

**Youth Code of Behavior**

**IHM Confirmation Retreat**

1. You represent the Catholic Church. You are expected to project an image of Christian consideration, sensitivity and respect for other people and property around you.
2. Attendees should respect and obey the adult chaperones.
3. No one may leave the group without permission; in the unlikely event that a need to leave the retreat arises, consent of the Youth Minister is REQUIRED.
4. Any person caught in possession of alcoholic beverages or any illegal drug will be dismissed **IMMEDIATELY. Parents will be called at any hour to retrieve their child.**
5. Respect all YMCA/Camp Harrison rules and stay out of off-limit areas.
6. **EVERYONE** is responsible for clean up. Any damage will be the responsibility of the individual.
7. Any infraction of any rules set forth by the youth minister, adult chaperones, or camp staff could result in immediate dismissal from the retreat and/or expulsion from the Confirmation program.

**I have read and understand the above rules. I agree to abide by them for the duration of the CONFIRMATION Retreat. I am aware that in failing to do so, I can be dismissed from the event and/or the Confirmation program.**

**Youth Participant's Name (Printed):** \_\_\_\_\_

**Youth Participant's Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Notes** (anything we should know for the weekend, i.e. health or behavior):

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**Appendix F**

**DIOCESE OF CHARLOTTE, NC**

**PARENTAL/LEGAL GUARDIAN PERMISSION FORM FOR FIELD TRIP**

**PARTICIPATION**

Dear Parent or Legal Guardian:

Your son/daughter, guardianship is eligible to participate in a Diocesan-sponsored activity that requires personal transportation to locations away from your home site. This activity will take place under the guidance and supervision of adult chaperones. A brief description of the activity follows:

ACTIVITY: \_\_\_\_\_

DESIGNATED SUPERVISOR OF ACTIVITY: \_\_\_\_\_

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As parent, or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named child. I hereby consent to participation by my child, \_\_\_\_\_, in the event described above. I understand that this event will take place away from parish grounds and that my child will be under the supervision of the designated supervisor on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. I give my permission for my child, in case of an emergency, to be taken to a physician or hospital by either the supervisor in charge or by an adult chaperone. I understand that every effort will be made to contact me. If I cannot be reached, however, I hereby give permission to the physician selected by the supervisor in charge or adult chaperone(s) to hospitalize and secure proper treatment (including surgery) for my son/daughter. The cost of any necessary medical care or treatment for my son/daughter will be my expense.

\_\_\_\_\_  
Parent's or Legal Guardian's Signature Date

Phone number where you can be reached in case of emergency:

Accident/Hospitalization Policy Name:

Policy Number:

\_\_\_\_\_  
Please complete return this entire form by

## Appendix G

### HEALTH HISTORY FORM

DATE \_\_\_\_\_  
CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
PARENT'S NAME \_\_\_\_\_ WK NO (\_\_\_\_) \_\_\_\_\_  
EMERGENCY CONTACT \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
MEDICAL INSURANCE \_\_\_\_\_

POLICY # \_\_\_\_\_

#### A. ILLNESSES AND INJURIES (CHECK THOSE THAT APPLY)

\_\_\_\_ ASTHMA \_\_\_\_ DIABETES \_\_\_\_ EPILEPSY \_\_\_\_ KIDNEY DISEASE  
\_\_\_\_ CONVULSIONS/SEIZURES \_\_\_\_ EAR INFECTION \_\_\_\_ HEART DISEASE  
DATE OF LAST HEALTH EXAM \_\_\_\_\_ ANY MEDICAL PROBLEMS NOTED?  
\_\_\_\_\_

IF YES, PLEASE EXPLAIN  
\_\_\_\_\_

SINCE CHILD'S LAST EXAM HAS HE/SHE HAD:

A SERIOUS ILLNESS \_\_\_\_\_ WHAT? \_\_\_\_\_  
AN ILLNESS LASTING LONGER THAN A WEEK? \_\_\_\_\_  
AN OPERATION OR FRACTURE? \_\_\_\_\_  
TREATMENT IN A HOSPITAL OR EMERGENCY ROOM? \_\_\_\_\_  
RESTRICTIONS FROM PHYSICAL ACTIVITY \_\_\_\_\_  
MEDICATION TO BE TAKEN ON A REGULAR  
BASIS \_\_\_\_\_

#### B. ALLERGIES (CHECK THOSE THAT APPLY)

\_\_\_\_ ANIMALS \_\_\_\_ MEDICINES \_\_\_\_ INSECT STINGS \_\_\_\_ FOOD  
\_\_\_\_ PLANTS \_\_\_\_ HAYFEVER \_\_\_\_ POLLEN \_\_\_\_ OTHER  
PLEASE SPECIFY IF ANY ARE CHECKED  
\_\_\_\_\_

