

**ANNUAL MINOR ENROLLMENT FORM**

**2018-2019**

**Catholic Diocese of Shreveport and the Parish of Saint Joseph Catholic Church, Shreveport Louisiana  
Parental Liability Waiver, Permission and Medical Information**

Minor's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Parent or Guardian/Conservator Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_  
 Relationship to the minor participant: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Texting: Yes No

**Release/Indemnification Information:**

I, \_\_\_\_\_ grant my permission for \_\_\_\_\_  
Parent/Guardian/Conservator's Name Participant's Name

*to participate with the various programs and activities of the Diocese of Shreveport and/or the parish of Saint Joseph Catholic Church, 211 Atlantic Avenue; Shreveport, Louisiana 71105 beginning the 1st day of August 2018 and continuing through the 31st day of May, 2019. These various programs and activities will take place under the guidance and direction of employees and/or volunteers from the parish of Saint Joseph Catholic Church and/or the Diocese of Shreveport. This permission and liability waiver will be kept on file and will accompany the child on any and all programs and activities of the Diocese of Shreveport and/or parish of Saint Joseph Catholic Church.*

I understand that as parent/guardian/conservator, I remain legally responsible for any personal actions taken by the participant named above.

**I agree on behalf of myself, my son/daughter/participant named herein, our/his/her heirs, successors, and assigns to hold harmless, the Diocese of Shreveport, the Bishop and his successors, employees, agents, volunteers, the Parish, its employees and volunteers from any and all claims (unless due to gross negligence of the Diocese and/or Parish) for illness, injury, death and the cost of medical treatment therewith, arising from or in any way connected with my son's/daughter/participant's attending the various programs and activities during the dates named above.**

In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that that each party is responsible for its own legal fees, court costs and expenses.

→ **Parent/Guardian/Conservator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Promotional Release**

I also consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction (in perpetuity unless otherwise revoked by me in writing and delivered by certified mail, return receipt requested, to: Parish of Saint Joseph Catholic Church, 211 Atlantic Avenue; Shreveport, Louisiana 71105. ATTN: Name of Catechetical Leader in which my son/daughter may appear by the Diocese of Shreveport. I understand that these materials, including websites and social media sites, are being used for promotion of the youth ministry of the Diocese of Shreveport which may include recruitment and fundraising efforts.

⇒ **Parent/Guardian/Conservator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Social Media Release**

The Diocese of Shreveport utilizes today’s technology in a positive way to reach out to the youth of the Diocese, including Facebook email, and other social media. We may remove any content deemed inappropriate. All communications with any youth through social media programs by anyone representing the Diocese may be made available to any parent upon request. If you do not allow your son/daughter to text, Facebook, or use other social media, there will no expectation that they do so in order to participate in certain youth ministry events. However, the Diocese cannot guarantee that photos, videos or other communications of your son/daughter from diocesan and/or parish events will not be uploaded to a social media site.

⇒ **Parent/Guardian/Conservator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Internet Permission**

I DO give permission for my child/ children to use the Internet according to the Diocesan Internet Use Policy.

I DO NOT give permission for my child/children to use the Internet according to the Diocesan Internet Use Policy.

Is the participant insured? \_\_\_\_ Yes \_\_\_\_ No

If yes, please fill out the information below FROM THE PARTICIPANTS Insurance Card,:

Name of Policy Holder (whose name is the policy in) \_\_\_\_\_

Insurance Carrier/Name of Insurance Co: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Insurance ID Number: \_\_\_\_\_

Claim Address/Zip \_\_\_\_\_

Customer Service Phone # \_\_\_\_\_

**Medications: Check All that Apply – Note: DO NOT CHECK ALL BOXES BELOW AS ONE MAY CANCEL OUT ANOTHER**

- This child takes no medication.
- I understand that as the parent/guardian, I am solely responsible for administering medication to my child.
- No medication of any type whether prescription or nonprescription may be administered to this child unless the situation is life-threatening and emergency treatment is required.
- I grant permission for the following nonprescription medication to be given to this child (excluding medication listed below that causes allergic reaction) in the recommended dosage on the medication bottle.

Throat Lozenge:      Yes\_\_\_\_      No\_\_\_\_

**Specific Medical Information**

1. Allergic reactions (medications, foods, plants, insects, etc.):
2. Other Medications child currently takes
3. Date of last tetanus injection (*Without a date, one may be given in the event of an accident.*) \_\_\_\_\_
4. Any physical limitations
5. Has child recently been exposed to contagious disease or condition such as mumps, measles, chicken pox, etc.? If so, date and disease or condition.
6. You should also be aware of these special medical conditions of this child:

**To the best of my ability, everything I have stated here is true and accurately reflects my wishes.**

⇒ **Parent/Guardian/Conservator Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Diocese of Shreveport**  
**CODE OF CONDUCT, EXPECTATIONS OF ALL PARTICIPANTS AND DRESS CODE**

The purpose of this Code of Conduct is to identify personal behavior that is consistent with the purpose and objectives of the Diocese of Shreveport. The items within the Code are based upon performance and are designed to protect the welfare of participants and the retreat for future generations. Registration in the event indicates personal acceptance of the Code of Conduct. Any student sent home for violation of this Code will be at the expense of parent or guardian.

