

High School Appalachian Mission Trip Registration Form:



Youth Name: _____

Youth Cell Number: _____

Youth email: _____

Youth Grade (2024-2025 school year. Circle one)

Freshman Sophomore Junior Senior Graduate

Youth Shirt size: (circle one) S M L XL 2XL 3XL

Parent/Guardian Name: _____

Home Address: _____

Parent/Guardian Cell Number: _____

Parent/Guardian email: _____

To complete your registration, these forms must be completed:

- Holy Redeemer Registration Form
- Diocesan Waiver
- Diocesan Medical Form
- Diocesan Code of Conduct
- Off- Site Private Driver Permission Form
- YPWC Volunteer Application
- YPWC Youth Release & Medical Form
- YPWC Photo Release

All forms and payment are DUE - April 7, 2024

- Make checks payable to Holy Redeemer
- Return forms to parish office or to Mary Jo Keen, Youth Minister

DIOCESAN EVENT WAIVER AND RELEASE
CATHOLIC DIOCESE OF EVANSVILLE (REV. 9/16)

Youth's Name: _____	Age: _____	Grade: _____
Parish/School/Program: <u>Holy Redeemer</u>	City: <u>Evansville</u>	
Event: <u>HS Mission Trip- Frenchville PA</u>	Date(s): <u>June 16-22, 2024</u>	

I/We, the parent(s)/guardian(s) of the above named youth, hereby give my/our approval for his/her participation in the above event. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the event. I/We do further hereby waive, release, absolve, indemnify, and hold harmless the Bishop of the Catholic Diocese of Evansville, Holy Redeemer Parish, _____ Pastor, and any of their respective affiliates, successors, agents, employees, members, and representatives, adult sponsors, and other volunteers involved in the activities and transportation associated with the event from any and all claims, including claims of personal injury to my/our youth or property damage, under any theory of law (including negligence, but not reckless or intentional conduct) in any way resulting from or arising in connection with the activities and/or transportation to and from the event.

It is understood and agreed that neither the Parish, the Catholic Diocese of Evansville, any respective affiliate, successor, agent, employee, member, representative, adult sponsor, nor other volunteer is the insurer of my child's health and safety while he/she is at youth functions, engaged in supervised activities, including sports, or being transported in association with the event. I/We understand it to be my/our obligation to provide such insurance as I/we may desire to purchase to protect myself/ourselves and my/our child against the costs of sickness or injury.

In case of emergency or serious illness, should the above-named child require medical treatment, and neither a parent nor the designated family physician can be contacted, consent is hereby granted for such medical treatment as may be considered necessary in the opinion of the attending physician.

I UNDERSTAND THAT MY SIGNATURE RELIEVES DIOCESAN AND/OR PARISH PERSONNEL OF ANY AND ALL LIABILITY RELATED TO THE ADMINISTRATION OF ANY PRESCRIBED MEDICATION LISTED ON THE DIOCESAN MEDICAL INFORMATION FORM (INCLUDING OVER-THE-COUNTER DRUGS).

Further, I/we acknowledge having read, or been made aware of the Diocesan Youth and/or Adult Codes of Conduct, the Diocesan Release for Media Recording, and the Diocesan Off-site Transportation Policy, and I/we agree to be bound by the terms and conditions set forth in those documents (copies available via www.evdio.org/diocesan-forms-for-oyaya). I acknowledge and understand that any action on behalf of my/our child/dependent that is inconsistent with the Diocesan Code of Conduct may result in appropriate disciplinary action as outlined in those documents.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Parent/Guardian Printed Name: _____	
Signature: _____	Date: _____

MEDICAL INFORMATION
CATHOLIC DIOCESE OF EVANSVILLE (REV. 7/12)

Youth's Name: _____	
Address: _____	
(Street)	(City, State, Zip)
Parent/Guardian to Call in Emergency: _____	
(Print Name)	(Phone)
If Parent/Guardian CANNOT be reached: _____	
(Print Name)	(Phone)
Family Physician: _____	
(Print Name)	(Phone)
Family Insurance Carrier: _____	
(Print Name)	(Phone)
Insurance Policy Number: _____	

