Text-Messaging _____ E-Mail _____ Facebook _____ Twitter

Medical Consent and Permission to Treat

Release of Information:

To the best of my knowledge, my child, _____ is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

I hereby grant medical personal permission to release medical information to the Diocesan Director and/ or my parish youth minister in the event that my youth becomes ill or injured.

Signature of parent/ Guardian _____ Date: _____

Insurance Carrier _____ Policy Number: _____

Emergency Contact Information:

Parent/ Guardian's Name: _____

Full Address: _____

Home Phone: _____ Cell Phone _____

If you are unable to contact me please call:

Name _____ relationship _____

Home phone _____ Cell Phone _____

Medical History:

My son/ daughter is under the care of a psychiatric/ psychologist: ____yes ____no

If yes, name of doctor _____ Phone _____

Please explain _____

My son/ daughter is taking medication and will bring all medication with him/ her and it will be clearly labeled. My son/ daughter is taking the following medication(s) and directions for taking this medication, including dosage, frequency and storage are as follows: _____

I hereby grant permission for non-prescription medication (such as cough drops, cough syrup, Tylenol, etc.) to be given to my child if necessary ____Yes ____No

My son/daughter is allergic to the following _____

My son/ daughters immunizations are current and up to date ____Yes ____No

My son/ daughter has the following limitations _____

My son/ daughter experiences homesickness, emotional reactions to new situations, sleepwalking, fainting, bedwetting, etc. ____Yes ____No

Signature of parent/ Guardian _____ Date _____

PARENT'S COVENANT
(please fill out one per family)

I hereby give permission for my child (children) _____
to attend St. Francis by the Sea youth group from Sept. 2009- Aug. 2010 and participate in its activities. I support the Covenant which follows, knowing if my child breaks this covenant at any time they are subject to being sent home at my expense. I give permission for emergency medical treatment to be administered to my child and for medical treatment decisions to be made by youth leaders at all events. I understand that attempts will be made to contact me in the event of an emergency. I also hold harmless St. Francis by the Sea in Hilton Head, SC and the staff involved in all youth group event.

Mission Statement

The mission of Youth Ministry at St. Francis by the Sea is to provide youth with opportunities for spiritual formation, socialization and service to Christ in the community.

Covenant and Responsibilities (please refer to youth covenant)

Rules: I understand the rules listed on the youth covenant that my child is expected to follow.

Dress Code: I understand the dress code on the youth covenant that my child is expected to follow for all events.

Parental Responsibilities:

1. For the safety of youth attending and in keeping with diocesan ratio requirements, at least two parents must be present to assist with supervision at all meetings and events. Sign-ups will be posted outside the youth room, if enough adults are not available meetings and events will not be held and could be canceled without advance notice. It is the responsibility of parents to ensure that children signed in are under adult supervision before leaving a child unattended at any event
2. If youth drive themselves to meetings, or are driven to meetings by other youth, they must sign themselves in and out and list the time signed in and out. St. Francis staff and volunteers cannot be held responsible for behavior of youth before they sign in and after they sign out. Tardiness or early departures may be reported to parents, parents are always welcome to and are encouraged to inquire as to the times their children arrive and depart.
3. It is the responsibility of parents to provide transportation to and from all events, or to make arrangements for children to be transported to and from events. The youth minister, staff of St. Francis and volunteers cannot be responsible for transportation of children to and from events unless expressly stated in event details.
4. I understand that children may not be allowed to leave a building and must be picked up from inside.
5. I understand that children may not be allowed to use their cell phone during some events.

I support the rules and dress code stated on the youth covenant, knowing if my child breaks this covenant they are subject to being sent home at my expense. I understand the responsibilities listed.

Parents' Signature _____ Date _____

I have attended a Virtus Training seminar (circle) no yes (if yes, where? _____)

Youth Covenant

I _____ would like to attend St. Francis by the Sea youth ministry activities from Sept. 2009- Aug. 2010. I support the Covenant which follows, knowing if I break the rules listed below at any time I am subject to being sent home at my parent's expense.

Mission Statement

The mission of Youth Ministry at St. Francis by the Sea is to provide youth with opportunities for spiritual formation, socialization and service to Christ in the community.

Covenant

Rules:

1. Respect everyone: Youth Ministers, Chaperones, Volunteers and Peers – be carriers of Christ. Never put down anyone. If you have a problem, talk to a leader. No Gossip.
2. Silence during prayer. You are not required to pray, but you must respect those who do.
3. Profane language, gestures or comments will not be tolerated. No alcohol, drugs, weapons, or tobacco (possession implies intent). No sexual misconduct. Use the application of Biblical principals in the treatment of others.
4. No cell phones or other electronics during any youth event unless permission is given by the youth minister or volunteers. Cell phones and electronics seen will be confiscated.
5. If you are planning to leave early from any youth event, your parents must let us know, in writing, before the event. **You must sign in and out of every meeting and event.**
6. Help clean up after every youth event. Please attempt to be on time.
7. Report all illness and injury to an adult leader.

Dress Code:

1. You must wear shoes and a shirt at all times. All shirts must cover your stomach, back and shoulders. Bras should not be visible.
2. All shorts and skirts must be adequate in length and appropriate for all youth group events. As a rule, shorts should not be shorter than one hand below your bottom and skirts should be at least one hand above your knees. Please be aware that skirts are not conducive to most youth group activities. Softees or similar shorts are not allowed.
3. Appropriate fit of clothing is required, Please make sure boxer shorts are not showing from your pants. No rolling of shorts or skirts. No shoes with rollers on them.
4. No low cut or see through shirts. No halter tops, spaghetti straps or strapless tops. Undergarments should not be visible. No inappropriate advertising on clothes. No writing across the bottom of any shorts, pants or skirts.

YOUTH: I agree to follow this covenant at all St. Francis by the Sea Catholic Church youth group events. I understand that if I do not follow this covenant my parents will be contacted and I could be sent home.

Youth Signature _____ Date _____