

Saint Joseph Church Youth Ministry

HANDY HANDS 2019

Grades 6-7 Participant Permission Form (return with Code of Conduct)

I, _____ (parent/guardian) request that my child _____ be allowed to participate in Handy Hands located at St. Joseph Church and St. Joseph School on August 24th from 8:30 a.m. to 12:30 p.m. Cost to participate is \$10.

I further give permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while participating in the above activities.

In consideration of permitting my child to attend and/or participate, I do hereby, for myself and my child (children) waive and release any and all claims that I might have against the Office of Youth Ministry of Saint Joseph Parish, St Joseph Parish, the Archdiocese of Louisville and any designated driver of a van, bus, car or vehicle, for any and all injuries or losses suffered by said child (children) while engaged in the above activities.

In case of any medical emergency, I understand that every effort will be made to contact the parents or guardians of the child participating in the Youth Ministry Programming of the Parish. In the event that I cannot be reached, I hereby give permission to the physician selected by the Coordinator of Youth Ministry to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named herein.

I also give permission for the use of photographs/video, which may include my child, to be used by St. Joseph Church or the Archdiocese of Louisville for promotional purposes of this event.

Signature of Parent/Guardian _____ Date _____ T-shirt size _____

Birth date _____ School _____ Grade _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Ph. _____ Work _____

Parent Email _____ Emergency Contact other than above _____

Emergency Contact Home Phone _____ Mobile _____ Work _____

Health Information: Name of Family Physician _____

Health Insurance Co. Name _____ Policy # _____

Allergies _____ If allergy to poison ivy, oak, or sumac explain how it was treated:

Current Medications _____ May we give Tylenol? _____ Yes or _____ No

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Student Code of Conduct (must be returned with permission form)

Student: Please read the following Code of Conduct. If you agree and are willing to comply with all the expectations of the Code of Conduct, please sign at the bottom of the page.

Parent/Guardian: Please read the following Code of Conduct. Please sign the bottom of this form to show your intent to support the implementation of this Code of Conduct with regards to your child.

As a Participant in Handy Hands Work Camp, I agree that I will:

- Project an image of Christian consideration, sensitivity, and respect to everyone and to the property around me, in language, dress, and behavior
- Challenge myself to go out of my comfort zone in a positive way, whether it be interacting with the residents I am helping, working hard, leading prayers, sharing stories of the day with my team and the larger group, or taking an active role at Mass
- Refrain from inappropriate touching and verbal harassment
- Respect other persons and/or property
- Refrain from actions that could result in injury and/or damage to property
- Be in my designated area after curfew (Only applicable to grades 9-12)
- Keep personal belongings picked up and put away
- Come quickly when called
- Look for ways to help others and pitch in before being asked
- Maintain a positive attitude for myself and others around me
- Report problems of any kind to a trusted adult
- Let adults know if I am not feeling well or am injured
- I will leave electronic devices in my luggage or at home unless otherwise given permission.
- I will not bring or use any form of tobacco, alcoholic beverages, illegal drugs, or fireworks.
- Failure to meet these guidelines may result in my parents/guardian being called to take me home.

Student Commitment:

I, _____ have read and understand the Code of Conduct above. I agree to abide by it for the safety and enjoyment of myself and of all other participants. I understand the consequences of failing to meet these guidelines.

Name of Student: _____

Signature of Student: _____ Date: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____