Are parents living together: <input type="checkbox"/> Yes. <input type="checkbox"/> No.
With whom does child live? <input type="checkbox"/> Mother. <input type="checkbox"/> Father. <input type="checkbox"/> Other: _____
Is anyone, by court order or decree, designated as the sole, custodial parent? If so, list: _____
List anyone restrained from picking up child: _____
<i>I understand it is my responsibility to keep the youth minister informed about such matters and to provide copies of relevant court orders and decrees to officials.</i>

List any chronic or existing disease or medical problems (e.g. diabetes, asthma, epilepsy):

List any medications your child is taking on a regular basis:

Should it become necessary, please list any instructions for care of the above:

<input type="checkbox"/> Place "X" in box if it is <u>NOT</u> acceptable for your child to be provided over-the-counter medications (e.g., commonly used pain, allergy, or nausea medications).
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Parent/Guardian Signature

Date

**YOUTH CODE OF CONDUCT
MIDDLE SCHOOL/HIGH-SCHOOL
(DIOCESAN/DIOCESAN-SPONSORED ACTIVITIES WITH YOUTH)**



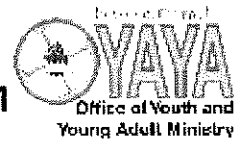
The Catholic Diocese of Evansville, through its Office of Youth and Young Adult Ministry (OYAYA), provides opportunities for the young Church to meet Jesus Christ, grow their relationship with Him, answer His call to ministry and service, meet and grow friendships with other disciples of Christ, and learn about the mission and teaching of the Catholic Church. These opportunities occur in a variety of events and settings, and each requires that specific rules and regulations be followed; however, informed by the moral teaching of the Catholic Church, certain over-arching rules of conduct must be followed by all participants of any diocesan event. The following Code of Conduct is not exhaustive, and it may be changed and updated as the need arises.

In order to ensure that each participant has equal access to safety and enjoyment, the following policies must be observed and followed at all youth and/or young adult events of the Catholic Diocese of Evansville:

- ✦ I will treat everyone with respect, courtesy, dignity, patience, loyalty and integrity. I will behave in a way that respects the rights of all.
- ✦ If I am being hurt (verbally or physically), harassed, or “bullied”, or if I become aware that another participant is being hurt verbally/physically, I will notify a supervising adult.
- ✦ I will treat property with care. If I break something, I will tell my supervising adult.
- ✦ I will avoid posing any health risk to others (i.e. fevers or other contagious situations).
- ✦ I understand the use of cell phones and other electronic equipment is highly discouraged, unless a supervising adult grants permission.
- ✦ I will not possess/use/purchase tobacco, alcohol, illegal drugs, weapons, inappropriate videos, inappropriate reading materials, or other objects.
- ✦ I understand in extreme cases of misconduct, my parents/legal guardian and legal authorities will be notified, regardless of the time. In these cases parents/ legal guardians will be financially and/or physically responsible for participant’s transportation home from school/event. I understand I am subject to search and seizure policies.
- ✦ If I become aware of any violation of this Code of Conduct by anyone, it is my responsibility to notify my supervising adult as soon as possible.

Signature on back →

OFF-SITE PRIVATE DRIVER PERMISSION FORM



I, _____ grant permission for my child, _____
(Parent or guardian's name) (Child's name)
to participate in this parish event that requires transportation to a location away from the parish site.

