

PARENTAL /GUARDIAN CONSENT, MEDICAL INFORMATION, AND LIABILITY WAIVER

Participant's Name:		Medically prescribed of
Address:	Zip	
Age: Gender: Male ☐ Fema	ale D Birthdate / /	Allergic reactions (med
Emergency Phone: ()		
Parent E-Mail Contact:		Any physical limitation
Parish:	H.S. Class of 20	
	grant my permission for the above named minor ("participant") to participate in	Any mental health issu
Print Parent/Guardian Name	minor ("participant") to participate in	Has participant recent
Name of Event: La Vida en	Rosa Retreat (July 14-16, 2023)	COVID-19, mumps, m
		and date of exposure:
Parent/ Guardian Signature	////	•
As parent and/or legal guardian, I remain legally r	esponsible for any personal actions taken by the above	Special Medical Cond
named minor ("participant"). I agree on behalf of n and assigns, to hold harmless and defend the I agents, chaperones, or representatives associa connection with my child attending the event or in	Prescriptions and Mo	
cost of medical treatment in connection therewit directors and agents, Christ Prince of Peace Retr and agents and chaperones, or representative as and expenses which may incur in any action brounless such claim arises from the negligence encompasses any injuries, which may be sustained.	My child is taking med necessary. List medications, including	
·	////	
Print Parent/Guardian Name	Date	Signature Parent/Guardian
Signature		-
Insurance Information		Note: Please check,
below from the youth participants insolved Name of policyholder (whose name the policyholder)	cy is in):	☐ I hereby grant perm throat lozenges, and o
Policy #: Member ID:	Group #:	Parent/ Guardian Signature
Family doctor	Group #: Phone ()	
I hereby warrant that to the best of my	knowledge, my child is in good physical and ty for the health of my child with our family's	☐ No medication of ar administered to my ch treatment is required.
	1 1	
Parent/ Guardian Signature	////	Signature Parent/Guardian

In the event of an emergency, I hereby give permission to			
hospital for emergency medical or surgical treatment. Conta treatment by the hospital or doctor.		•	•
Parent/ Guardian Signature		1	/
Parent/ Guardian Signature	Date	· ——	- '
Medical Awareness			
Medically prescribed diet:			
Allergic reactions (medications, foods, plants, insects, etc):			
Any physical limitations:			
Any mental health issues:			
Has participant recently been exposed to contagious disease	se or c	onditio	n such as
COVID-19, mumps, measles, chicken pox, etc.? If so, indic		ease o	or condition
and date of exposure:			_
Special Medical Conditions:			
Prescriptions and Medications			
My child is taking medications at present. My child will brin necessary. List medications and concise directions for adm medications, including dosage and frequency:	inisteri	ng suc	:h
Signature Parent/Guardian		Date	
Note: Please check, sign and date one of the two boxes			
☐ I hereby grant permission for non-prescription medication throat lozenges, and cough syrup) to be given to my child,		-	
		,	1
Parent/ Guardian Signature		Date	
☐ No medication of any type whether prescription or non-padministered to my child unless the situation is life threatent treatment is required.	-		
		,	,
		1	1

Date

Diocese of Knoxville Youth Ministry Youth Code of Conduct

- 1. Language and behavior should exemplify Christian values.
- Clothing must be appropriate. Prohibited: leggings without top to cover bottom, spaghetti straps, short
 shorts without bike shorts under, halter-tops, bikini swimwear, pants worn low with underwear
 showing, and any clothing item found bearing midriffs, cleavage or offensive in reference to tobacco or
 alcohol products including advertisements will not be allowed. Refusal to wear appropriate clothing
 could lead to dismissal.
- 3. The use of drugs, tobacco, vaping, alcohol, fireworks, matches, cigarette lighters, or items that would endanger people, pets, wildlife or property are strictly prohibited.
- 4. Clothing must be appropriate. Leggings, without top to cover bottom, spaghetti straps, short shorts, halter-tops, bikini swimwear, pants worn low, and any clothing item found bearing midriffs, cleavage or offensive in reference to tobacco or alcohol products including advertisements will not be allowed. Refusal to wear appropriate clothing could lead to dismissal.
- Inappropriate public displays of affection is not acceptable and will be addressed.
- Participants must respect the rights and property of others. Neither vandalism nor stealing is
 acceptable. Financial obligations that result from such behavior will be the sole responsibility of the
 youth and his/her family.
- 7. Male and female participants are not to be in each other's sleeping areas without a chaperone.
- 8. If applicable, participants must wear their nametags at all times.
- 9. No participants shall leave the premises without the expressed permission of the director.
- Cell phones and music, game and video game gear are not to be in use during activities, unless
 otherwise noted.
- 11. No minor participants are allowed to be driven by another minor participant to, from or during an event unless expressed permission has been given by a parent/quardian to the director.
- 12. Each participant should be present in all activities of the event. The director will address any infraction.
- 13. Food and drinks only consumed in designed areas.

Print Participant Name
Participant Signature

14. Participants are to abide by specific regulations pertaining to individual events not stated above.

Note: The coordinating team takes every precaution to provide a safe environment. We are not responsible for the willful misconduct of a young person.

Code of Conduct: I agree that my child should abide by all rules and regulations as outlined in the Code of Conduct. I agree that if my child fails to abide by this code or engages in any infraction deemed by the director to be inappropriate, he/she may be dismissed from this activity and sent home at my expense with no right of reimbursement.

no ngin oi reimbursement.		
	/	
Print Parent/Guardian Name	Date	
Parent Signature		
I have read the foregoing and understand the Code of Conduct addition, I will abide by all directions given me by the coordinators agree that my parents or guardians will be notified at the time of a this event and that I will be sent home at the expense of my parer being in possession of any tobacco product, alcoholic beverage, of from this event and the proper authorities will be notified.	s and adult chaperones. I any infraction requiring my nts or guardian. I also und	understand and dismissal from lerstand that

Audio/Video Photo Release

Promotional Release

I consent to the use of any videos, photographs, audiotapes, or any other visual or audio reproduction (unless otherwise revoked by me in writing and delivered to the CHANCERY and by certified mail, return receipt requested, to: The Diocese of Knoxville 805 S. Northshore Dr., Knoxville, TN, 37919 ATTN: Director of Youth, Young Adult & Pastoral Juvenil Ministry) in which my son/daughter may appear by the Diocese of Knoxville. I understand that these materials, including websites and social media sites, are being used for promotion of the youth ministry of the Diocese of Knoxville which may include recruitment and fundraising efforts.

Social Media Release

The Diocese of Knoxville utilizes today's technology in a positive way to reach out to the youth of the diocese, including Facebook, email, Flocknote and other social media. We may remove any content deemed inappropriate. All communications with any youth through social media programs by anyone representing the diocese may be made available to any parent upon request. If you do not allow your son/daughter to text, Facebook, or use other social media, there will be no expectation that they do so in order to participate in certain youth ministry events. However, the diocese cannot guarantee that photos, videos or other communications of your son/daughter from diocesan and/or parish events will not be uploaded to a social media site.

Participant Signature	////
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Parent/Guardian Signature	Date