



# Diocese of Winona-Rochester Registration / Code of Conduct

FOR YOUTH WHO ARE IN HIGH SCHOOL (including 18-year-olds)

**YOUTH**

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,XL,XXL) \_\_\_\_\_  
 Complete Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at time of event: \_\_\_\_\_ School Grade at time of event: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Parent/Guardian Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

## DOW-R PARENTAL CONSENT / LIABILITY WAIVER / MEDICAL RELEASE

I, \_\_\_\_\_, grant permission for \_\_\_\_\_  
Parent's or Guardian's Name (printed) Child's Name (printed)

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the above named parish/school and the Diocese of Winona-Rochester from any claims or law suits brought against the above named parish/school /Diocese of Winona-Rochester by myself, my child or others, that arises out of any behavior by my child at the event described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Diocese in defense of such a claim/suit. I understand that this event includes the use of a swimming pool and give permission for my child to use the pool. I agree to compensate the above name 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-Rochester 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.  YES or  NO

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

**EMERGENCY CONTACT:** In the event of any emergency, if you are unable to reach me at the above numbers, contact:

\_\_\_\_\_  
Alternative contact name (printed) Relationship to child Home Phone Work Phone Cell Phone

Medication my child is taking at present: \_\_\_\_\_

My child will bring all such medications necessary, and such medications will be well-labeled and in original containers. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage is as follows: \_\_\_\_\_

Family Health Plan Carrier \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Family Doctor \_\_\_\_\_ Clinic \_\_\_\_\_ Phone Number \_\_\_\_\_

**As Parent or Guardian, I agree to all of the above stated considerations and conditions.**

**SIGN HERE** \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian Signature  
**SIGN HERE** \_\_\_\_\_ Date \_\_\_\_\_  
Notary Public Signature (required)

[OVER]



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**YOUTH**

NCYC 2019

Name: \_\_\_\_\_

**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 \_\_\_\_\_
- Does your child have a medically prescribed diet? \_\_\_\_\_
- Any physical limitations? \_\_\_\_\_
- Is your child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? \_\_\_\_\_
- You should also be aware of these special medical conditions of my child: \_\_\_\_\_

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e.: acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed advisable.  YES or  NO



Signature \_\_\_\_\_ Date \_\_\_\_\_

## EVENT CODE OF CONDUCT

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 event. Recall that you are a witness to Christ to others 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 event. Leaders/Chaperones are expected to enforce the Code of Conduct and set an example for the participants.

1. I will treat all persons as a son or daughter of God with dignity and respect. I 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 attend all activities and remain with their group or designated subgroup at all times.
6. I will not purchase, possess or use alcohol or illegal drugs.  
If you have prescription medication, your group leader and Diocesan staff must be informed before the trip.
7. I will not purchase, possess or use any tobacco products...
8. I will not purchase, possess or view sexually explicit or morally inappropriate materials **in any form**.
9. I will not purchase or possess any weapons. Possession of a weapon will mean immediate dismissal.
10. I will be aware of noise levels in sleeping areas. I will respect others' need for sleep, quiet time and privacy.
11. I will dress modestly at all times.
12. There should be no need for sleeping room changes. If such need arises, 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 may be done only in public areas.

**I agree to abide by this code of conduct traveling to and from and during this event. I understand that failure to abide by this code may result in my being sent home at my own and/or my parent/guardian's expense.**



Participant Signature \_\_\_\_\_ Date \_\_\_\_\_



Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



Parish/School Group Leader Signature \_\_\_\_\_ Date \_\_\_\_\_