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**CODE OF CONDUCT OF ALL PARTICIPANTS**

1. All participants share the responsibility for their actions equally when violations of the Code are witnessed. Those who choose to be present when a violation occurs shall, by their own choice, be considered participants in the violation. In relation to this Code, there are no “innocent bystanders.”
2. No participant shall leave the retreat unless with the approval of his/her adult leader AND parental approval. The delegate must be picked up and returned by a parent or legal guardian.
3. Each participant is legally and financially liable for the removal, defacing, or willful damage to public or private property. Any act of vandalism, destruction of property, or misuse of a facility may be a crime and will be treated as a potential criminal violation.
4. The use of tobacco products, use of/possession of alcoholic beverages, non-prescription drugs, or any illegal drugs is forbidden.
5. Name Badges/Credentials shall be worn ONLY by the individual whose name is on the badge/credential. **BADGE SWITCHING OR SHARING IS STRICTLY PROHIBITED.** Participants will wear their assigned badges at all times during the event. Credentials are to be worn above the waist and must be visible. ONLY Parish/school group leaders may request replacement credentials.
8. Each participant shall conduct himself/herself in an orderly and responsible manner before, during, and after all functions. Your personal behavior reflects upon the quality of the program, one’s parish, the Diocese of Shreveport, and one’s self.
9. Weapons of any kind and items that could cause injury or damage to participants and/or property are strictly forbidden.

**EXPECTATIONS OF ALL PARTICIPANTS - “Clean, Casual, and Respectable”**

- **Attend all Sessions**
- **Cell phones** are to be turned off during the sessions. Please keep calls to a minimum at all other times.
- **Valuables** should not be brought to the retreat. Lost or stolen items are not the responsibility of the retreat staff, or the adult chaperones. We do encourage you to report any theft to the retreat staff if you witness such an act.
- There should be no inappropriate public displays of affection (PDA’s).
- No profanity.

# Dress & Appearance Vision for Diocesan Youth Ministry Events

Your body is God’s sacred creation. Respect it as a gift from God, and do not defile it in any way. Through your dress and appearance, you can show the Lord that you know how precious your body is. You can show that you are a disciple of Jesus Christ.

Prophets of God have always counseled to dress modestly. The way you dress is a reflection of what you are on the inside. Your dress and grooming send messages about you to others and influence the way you and others act. When you are well groomed and modestly dressed, you invite the companionship of the Spirit and can exercise a good influence on those around you.

Never lower your dress standards for any occasion. Doing so sends the message that you are using your body to get attention and approval and that modesty is important only when it is convenient. Ask yourself, “Would I feel comfortable with my appearance if I were in God’s presence?”

If you are not sure what is appropriate, ask your parents or leaders for help.

Therefore, all participants are asked to consider wardrobe choices wisely BEFORE leaving for any youth ministry event. All Youth Ministry leaders and chaperones are strongly encouraged to discuss appropriate clothing for diocesan events with youth. We ask also that youth ministry leaders and chaperones check clothing choices before allowing youth to interact with others.

## DRESS CODE

### DO’s

- ♥ Clothes that are allowed at school
- ♥ Collared shirts or non-controversial Tees for guys
- ♥ Modest blouses, dresses or non-controversial Tees for girls
- ♥ Pants, jeans, or shorts that sit at the “natural” waist
- ♥ Slogans, pictures, graphic, etc. on shirts that are church appropriate
- ♥ Shoes that are comfortable for lots of walking

### DON’TS

- ♥ Undergarments should not be seen
- ♥ Short-shorts, mini-skirts, midriffs, low necklines, or other revealing clothing. (Shorts and skirts should be at least of fingertip length when arms are hung at the sides.)
- ♥ A good rule of thumb is this: If you have to wonder if it is acceptable or NOT, it probably isn’t!!

**The Event Director in collaboration with the parish coordinator has the authority to determine if and when a participant is to be sent home for just cause.**

**I have read and understand the above CODE OF CONDUCT, EXPECTATIONS OF ALL PARTICIPANTS and DRESS CODE and will comply.**

## YOUTH PARTICIPANT

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## CHAPERONE AND ADULT PARTICIPANT

\_\_\_\_\_  
Adult /Chaperone Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Form 2 YOUTH EVENT TRAVEL FORM**  
**Diocese of Shreveport and/or the Parish of Saint Joseph Catholic Church**  
**YOUTH EVENT TRAVEL RELEASE AND PERMISSION FORM**

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_  
Parent or guardian's name Participant's Name

to participate in the below described parish event. This activity will take place under the guidance and direction of parish employees and/or volunteers from the above named parish.

