

CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing

The Church of Saint Anne

Name of Parish/School/Area Faith Community (AFC)

Mission Trip to: Paintsville, KY (St. Michael Catholic Church)

Name of Parish/School/AFC

On Sunday, June 21st – Monday, June 29th, 2015

Date of Event

Please read and sign.

I, _____, **WILL:**
Printed Name of Youth Participant

- Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
- Be on time for all check-ins and departure time.
- Not have in my possession any tobacco, alcohol or any controlled illegal substance

I agree that if any of these terms are violated, the Church of St. Anne can send the participant home at the participant/guardian's expense.

Youth Participant Signature

Date

Parent/Guardian Signature

Date

Please return to: Travis Nelson

No later than: Friday, May 1st, 2015 (Please turn in at earliest convenience)

The Parish/School/AFC sponsoring this activity is responsible for receiving an authorized form for each participant under the age of 18.

SUMMER MISSION TRIP PERMISSION FORM

Student/Participant Name _____ Date of Birth _____ Sex _____

Parent/Guardian Name _____ Parent/Guardian Name _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

Work/Cell Phone _____ Work/Cell Phone _____

Date of Event June 21 to 29th, 2015 Type of Mission Trip High School (Summer)

Location of Event: Paintsville, KY

Cost: \$325/person (Please send \$100 deposit when returning these forms)

Individual(s)/Teacher(s) in Charge Travis Nelson

Mode of Transportation To & From Event Vans

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsor. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact:

Name _____ Relationship _____ Phone Number _____

HEALTH INFORMATION:

Medication my child is taking at present _____

For headache or minor pain, my child may be given _____

Allergies _____

Other Medical Conditions _____

Insurance Company _____ Family Health Plan carrier number _____

Family Doctor _____ Phone Number _____

I, _____, **GIVE PERMISSION FOR** _____
Parent or Guardian Name Child Name

TO PARTICIPATE IN THE ABOVE-DESCRIBED EVENT. I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the Church of St. Anne and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought by myself, my child, or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the Church of St. Anne and the Archdiocese in defense of such a claim/suit.

I agree that I am responsible for my child's conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child. I understand that my child is required to comply with the Code of Conduct provided by the Church of St. Anne while participating in the event. I understand that if my child violates the Code of Conduct he/she may be required to be transported home at my expense.

Parent/Guardian Signature _____ Date _____