



Diocese of Winona-Rochester Registration / Code of Conduct

ADULT

Event: NCYC Dates: November 20 – 24, 2019
 Location: Indianapolis, Indiana Mode(s) of Transportation: Coach Bus
 Parish/School Name & City _____ Parish/School Group Leader: _____
 Name: _____ Sex: Male / Female (*circle one*) Shirt Size: (S,M,L,XXL) _____
 Complete Address: _____
 Home Phone: _____ Cell: _____ Work: _____
 E-mail: _____

COST: \$650
Non-refundable deposit of \$250 due May 1, 2019; final payment of \$400 due September 20, 2019.

DOW-R CONSENT / LIABILITY WAIVER / MEDICAL RELEASE

I, _____, agree on behalf of myself, my heirs, successors, and assigns, to hold harmless and defend the above named parish/school and Diocese of Winona-Rochester, its officers, directors, employees and agents, chaperones, or representatives associated with the event, and my participation in the event, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith; and any injury to myself from any cause or person whatsoever, any actions, claims, or demands that may arise because of my actions or omissions resulting in injury or damage. I agree to compensate the above named parish/school and the Diocese of Winona-Rochester for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the above parish/school and Diocese of Winona in connection therewith.

IMAGE WAIVER: I understand and agree that any photograph, video, and internet site image of me during this event may be used for promotional purposes.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to be transported to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. YES or NO

In the event that I should require medical treatment and I am not able to communicate my desires to attending physicians/medical personnel, I give permission for the necessary emergency treatment to be administered. YES or NO

EMERGENCY CONTACT: In the event of any emergency and for permission for treatment beyond emergency procedures, please contact: _____

Alternative contact name (printed) _____ Relationship _____
 Home Phone _____ Work Phone _____ Cell Phone _____

Medication I am taking at present _____
 I will bring all such medications necessary, and such medications will be well-labeled and in original containers.
 Names of medications, including dosage and frequency of dosage are as follows:

Health Plan Carrier _____ Policy #: _____

Doctor _____ Clinic _____ Phone Number _____

I fully understand the consequences of and sign this Liability Waiver and Permission knowingly, freely, and willingly.

SIGN HERE → Participant Signature _____ Date _____

SIGN HERE → Notary Public Signature (required) _____ Date _____



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NCYC 2019

Name: _____ Parish/Town or School Group/Town _____

MEDICAL INFORMATION: Specific Medical Information: The Diocese of Winona-Rochester will take reasonable care to see that the following information will be held in confidence.

- Allergic reactions (medications, foods, gluten intolerance, plants, insects, etc.) _____
- Date of last tetanus/diphtheria immunization _____
- Do you have a medically prescribed diet? _____
- Any physical limitations? _____
- You should also be aware of these special medical conditions: _____

EVENT CODE OF CONDUCT

Note: You will also be required to sign the “Volunteer’s Code of Conduct” for your parish files.

Please remember you are representatives of the Diocese of Winona-Rochester. We expect you will represent your parish, school and the Diocese well during this pilgrimage. Recall that you are a witness for your church to the press and dignitaries who will attend this gathering. We ask you to project an image of Christian charity and respect to everyone and to the property around you. We are confident you will display maturity, responsibility in leadership and character. Thank you!

Diocesan participants are responsible for their actions. Each participant accepts the full responsibility for any damage or theft caused while attending this pilgrimage. Leaders/Chaperones are expected to enforce the Code of Conduct and set an example for the participants.

1. I will treat all persons with respect and will not intentionally cause any harm (physically, emotionally, or spiritually) to any person in any way.
2. I will respect the property of others, including all program facilities.
3. I will follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
4. I will be on time for all check-ins and departure times.
5. I will dress modestly at all times.
6. I will attend all activities and remain with my group or designated subgroup at all times. I will wear my lanyard **at all times** with the appropriate documentation and **medical release forms**.
7. I will not purchase, possess or use alcohol or illegal drugs.
8. I will not smoke or chew tobacco in enclosed spaces (including crowded areas outdoors) or outdoor prayer services.
9. There should be no need for sleeping room changes. However, if the need arises, the participant must contact the group leader who will coordinate a change with the appropriate facility. Men and women are to stay in separate sleeping areas and **not visit the sleeping areas of the opposite sex at any time**: socializing is to be done in public areas.
10. No weapon of any kind may be possessed by a participant. Possession of a weapon will mean immediate dismissal from the pilgrimage.
11. Be aware of noise levels in sleeping areas. All people have the right to quiet time and privacy.
12. The possession of sexually explicit or morally inappropriate materials **in any form** is not permitted.

I agree to abide by this code of conduct traveling to and from and during this event. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in my removal from this pilgrimage.

SIGN HERE Participant Signature _____ Date _____

REQUIRED: [Background check must be within five years of event. Contact your parish youth minister if you do not have this or need it updated.]

Date of most recent background check: _____ by [name of parish/ work/ school] _____

Date Safe Environment [VIRTUS] training completed: _____ by [parish/ work/school] _____