- Description and Purpose of event: St. Joseph Catholic Church Confirmation retreat
- Date of event: March 8-10, 2019
- Destination of event: The Pines Catholic Camp - Big Sandy, Texas
- Departure Time & Place: St. Joseph Catholic Church parking lot, March 8, 2019 at 5:30 pm
- Return Time & Place: St. Joseph Catholic Church parker lot, March 10, 2019 between 1:30 and 3:00 pm
- Overnight Accommodations: lodging at The Pines
- Specific Activities Involved: planned activities by The Pines retreat staff
- Cost of Event, other specifics: cost included in Confirmation fee, may bring spending money if desired
- Adults in charge: Pete Johnson, Polly Maciulski
- Mode of transportation to and from event: volunteer drivers

**Emergency Medical Treatment**

This is to confirm that the Diocese of Shreveport has my full and complete permission to seek and obtain medical attention for \_\_\_\_\_ in the event of any accident or illness which may occur, including the authorization (child's name) \_\_\_\_\_ to consent to emergency medical care, if required. I understand that reasonable efforts will be made to advise parents/guardians of their child's condition prior to any treatment. I agree on behalf of myself, my son/daughter/participant named herein, our/his/her heirs, successors, and assigns to hold harmless, the Diocese of Shreveport, the Bishop and his successors, employees, agents, volunteers, the Parish, its employees and volunteers from any and all claims (unless due to gross negligence of the Diocese and/or Parish) for illness, injury, death and the cost of medical treatment therewith, arising from or in any way connected with my son's/daughter/participant's attending the event named above.

**There are no changes to insurance or medical information since I last filled out Form 1 for my child named above.**

**The following changes to insurance and medical information since I last filled out Form 1 for my child named above:**

If Guardian of Conservator is signing this consent form, please state the name of parent, if known \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Cell \_\_\_\_\_

Do they text? Yes No

Please Print Parent/Guardian/Conservator Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Do you text? Yes No Home Phone \_\_\_\_\_

➡ **Signature of Parent/Guardian/Conservator:** \_\_\_\_\_ **Date** \_\_\_\_\_

**This form "Youth Travel Release and Permission Form" must be attached to the Annual Youth Enrollment Form (FORM 1) for each event attended. Forms 1 and 2 must travel to and from each trip away from the church.**

# THE PINES CATHOLIC CAMP

PARENTAL CONSENT / INDEMNITY / HOLD-HARMLESS AGREEMENT

ST. JOSEPH SHREVEPORT CONFIRMATION RETREAT

MARCH 8-10, 2019

I understand that participation in the program noted above offered through The Pines Catholic Camp, involves a certain degree of risk and danger. In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of the fact that The Pines Catholic Camp is a not-for-profit organization, and having full confidence that precautions will be taken to ensure the safety and well-being of me and/or my son/daughter, I give my consent for the participant(s) below to take part in these (or other) activity(s), and:

## RELEASE AND INDEMNIFICATION

I hereby release and waive any and all claims that I may have against The Pines Catholic Camp, the Roman Catholic Diocese of Dallas, \_\_\_\_\_, and their employees, agents, representatives, or volunteers (collectively, "Releasees") arising from my child's participation in this program. I AGREE TO FULLY INDEMNIFY AND HOLD HARMLESS RELEASEES FROM ANY AND ALL CLAIMS ARISING FROM MY CHILD'S PARTICIPATION IN THIS PROGRAM. THIS INDEMNIFICATION EXPRESSLY INCLUDES ANY CLAIMS ARISING OUT OF RELEASEES' OWN NEGLIGENCE OR THAT OF THEIR EMPLOYEES, AGENTS, REPRESENTATIVES, OR VOLUNTEERS. I AGREE THAT THE INDEMNIFICATION INCLUDES THE AMOUNT OF THE CLAIMS, THE EXPENSES OF DEFENDING AGAINST THE CLAIMS, COURT COSTS, AND ATTORNEYS' FEES.

In case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

## RULES AND REGULATIONS

I understand and agree to abide by all rules and regulations of The Pines Catholic Camp while attending this program, and I will comply with all Pines staff instructions. Violation of the rules and regulations is grounds for immediate dismissal without refund, and may subject the violator to prosecution.

## NO PHOTOGRAPHS FOR PUBLIC DISSEMINATION

The Pines Catholic Camp agrees that it shall not, nor shall it allow its employees, agents, or representatives to take photographic, video, or other digital recordings of camp participants without the express written consent of each participant, his or her parent, or his or her legal guardian, for any purpose other than permitting each participant, his or her parents, and/or his or her legal guardian password-protected electronic access to said recordings. With the exclusive exception of allowing a camper, his or her parents, and/or his or her legal guardian password-protected access to electronically stored photographs of the camper, under no circumstances shall The Pines Catholic Camp, its employees, agents, or representatives make photographic, video, or other digital recordings of camp participants available electronically to others than the camper, his or her parent, or his or her legal guardian, except in response to a specific request accompanied by a fully executed copy of the Video/Image Release located on The Pines' website at <http://www.thepines.org>.

Name of Participant (please print) \_\_\_\_\_

Signature (if 18 or over) \_\_\_\_\_ Date \_\_\_\_\_

***If participant is under 18 years of age, this release must be signed by a parent or guardian.***

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

( ) \_\_\_\_\_  
Emergency Phone Number

\_\_\_\_\_  
Email Address

