

**Dates:** July 15-19, 22-27, 2019  
 Meet at OLHOC 8:45 am, attend 9 am  
 Mass, head to our site. Pickup 2 pm  
 Swim-July 19 (4-8pm)  
 AMF Bowling – July 26 (7-9pm)

2 Week of Service, Swim, Carmelite Monastery & Bowling  
 July 15-19, 22-27, 2019



**Archdiocese of Washington/OLHOC**  
**2 Week of Service, Swim, Carmelite Monastery & Bowling**  
 (Various Site: Fenwick Landings, Catherine Foundation, Wakefield Pool, Carmelite Monastery, AMF Bowling Waldorf, Arnold House)  
**RELEASE AND CONSENT FORM (Minors 18 and under)**

I, \_\_\_\_\_ the undersigned, give permission for my son/daughter \_\_\_\_\_ to attend the **2 Weeks of Service 2019**. It is understood that reasonable caution will be taken by those persons in charge to prevent injuries. In consideration of my child's being permitted to participate in the **2 Weeks of Service 2019**. I personally and on behalf of my child, hereby release The Archdiocese of Washington; Wilton D. Gregory, Roman Catholic Archbishop of Washington; a Corporation Sole: the Catholic Youth Organization of Washington, DC and Metropolitan Area, Inc; the Office of Youth Ministry; their employees; volunteers, the coordinators and chaperones of **Our Lady Help of Christians** parish/organization; from any liability for injuries or damages arising or resulting from participation in the **2 Weeks of Service 2019** in and/or transportation to and there from. In the event that I cannot be reached, I hereby grant permission for my son/daughter to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel. Permission is hereby granted to the Archdiocese of Washington to use the photographs and quotations of my son/daughter to assist in community awareness, educational efforts, related public relations purposed that may include brochures, posters, website and print media from the Archdiocese of Washington. My child agrees to abide by all rules and regulations as outlined in the Youth Code of Behavior. I understand that the Office of Youth Ministry and the Archdiocese of Washington will not be held liable if my child fails to cooperate with said regulations and that any infractions of the rules may result in immediate dismissal from the **2 Weeks of Service 2019**.

Parent or Legal Guardian signature	Date:
Contact Phone Number:	Alternate Phone Number:

**YOUTH**

**CODE OF BEHAVIOR**

**The following guidelines will ensure a fun and safe experience for all of us:**

- 1) The possession of alcohol and illegal drugs is clearly prohibited and is cause for dismissal.
- 2) The Parish/Organization is responsible for the overall actions of the participants.
- 3) All participants, adults and youth, will be held to the highest Christian standards of morality.

**In the event that a behavior problem required disciplinary action, Archdiocese of Washington Adult chaperones or designee, along with the individual's chaperone, will address the situation and make the necessary decision.**

As a member of the **Our Lady Help of Christians** parish, I understand and agree to the Youth Code of Behavior. I also understand and agree that my parents or legal guardian will be notified at the time of any infractions requiring my dismissal from the event and that I will be sent home at my own and or parent's/guardian's expense.

\_\_\_\_\_ Youth signature

\_\_\_\_\_ Date

**PARTICIPANT EMERGENCY INFORMATION FORM (Minors 18 and under)**

**Please, print clearly:**

Participant Full Name	Nickname	Grade
Participant Home Address Street, City, State, Zip	Participant Home Phone Number	Participant E-Mail Address
Parent /Guardian #1 Full Name	Parent /Guardian E-Mail Address	Parent/Guardian Cell Number
Parent /Guardian #2 Full Name	Parent /Guardian E-Mail Address	Parent/Guardian Cell Number
In case of Emergency, contact (Other than parent)	Emergency Contact Phone	My Child has my permission to ride home after the event with:

**MEDICAL INFORMATION (Please Print)**

My son/daughter is allergic to (medication/ food/ other): \_\_\_\_\_

My son/daughter must take the following medications and will be bringing enough medication for \_\_\_\_\_.  
 (Indicate medication, dosage, frequency, etc. Medication must be given to your parish adult chaperone to hold/administer):

You should be aware of these special medical conditions of needs of my child: (Dietary, medical, mental health, walking assistance, bee sting allergies, other conditions)

In the event that it comes to the attention of the ADW staff, its officers and agents or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever etc. I would like to be notified immediately:  Yes  No

Please check the box if you would like no medication of any type (prescription or non-prescription) may be administered to my child unless the situation is life threatening and emergency treatment is required.

**Please provide the following information about insurance:**

Insurance Name:	Policy Holder:	Policy #:	Group #:
In case of emergency notify:	Relationship to Youth:	Daytime Phone:	Evening Phone:
Date of last Tetanus Booster:			

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_