

**St. Michael's Catholic Church
Youth Ministry Liability Form- GRADES 7-12
August 2017—July 2018**

Last Name	First Name	Sex M or F	Grade in 2017- 2018	Youth email	Cell # w/area code	Carrier

Mother-Legal Guardian Name	Email	Cell # w/area code	Carrier	Address	City	State	Zip code
Father-Legal Guardian Name	Email	Cell # w/area code	Carrier	Address	City	State	Zip code

LOCAL Emergency Contact Persons (in case a parent cannot be reached):

Name: _____ Relationship _____ Phone #: _____
 Name: _____ Relationship _____ Phone #: _____

Parental Activity Permission:

My child has permission to participate in St. Michael's Church Activities from **August 1, 2017 through July 31, 2018**. I agree to allow him/her to be transported by bus or car driven by a designated adult. In case of illness, injury or accident, I give my permission for any necessary medical treatment including transportation to hospital for medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. I relieve St. Michael's Church and the Archdiocese of Galveston-Houston and it's agents of any liability for injury or accident.

In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge

Signed: _____ Date: _____

Parental Publicity Permission:

(please check) Give Do Not Give my permission to St. Michael's Church to post photographs of my child in the bulletin, youth web page, bulletin boards, newspaper.

Signed _____ Date: _____

Permission to Dispense Over the Counter Medication:

(please check) GIVE DO NOT GIVE permission for over the counter medication to be administered to my child as needed.

Signed _____ Date: _____

Medical information

Child's Name	Grade	Allergies-Medical Conditions-Special Needs ***If None please write NA. ***

I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. Our catechists and youth ministers want to be sensitive to any special needs your young person may have. This information will be kept confidential.

PARENT/LEGAL GUARDIAN SIGNATURE: _____ DATE: _____

CODE OF CONDUCT

The office of youth ministry at St. Michael's is fully committed to the safety and care of the youth entrusted to us. We also hold the youth accountable for their actions while in our care, therefore we ask both youth and parents sign this code of conduct so that all parties fully know and understand the expectations of the youth while participating in St. Michael's functions.

1. I agree to have the best possible time at St. Michael's functions, and to share the spirit of Christian joy, friendship and sportsmanship with other participants. I understand that I must listen carefully to all instructions and not to engage in any unauthorized activity or horseplay, which could cause harm to myself and/or others.
2. I agree to be prompt and on time to schedule events.
3. I agree to show respect to all adults involved in St. Michael's ministries.
4. Alcohol, Cigarettes, Weapons or Illegal Drugs are strictly prohibited. I agree neither to use or possess them nor to be present while others use these substances.
5. Christ like behavior is expected of me at all times. Inappropriate contact, touch, gestures; language or activity of an offensive nature is **NOT ACCEPTABLE**.
6. I agree to respect all property of St. Michael's Catholic Church. I shall not destroy nor remove any property of the facility. I will be financially responsible for any damages that I may cause.

YOUTH: I agree to abide by this Code of Conduct. As a representative of the Catholic Archdiocese of Galveston-Houston, I am asked to project an image of Christian consideration, sensitivity and respect for others and the property around me. Infractions of these codes will result in Event Staff/Youth Leader discussing the infraction with me. In the unlikely event that a behavior problem requires action, my parent(s) or legal guardian will be notified and I will be dismissed from the event. My parent(s)/legal guardian will be expected to pick me up or I will be sent home with my adult chaperone at my own expense.

Youth Signature: _____ Date: _____

I accept the conditions stated above regarding my child's participation in St. Michael's youth ministry.

Parent /Legal Guardian Signature: _____ Date: _____