

St. Bridget Confirmation Retreat

Youth Code of Conduct

Youth participants must read, understand, sign and return this sheet with the *Medical Information and Release* form. Each participant is expected to adhere to the following principles while at the Confirmation Retreat:

SHOW LOVE AND RESPECT FOR GOD

- Pray.
- Participate in opportunities to receive the Sacraments.
- Participate in the small groups, talks, activities and prayer experiences.
- Be open, flexible and have a servant's attitude.
- Represent God in your words and actions.

SHOW LOVE AND RESPECT FOR SELF

- You are created by God and a temple of the Holy Spirit. Present yourself accordingly.
- No alcohol, drugs, substance abuse or smoking will be tolerated during the retreat.
- Dress with modesty.
 - Guys: shirts are required outside the bunk/cabin.
 - Girls: please do not wear spaghetti straps, short shorts, or low cut tops outside the bunk/cabin.
- Attend and eat at all meals. Stay hydrated. Get sleep.
- If you must leave an activity an adult chaperone will accompany you because we are responsible for you.

SHOW LOVE AND RESPECT FOR OTHERS

- All words and actions should build others up and not tear others down.
- Your actions should not distract others from hearing, seeing, participating, or praying.
- Give your upmost respect adults, chaperones, and facility staff.
- Be safe. No horseplay or potentially harmful actions.
- Pocketknives, lighters or other hazardous materials are not permitted.
- No unregistered visitors at the retreat will be permitted.
- The facility must remain clean and undamaged. Damages caused by a participant will be charged to that participant.

I have read, understand and agree to the above principles. Any violation of the above principles may result in immediate dismissal from the Confirmation Retreat.

Youth Signature: _____

Date: _____

Printed Name: _____

Parent Signature: _____

Date: _____

Printed Name: _____

St. Bridget Confirmation Retreat

Medical Information and Release Form - All information is kept private and confidential

Name of Participant: _____

Medical Information	In many cases, our staff and volunteers are not familiar with the medical, physical, and/or emotional history of each participant. Please share <u>ANY</u> information relating to the participant in detail. BE AS SPECIFIC AS POSSIBLE.
Does the participant have any dietary restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No	List any dietary restrictions (i.e. vegetarian, allergies):
Is the participant allergic to anything? <input type="checkbox"/> Yes <input type="checkbox"/> No	List any details of the allergies below (this may include food allergies, allergies to specific medications or chemicals, allergies to any substances):
Is the participant currently taking or has taken any prescription medication in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	List the specific prescription medications, reasons for medication, and daily dosage. Indicate if the medication is currently being administered.
Does the participant have any emotional, physical or sensory conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No	List any emotional conditions that may impede participation in the event. This may include counseling, treatment for emotional conditions (i.e. depression, eating disorders), and/or family situations that may have a significant impact on the participant. List any physical and/or sensory conditions of which we should be aware or of which need special accommodations (e.g. hearing loss, visual impairment, mobility).

Emergency Contact Name: _____ Phone Number: _____

Association to participant: _____ Alt. Phone Number: _____

Release of Liability and Medical Release

As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Catholic Diocese of Richmond, St. Bridget Catholic Church, its employees and agents, chaperones, or representatives associated with this event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese, its employees and agents and chaperones or representatives associated with the event 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 Diocese.

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of an emergency I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers I give permission for the noted emergency contact to be notified. I will not hold the Diocese of Richmond or St. Bridget responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Parent/Guardian Signature: _____ Date: _____