#### C. IMMUNIZATIONS

IMMUNIZATION YEAR PRIMARY SERIES COMPLETED YEAR OF LAST BOOSTER

DPT \_\_\_\_\_  
MEASLES \_\_\_\_\_  
MUMPS \_\_\_\_\_  
ORAL POLIO \_\_\_\_\_  
RUBELLA \_\_\_\_\_  
TB TINE \_\_\_\_\_  
CHICKEN POX \_\_\_\_\_  
HIB HEPATITIS \_\_\_\_\_

#### D. OTHER HEALTH CONDITIONS:

#### E. PERMISSION TO SEEK MEDICAL HELP

IF I CANNOT BE REACHED IN CASE OF EMERGENCY, THE BEARER OF THIS FORM IS AUTHORIZED TO ACT ON MY BEHALF TO SEEK MEDICAL TREATMENT AS THEY DEEM NECESSARY FOR MY CHILD \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**YMCA of Greater Charlotte Release & Waiver of Liability & Indemnity Agreement**

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of Greater Charlotte (hereinafter referred to as "YMCA") and/or any participation in any program affiliated with the YMCA, without respect to location, I, for myself and any personal representatives, heirs, and next of kin, hereby acknowledge and agree to the following while at the YMCA, regardless of location:

1. I HAVE, OR IMMEDIATELY UPON ENTERING OR PARTICIPATING WILL INSPECT AND CAREFULLY CONSIDER YMCA PREMISES, FACILITIES AND/OR THE AFFILIATED PROGRAM and entering constitutes an acknowledgement that I find and accept them as being safe and reasonably suited for the purpose of observation, use, or participation.
2. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") and each of them from any loss, liability, damage, or cost that I may incur due to my/my child's presence, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.
3. I ACKNOWLEDGE THAT PARTICIPATING IN YMCA ACTIVITIES INVOLVES KNOWN AND UNANTICIPATED RISKS WHICH COULD RESULT IN PHYSICAL OR EMOTIONAL INJURY, PARALYSIS OR PERMANENT DISABILITY, DEATH, AND PROPERTY DAMAGE. I HEREBY ASSUME FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE or loss while in, about, or upon the premises of the YMCA or location of a program affiliated with the YMCA and release, waive, and covenant not to sue the releasees. Risks include, but are not limited to, broken bones, torn ligaments, or other injuries as a result of falls or contact with participants; death as a result of drowning or brain damage caused by near drowning in pools or other bodies of water; medical emergencies resulting from physical activity; and damaged, lost or stolen property. I understand such risks cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
4. I HEREBY AGREE THAT MY/MY CHILD'S PARTICIPATION IN THESE ACTIVITIES IS VOLUNTARY AND WE ELECT TO PARTICIPATE DESPITE THE RISKS. If at anytime I believe that event conditions are unsafe or that I or my child is unable to participate due to physical/mental conditions, I will immediately discontinue participation.
5. I REPRESENT THAT I HAVE ADEQUATE INSURANCE TO COVER ANY INJURY OR DAMAGE I OR MY CHILD MAY SUFFER OR CAUSE WHILE PARTICIPATING IN THIS ACTIVITY, or else I agree to bear the costs of such injury or damage myself.
6. I HEREBY AGREE THAT THE YMCA MAY PHOTOGRAPH OR CAPTURE FOOTAGE OF ME OR MY CHILD AT THE YMCA OR ON ANY AFFILIATED YMCA PROPERTY AND the YMCA may use those photographs or footage for its marketing purposes and further agree to release both the YMCA and releases from any claim or liability related to that use; waiving all claims for myself, my child and any heirs or next of kin.
7. I HEREBY AGREE THAT IN THE EVENT THAT I/MY CHILD NEED IMMEDIATE MEDICAL ATTENTION FOR INJURIES THAT OCCUR WHILE PARTICIPATING IN A YMCA PROGRAM, and I am not present or able to communicate my desires at the time of injury, I authorize YMCA staff to give me or my child reasonable first aid, and to arrange transport of myself or my child to a health care facility for emergency care as needed.

I expressly agree that this RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the States of North Carolina and South Carolina and that if any portion thereof is held invalid the remaining portions shall remain in full legal force and effect.

I HAVE READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

School/Church: \_\_\_\_\_

Child: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_/\_\_\_\_/\_\_\_\_                      \_\_\_\_\_

Date                      Printed Legal Name                      Date                      Signature or Parent/guardian's signature  
(If participant is legally a minor)