

# Youth and Young Adult Ministry

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## LIABILITY, MEDICAL AND CONSENT FORM

Participant Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_  
Home Address, City, State, Zip: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Parish/School & Location: \_\_\_\_\_

I voluntarily agree to participate in the \_\_\_\_\_ at \_\_\_\_\_ on \_\_\_\_\_  
\_\_\_\_\_. This activity will take place under the guidance and direction of employees/ volunteers  
from my parish/school/organization named above. I also understand that my child's participation requires  
transportation to/from the event site, and this transportation is arranged by my parish/school/organization  
leaders.

For value received, I agree to hold harmless and defend my parish/school/organization named above, its  
officers, directors, employees and agents, and the Diocese of Savannah, its employees and agents,  
chaperones, or representatives associated with the event, from any claim arising from or in connection  
with my attending the event or in connection with any illness or injury (including death) or cost of medical  
treatment in connection therewith, and I agree to compensate my parish/school/organization named  
above, its officers, directors and agents, and representatives associated with the event, for reasonable  
attorney's fees and expenses which they may incur in any action brought against them as a result of such  
injury or damage

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge I am in good health, and I assume  
all responsibility for my health.

**Impairments:** Please check all that apply:

Wheelchair Access needed  Hearing Impaired  Visually Impaired  Mobility Impaired

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to be  
transported to a hospital for emergency medical or surgical treatment. In such an event, please  
contact:

Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Medications:** I am taking medication at present. I will bring all such medications necessary, and  
such medications will be well-labeled. Names of medications, dosage and frequency of dosage,  
are as follows: \_\_\_\_\_

**Specific Medical Information:**

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Date of last tetanus/diphtheria immunization: \_\_\_\_\_

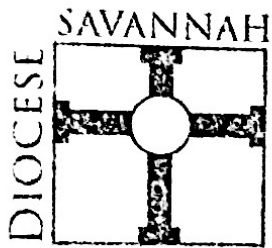
Any physical limitations? \_\_\_\_\_

Are you subject to emotional reactions to new situations, sleepwalking, fainting? If so, please  
specify. \_\_\_\_\_

If you have recently been exposed to contagious disease or conditions, such as mumps,  
measles, chicken pox, please state disease, date and present condition:  
\_\_\_\_\_

You should be aware of these special medical conditions: \_\_\_\_\_

CATHOLIC PASTORAL CENTER  
2170 E. VICTORY DRIVE  
SAVANNAH, GEORGIA 31404



Each chaperone, participant and Young Adult Helper must agree to these rules. Chaperones, please read carefully as you will be asked to enforce these policies.

**1. Chaperones**

- Chaperones must be 21+ years of age and in compliance with “*Diocese of Savannah’s Safe Environment*”
- Be aware of any significant health issues and pre-existing conditions affecting the members of your group. Any illness or health problems developing during the conference should be reported to the health care staff
- Avoid situations of being alone with a youth at any time
- Treat all youth with respect and only discipline members of your own group unless it is an emergency situation. Any concerns about the behavior of youth not under your care should be addressed to the conference staff
- Chaperones are responsible for their youth at all times
- Uphold all Chaperone and Participant guidelines

**2. Participant**

- Participants must be within the age range of the event
- No cell phones, iPods, or electronic devices

**3. EVERYONE**

- Alcohol, illegal drugs and tobacco are prohibited (**NO SMOKING**)
- Weapons are prohibited
- Dress code:
  - Shorts and/or skirts must come to at least the knees
  - No low-riding pants
- Must be spiritually mature whose language, conversation and actions reflect the teachings and moral values of the Catholic Church
- I understand that I will be expected to remain on-site for the entire time of the event.
- No refunds will be given.
- **PHOTO RELEASE FOR INTERNET AND NEWSPAPER:** I hereby grant permission for photographs taken of me at this event to appear on one of the communication mediums of my parish/school/organization (bulletin, newsletter, website, etc.) and/or the Catholic Diocese of Savannah (e.g., *The Southern Cross* or diocesan websites). I understand that these images will be used only in relation to these publications and this event. Any other use of said images will require my full written consent.

*I have read this consent form and I agree to abide by these rules. I understand that failure to abide by these rules could result in my being asked to leave the event.*

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

(If participant is under 18 years old)