This activity will take place under the guidance and direction of parish employees and/or volunteers from Holy Redeemer.
(Name of parish)

A brief description of the activity follows:

Type of event: High School Appalachian Mission Trip
Destination of event: Frenchville, PA
Individual in charge: Mary Jo Keen
Estimated time of departure and return: June 16- 22, 2024
Mode of transportation to and from event: 12 passenger vans

All volunteer drivers are twenty-five (25) years of age or older, possess a valid driver's license, have a proper and current license and vehicle registration, and have the required insurance coverage in effect on their designated vehicle used to transport participants. All volunteers have completed the Safe Environment training and a background check, and will maintain two-deep leadership while volunteering and transporting participants.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I understand that a private passenger vehicle, driven by an approved adult of the parish, will be used to transport my child during this parish event, and I hereby grant permission for my child to be transported by those volunteer drivers designated for this parish event. In addition, I understand that neither the Diocese of Evansville, The Bishop of the Diocese of Evansville,

Holy Redeemer parish, the pastor nor any staff member thereof, is responsible for loss or liability while my minor child is in, or being transported in, a volunteer-driven vehicle. Any and all liability for loss or injury is assumed by the volunteer driver and his/her insurance provider under the terms of his/her automobile insurance policy. Transportation to and/or from the event is not considered a part of the event itself, and therefore, the transportation is not part of the parish/diocesan sponsored event.

Signature: _____ Date: _____

* If a participant is eighteen years of age but not assigned as a driver, this form must be filled out by that participant him/herself.



Young People Who Care, Inc.
 Bethany Youth Retreat Center
 ypwcyouthprogram.com

Short Term Volunteer Application

Name _____ male/female Phone _____

Address _____

(c) _____ email _____

Birth Day _____ Grade Completed _____ Have you been here before? Yes No

Emergency Name and phone/cell # _____

Group Name _____ Date of Arrival _____

Do you have a special Diet? Explain: _____

Are you able to participate in strenuous work and recreational activities? _____ If no, please explain: _____

Personal Skills

Comment – How much experience?

- | | | |
|--------------------------|-------------------|----------------------------|
| Painting | Y / N | _____ |
| Lawn Work | Y / N | _____ |
| Carpentry | Y / N | _____ |
| Cleaning | Y / N | _____ |
| Visit the sick | Y / N | _____ |
| Experience with Children | Y / N | _____ |
| Experience with Elderly | Y / N | _____ |
| Experience with Handicap | Y / N | _____ |
| Play Musical Instrument: | Y / N what? _____ | Can you bring it with you? |
| Cooking | Y / N | _____ |
| Work with tools | Y / N | _____ |
| Other _____ | | _____ |

PO Box 129 Frenchville, PA 16836 <small>Update 2019</small>	Sr. Suzanne Thibault, C.A. Youth Director E-mail: bethanyyouthcenter@gmail.com	814.263.4177 Fax: 814.263.7106
<p>Mission Statement <i>Young People Who Care, Inc. is a Catholic grassroots ministry. YPWC provides a wide, ecumenical circle of care among those who give and those who receive. Its members are committed to creating a wholistic and nonjudgmental environment where the exchange of culture, education and training empower individuals and groups. While adapting to changing times and needs, prayer, hospitality, simplicity and service remain constant characteristics of Young People Who Care, Inc.</i></p>		

Young People Who Care (YPWC)—Youth CONFIDENTIAL RELEASE FORM
 Service Program • Date _____ • Frenchville, PA

Please Return this form to: _____ with **FEES** payable to: _____ **NO LATER THAN DATE** _____



PARENT/GUARDIAN (all highlighted fields require completion)

I, _____; the undersigned, give permission for my
 _____; the undersigned, give permission for my
Please PRINT CLEARLY Name of Parent/Guardian
 son/daughter _____ from _____ Our Lady of Grace and Saint Benedict Parishes

