

FORM C – Archdiocese of Detroit

**Jubilee of Hope
Overnight at Home 2025**

YOUTH PERMISSION FORM
*** ONE FORM PER YOUTH ***

I hereby consent to participation by my child, _____, in the Jubilee of Hope Overnight at Home 2025, I understand that this event will take place away from the school/parish grounds and that my child will be under the supervision of the designated school/parish employee on the stated dates. I further consent to the conditions of this event, including the method of transportation.

In consideration of my child being allowed to participate in this field trip, I hereby agree, on behalf of myself and my child, to release _____ School and/or Parish, the Roman Catholic (Arch)diocese of Detroit, and any and all affiliated organizations, their employees, agents, and representatives, including volunteer drivers (collectively "Releases"), from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releases from any and all claims, including negligence, which may be asserted by me or my child, or on behalf of my child, arising from or relating to my child's participation in the field trip. This release of indemnification does not apply to claims for intentional misconduct or gross negligence, nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

Use of Photos: By signing this form, I hereby grant the Archdiocese of Detroit permission to use photos or videos of my child taken during program activities, or quotations from my child, for future program promotion and/or remembrance purposes. While your child's first name may accompany the photo, no last name or address will be included with your child's picture/quotation. Your permission grants us approval to publicize without prior notification and acknowledges that he/she will not receive any compensation in connection with the programs or works.

During this activity, I can be reached at

_____(_____)_____

Or

_____(_____)_____

Parent Name

Parent Signature

Date

Parent Email for Important Updates

Group Leaders please keep a copy of this and all forms.

Jubilee of Hope Overnight at Home**MEDICAL RELEASE FORM**
*****ONE FORM PER ADULT & YOUTH *******PLEASE PRINT CLEARLY**

First Name: _____ Last Name: _____

Parish: _____ Birth Date (mm/dd/yy) ____/____/____ Sex ☐ Male ☐ Female

Health Insurance Co.: _____ Policy #: _____

Group #: _____ Contract #: _____

Physician: _____ Phone #: () _____

Medications (prescription and non-prescription, including dosage) **and additional medical information and recommended course of action** (dietary restrictions, etc.): _____
_____**Allergies:** _____**Special Needs/Concerns:** ☐ Wheelchair Access ☐ Hearing Impaired ☐ Visually Impaired☐ Mobility Impaired ☐ Other special needs/concerns: _____**If this person requires dispensing of medications while attending the Jubilee of Hope Overnight at Home, please see the Release for Dispensing of Medication form.**

In case of emergency, I consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the adult/minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This authority is granted only after every effort has been made to reach the parent/guardian.

The undersigned shall be liable and agree(s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the above-mentioned participant pursuant to the authorization.

Should it be necessary to return home due to medical reasons or infraction of the rules, the undersigned shall assume all transportation costs.

I hereby give permission to ride in any vehicle designated by the adult in charge whose care the participant has been entrusted while attending and participating in activities sponsored by the **Archdiocese of Detroit**.

I hereby certify that the above information is correct and consent for the release of medical records to an attending health worker in case of illness. I understand that every effort will be made to contact the parent/guardian. If one cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment.

Print Parent/Guardian Name
OR_____
Parent/Guardian Signature Date_____
Print Adult Participation Name_____
Adult Participant Signature Date**Group Leaders please keep a copy of this and all forms.**

Jubilee of Hope Overnight at Home Code of Behavior

We are happy and excited that you are joining us as part of the **AOD Jubilee of Hope Overnight at Home**. The *Code of Behavior* has been developed as a way of helping participants understand what is expected of them during the event and of making the experience a healthy and spiritual one for all involved. Please read through the *Code* carefully, as you will be expected to honor and uphold it throughout your time with us.

