



Event: DCYC 2016 Dates: November 12, 2016  
 Location: Loyola High School, Mankato, MN Mode(s) of Transportation: \_\_\_\_\_  
 Parish/School Name & City \_\_\_\_\_ Parish/School Group Leader: \_\_\_\_\_  
 Name: \_\_\_\_\_ Gender: Male / Female (circle one)  
 Complete Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at time of event: \_\_\_\_\_ School Grade at time of event: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Parent/Guardian Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**PARENTAL CONSENT / LIABILITY WAIVER / MEDICAL RELEASE**

I, \_\_\_\_\_, grant permission for \_\_\_\_\_  
Parent's or Guardian's Name (printed) Child's Name (printed)

to participate in the above named activity and I warrant that my child is in good health, and assume all responsibility for the health of my child. In consideration of my child's participation, I agree on behalf of myself, my heirs, successors, and assigns, to hold harmless and defend above named parish/school and the Diocese of Winona, its officers, directors, employees and agents, chaperones, or representatives associated with the event, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith; and any injury to my child from any cause or person whatsoever, any actions, claims, or demands that may arise because of my child's actions or omissions resulting in injury or damage. I agree to compensate the above named parish/school and the Diocese of Winona for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the above parish/school and Diocese of Winona in connection therewith.

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. I agree to pay the cost of medical treatment in connection therewith, and agree to compensate the parish and the Diocese of Winona for expenses incurred.

**EMERGENCY CONTACT:** In the event of any emergency, if you are unable to reach me at the above numbers, contact:

_____	_____	_____	_____	_____
<small>Alternative contact name (printed)</small>	<small>Relationship</small>	<small>Home Phone</small>	<small>Work Phone</small>	<small>Cell Phone</small>

Medication my child is taking at present: \_\_\_\_\_. My child will bring all such medications necessary, and such medications will be well-labeled and in original containers. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage is as follows: \_\_\_\_\_

Family Health Plan Carrier \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Family Doctor \_\_\_\_\_ Clinic \_\_\_\_\_ Phone Number \_\_\_\_\_

The undersigned parent/guardian hereby consents that the Diocese of Winona be permitted to use and publish for advertising, commercial or publicity purposes, the photograph or video of my child for lawful purpose and the undersigned parent guardian does hereby release the Diocese of Winona from any liability in connection with such use.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

**As Parent or Guardian, I agree to all of the above stated considerations and conditions.**

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



OPTIONAL MEDICAL INFORMATION: Specific Medical Information: The Diocese of Winona will take reasonable care to see that the following information will be held in confidence.

- checkbox Allergic reactions (medications, foods, gluten intolerance, plants, insects, etc.)
checkbox Date of last tetanus/diphtheria immunization
checkbox Does your child have a medically prescribed diet?
checkbox Any physical limitations?
checkbox Is your child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?
checkbox You should also be aware of these special medical conditions of my child:

Optional: I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e.: acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

Parent/Guardian Signature

Date

YOUTH CODE OF CONDUCT

Please remember you are representatives of the Diocese of Winona. We expect you will represent your parish, school and the Diocese well during this event. Recall that you are a witness to Christ to others who will attend this gathering. We ask you to project an image of Christian charity and respect to everyone and to the property around you. We are confident you will display maturity, responsibility in leadership and character. Thank you!

Diocesan participants are responsible for their actions. Each participant accepts the full responsibility for any damage or theft caused while attending this event. Leaders/Chaperones are expected to enforce the Code of Conduct and set an example for the participants.

- 1. I will treat all persons as a son or daughter of God with dignity and respect. I will not intentionally cause any harm (physically, emotionally, or spiritually) to any person in any way.
2. I will respect the property of others, including all program facilities.
3. I will follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
4. I will be on time for all check-ins and departure times.
5. I will attend all activities and remain with their group or designated subgroup at all times.
6. I will not purchase, possess or use alcohol or illegal drugs. If you have prescription medication, your group leader and Diocesan staff must be informed before the trip.
7. I will not purchase, possess or use any tobacco products...
8. I will not purchase, possess or view sexually explicit or morally inappropriate materials in any form.
9. I will not purchase or possess any weapons. Possession of a weapon will mean immediate dismissal.
10. I will be aware of noise levels in sleeping areas. I will respect others' need for sleep, quiet time and privacy.
11. I will dress modestly at all times.
12. There should be no need for sleeping room changes. If such need arises, participant must contact the group leader who will coordinate a change with the appropriate facility. Men and women are to stay in separate sleeping areas and not visit the sleeping areas of the opposite sex at any time. Socializing may be done only in public areas.

I agree to abide by this code of conduct traveling to and from and during this event. I understand that failure to abide by this code may result in my being sent home at my own and/or my parent/guardian's expense.

Participant Signature

Date

Parent/Guardian Signature

Date

Parish / School Group Leader Signature

Date