

**THE COVENANT COMMUNITY OF
JESUS THE GOOD SHEPHERD**

Dunkirk, MD

June 1, 2009-June 1, 2010



RELEASE AND CONSENT FORM

Parent

I, _____, the undersigned, give my

permission for my son/daughter/ward, _____, to attend Jesus the Good Shepherd Youth Programs. 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 this event, I, personally and on behalf of my child, hereby release The Archdiocese of Washington; His Excellency Bishop Donald Wuerl, Roman Catholic Archbishop of Washington, A Corporation Sole; the Catholic Youth Organization of Washington, DC and Metropolitan Area, Inc.; the Office of Youth Ministry; Jesus the Good Shepherd Church (Owings, MD); their employees, volunteers, and chaperones from any liability for injuries or damages arising or resulting from participation in this event and/or transportation to and there from. We hereby agree to assume any risks of participation in this event and/or transportation to and there from. If medical treatment becomes necessary and I cannot be reached, I hereby grant permission for my son/daughter/ward to be evaluated, diagnosed, treated, and/or medicated in accordance with standard medical practice by licensed medical personnel.

My child agrees to abide by all rules and regulations as outlined in the Code of Behavior. I understand that the Archdiocese of Washington nor Jesus the Good Shepherd Church 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 participation at said event. I will be responsible for any costs or other requirements for immediate transportation home.

Parent or Legal Guardian signature

Date

Witness

Date

MEDICAL AND INSURANCE INFORMATION REQUIRED (ON REVERSE)

**THE COVENANT COMMUNITY OF JESUS THE GOOD SHEPHERD
MEDICAL AND INSURANCE INFORMATION**

June 1, 2009-June 1, 2010

(Please Print)

YOUTH'S NAME (LAST, First) _____

Address _____

Please include on this form any changes in medical condition and/or medication.

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

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

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

Please provide **all** necessary information about insurance:

(Please furnish us with a copy of your insurance card.)

Insurance Carrier: _____

Address _____

Policy Carrier: _____ Policy Number: _____

Benefit/Plan/Group Number _____

Youth Social Security Number _____ Youth's Date of Birth _____

Date of last Tetanus Booster _____

In case of emergency, notify _____

Relationship to Youth: _____

Parent(s) Full Name _____

Address (if different than above) _____

Daytime Number (**Mom**) _____

Evening Number (**Mom**) _____

Daytime Number (**Dad**) _____

Evening Number (**Dad**) _____

KEEP THIS INFORMATION ON PERMANENT FILE.

JESUS THE GOOD SHEPHERD YOUTH MINISTRY

CODE OF BEHAVIOR

1. You are to attend and fully participate in all events that are part of the program/event.
2. You are to respect the privacy of others and their right to peace and quiet.
3. You are required to be in your room by curfew each evening if this is an overnight event. Mixed company in any room for any reason is not allowed.
4. There should be no reason to change rooms. If there is a problem, you are to contact the person in charge of the event for resolution.
5. The possession of alcohol or illegal drugs is clearly prohibited and is cause for dismissal from the event.
6. You will be respectful of all in attendance.
7. You will follow the directions of the adults in charge.
8. You will act and use language reflective of a Catholic youth.
9. You will follow all the rules set up for this particular event.

Your cooperation in adhering to these guidelines is greatly appreciated.

THANK YOU!

Youth

As a member or guest of the Archdiocese of Washington and Jesus the Good Shepherd Youth Ministry Program, I understand and agree to the Code of Behavior. I also understand and agree that I will notify my parents/legal guardian at the time of any infractions requiring my dismissal from the event and that I will be sent home at my own and/or my parent's/guardian's expense.

Youth signature

Date

Phone _____

Birthday _____

E-Mail _____

