

HIGH SCHOOL SERVICE WEEK

DUE NO LATER THAN Wednesday, July 6th, 2022 to YOUR Parish Office

Participant Name: _____ Sex: _____

Participant Email: _____

Participant Cell Phone # _____

High School: _____ Grade in Fall 2022: _____

Home Address: _____
City State Zip

Primary Contact Name: _____

Primary Contact Cell Phone #: _____

Primary Contact Email: _____

Secondary Contact Name: _____

Secondary Contact Cell Phone: _____

Secondary Contact Email: _____

Home Phone #: _____ Shirt Size (adult): S__ M__ L__ XL__ 2XL__ 3XL__

Youth Code of Conduct

As a member of _____ (church/school), I understand and agree that I will follow the directives of my chaperone(s), and all who are representatives in any capacity, of the High School Service Week. I am aware that I am representing myself, my family, my parish, and the Archdiocese of Indianapolis during this event and I am expected to represent all the above named organizations well. I understand that I am expected to display mature and responsible behavior, which for many years has been the trademark of Catholic youth.

I understand that my parent/guardian will be notified at the time of any infractions, and I will be dismissed from the remainder of the trip, as well as possibly certain other youth ministry events in the future.

Some Expectations:

- All participants are expected to be on time.
- All participants are expected to demonstrate common courtesy and respect at all times.
- Inappropriate language/behavior will not be tolerated.
- Socializing should always be done in public areas.
- Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
- Closed toe shoes are required for all volunteer sites.
- The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug by an individual is not permitted.
- Smoking and vaping are not permitted.

- Weapons and drug paraphernalia are not allowed.
- If under the age of 18, prescription drugs need to be given to an adult for storage and distribution.
- All participants must follow the transportation rules and regulations set forth by the Archdiocese of Indianapolis; of which will be announced and enforced upon departure of the event, and must be followed for the duration of the event. Any rule that is not followed will result in parents being contacted and your dismissal from the High School Service Week.

***Youth Signature: _____ Date: _____

LIABILITY WAIVER

I, _____ (parent/guardian name), grant permission for my child, _____ (child name), to participate in the **High School Service Week** to be held at **St. Lawrence Church and various non-profit organizations around Indianapolis** from **July 12-15, 2022**.

I will not hold the Archdiocese of Indianapolis, St. Lawrence, St. Matthew, the non-profit organizations, chaperones, or representatives associated with the Service Week responsible in the event of injury. Further, I agree to accept any and all financial responsibility as a result of scheduling necessary emergency treatment.

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 treatment. I wish to be advised prior to any further treatment by the hospital or a doctor. In the event of an emergency, if you are unable to reach me at the above phone numbers, contact:

Emergency Contact Name: _____

Relationship: _____ Emergency Contact Number: _____

Family Doctor: _____ Phone #: _____

Health Plan Carrier: _____ Policy #: _____

Name of Policy Holder _____ Group #: _____

Any Medical Conditions and/or Allergies: _____

Please list any special health needs, allergies, and medication that pertains to your child: _____

***Parent Signature: _____ Date: _____

I can Chaperone: _____ I am Safe Parish trained: _____ I have a Background Check on file: _____