- As necessary as rules are to maintain order, they can't and won't guarantee a successful **AOD Jubilee of Hope Overnight at Home** experience. Success depends on people's willingness to work together for the common good.
- Participants take part in **AOD Jubilee of Hope Overnight at Home** as part of a parish or school team. The on-site adult leader of each team maintains primary responsibility for the actions of his or her team members. If damage occurs, the parish or school group is responsible, and the families of team members assume responsibility for any damages done to the hosting facilities.
- Participants are expected to attend all sessions and events unless explicitly excused by the Program Director(s).
- You must wear your lanyard with your Jubilee of Hope Overnight at Home Credentials, your Jubilee passport and medical release at all times.
- Dress throughout the **AOD Jubilee of Hope Overnight at Home** experience is casual; however, shirts and shoes must be worn at all sessions and meals.
- Socializing should take place only in the designated public areas of the housing facility. No visiting is allowed in sleeping areas occupied by the opposite sex.
- Each day will be a busy one - making adequate sleep a necessity. Participants must be in their respective areas by curfew time. The noise level in the sleeping areas should be kept at a minimum. Scheduled quiet and silent times must be honored. Only the Program Director can alter curfew times or the timing of any other scheduled activity.
- Smoking is not allowed during scheduled group activities. All other local smoking restrictions must be honored (ages, locations, times, etc.).
- The purchase, possession or consumption of alcohol or drugs by participants will result in immediate dismissal from the program. Major infractions of the *Code of Behavior* will meet with the same consequences.

Parent or Guardian: I agree that my child shall abide by the rules and regulations outlined in the **AOD Jubilee of Hope Overnight at Home Code of Behavior**. I have reviewed it and discussed the *Code* with my child prior to signing this form. I agree that if my child fails to consistently abide by the *Code* or engages in a serious infraction of the *Code*, he or she may be immediately dismissed from the **AOD Jubilee of Hope Overnight at Home** program and sent home at my expense.

Signature _____ Date _____

Youth Participant: I understand and agree to the **AOD Jubilee of Hope Overnight at Home Code of Behavior**. I also understand that my parent(s) or guardian will be notified at the time of any infractions requiring my dismissal from the program and that I will be sent home at my own or their expense. (Your signature must appear below in order to participate in the **AOD Jubilee of Hope Overnight at Home**.)

Signature _____ Date _____

Jubilee of Hope Overnight at Home Parent Information Sheet

August 2-3, 2025

Program Site:

Starting at 9am

Cathedral of the Most Blessed Sacrament

Followed by a tour at the Solanus Casey Center

Ending at St. Collette Parish

The program begins at 9:30 a.m. on the first day and ends at 10:00 a.m. the second day.

This section should be filled in by the parish/school...

Emergency Phone Numbers:

Departure and Return Times:

Jubilee of Hope Overnight at Home Individual Packing List

IMPORTANT: Be sure to bring along a copy of your family health insurance card.

An overnight bag/duffle bag is needed, and a backpack/drawstring bag is recommended as optional to carry around throughout the day. (Take the minimum; pack lightly).

Please bring a large refillable water bottle.

Each pilgrim should have their own of the following:

***Clothes:**

- ☐ Jeans or casual pants
- ☐ Shorts
- ☐ T-Shirts/short-sleeve shirt
- ☐ Long-sleeve/sweatshirt
- ☐ Sleepwear
- ☐ Socks
- ☐ Underwear
- ☐ Decent walking shoes
- ☐ Extra pair of shoes in case of rain
- ☐ Rain gear (rain poncho, umbrella)

Personal Needs:

- ☐ Sleeping bag and mat for ground
- ☐ Pillow
- ☐ Toothbrush/Toothpaste
- ☐ Comb/Brush
- ☐ Soap /Deodorant
- ☐ Medications (consider non-prescription medications for headaches, stomach upset, colds, etc.)
- ☐ Earplugs (for sleeping)
- ☐ Portable phone charger (no electricity will be available)
- ☐ Flashlight
- ☐ Bible

****Clothing should be casual, reflective of positive values, and fit in a respectful and modest manner. Please no short shirts, tank tops, or clothing with inappropriate language or designs.***

Please do not bring: Electronic games, expensive clothing, jewelry, and equipment.

Parish/School Team Packing List: Basic first aid kit for traveling.