Please PRINT CLEARLY Name of Youth *Please PRINT CLEARLY Name of Parish/School*

to participate in YPWC Service Program. It is understood that reasonable caution will be taken by the organizers to prevent injuries to all participants. In the event of injury or illness to our/my child during his/her participation in this event, and if the parents/guardians of the above mentioned persons cannot be reached, We/I hereby give our/my permission to Name of Responsible Adult for the necessary medical treatment to be given to our/my child. We/I for ourselves/myself and for our/my child, our/my respective heirs, and our/my respective legal representatives, so hereby indemnify and hold harmless any representative of Name of Parish and the above named supervising adult from parish/school from any and all claims, demands and causes of action of whatever kind and nature for their actions taken pursuant to this authority. I/We agree that in case of injury to our/my child, we will apply our/my hospitalization and/or accident insurance toward the payment of the expenses incurred. **I/We, hereby release and save harmless Young People Who Care, and Name of Parish, their agents, successors, legal representatives and any and all of its employees from any and all liability for any and all damages or personal injuries arising to my/our son/daughter as a result of his/her participation in the above mentioned Name of event, except for damages and/or personal injuries caused by or arising out of the intentional or willful misconduct of Young People Who Care, Inc or Name of Parish, its agents, servants or employees.**

Code of Behavior: Participation in this Service Trip is a privilege and not a right. Each youth and adult must attend all scheduled activities. The behavior of all (youth and adults) must reflect Christian values. The sponsoring adult must stay at the entire event and is responsible for the youth of his/her parish. Each parish, through the sponsoring adult, will take full responsibility for any damage done by their group. Drugs/Alcohol use are not permitted. The Staff reserve the right to ask any participant to leave at the participant's own expense. I/We have read and agree to uphold the above "Code of Behavior".

The undersigned also agrees to authorize YPWC, Inc. to photograph, videotape and/or interview the named youth and agree that they may use or permit other persons to use the negatives, prints, video or interview prepared for such purposes and in such manner as may be deemed appropriate and necessary. **X this box if you do not agree to have your child photographed, interviewed or videotaped.** I understand that if, for whatever reason, at any point in time, I decide to revoke this authorization, and I so notify the parish in writing, references to the named youth (including images or interview) will no longer be used. Any website references will be removed within thirty (30) days of written notification. I further understand, however, that references to the named youth may continue to be used in any publication already printed or published prior to my revocation of the authorization provided herein.

PRINT Parent or Legal Guardian NAME

Parent or Legal Guardian SIGNATURE

Guardian(s) Phone Number(s)

Date



YOUTH

As a member of the Name of Parish, I understand and agree to the "Code of Behavior," and I will notify my parents or legal guardian at the time of any infractions requiring my dismissal from the event and that I will be sent home at my parent/guardian's expense.

→ Youth SIGNATURE

Age

Date

Grade: _____

MEDICAL INFORMATION (please print clearly and use back if necessary)

My child is allergic to (medication/food/other): _____

My child must take the following medications (indicate dosage, frequency, etc.): _____

Can your child receive the following? Aspirin? Yes No • Acetaminophen? Yes No • Ibuprofen? Yes No

You should be aware of these special medical conditions/needs of my child (dietary, asthma, walking assistance, bee sting allergies, etc): _____

Is your child currently under a physician or counselor's care? (Yes _____ No _____) If yes, please explain: _____

Family Physician: _____ Youth Social Security # (hospital use only): _____

Family Health Insurance Company: _____ Youth Birth Date: _____

Policy Number (Individual): _____ Benefit/Plan/Group #: _____

In case of emergency notify: _____ Emergency Contact Relationship to youth: _____

Emergency Contact Daytime Phone: _____ Emergency Contact Evening Phone: _____



Young People Who Care, Inc.

PO Box 129, Frenchville, PA 16836

ypwcyouthprogram.org

Bethany Retreat Center Bethany Youth Center Life Line Ministry
814-263-4855 814-263-4177 814-765-3225

MINOR (CHILD) PHOTO RELEASE FORM

Please let us know of YES or NO

YES

I, _____, the parent or legal guardian of _____ [Child]

grant **Young People Who Care, Inc.** permission to use the photographs described as "Service Program Photos" for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content. Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Fill this section for either response:

Parent/Guardian's Signature: _____ Date _____

Print Parent/Guardian's Name: _____

Child's Name: _____

Parent/Guardian's Phone Number: _____

NO

I, _____, the parent or legal guardian of _____ (Child)

DO NOT grant photo permission for my child/guardian's image to be used by Young People Who Care.