	GUIDI	ELINES 2024		
Name of Participant: Please print		D.O.B	//	Grade
You are representing the Archdiocese on well. We expect that you will display ma				
Some Expectations: All participants are expected to all participants are expected to inappropriate language/behave. Socializing should always be down and the possession or consumption in the possession or consumption. Smoking is not permitted. Weapons and drug paraphern. If under the age of 18, prescription. All participants must follow the announced and enforced upon will result in parents being cormulation.	o demonstrate common courterior will not be tolerated. One in public areas. Of modesty. Writing on clothin on of any alcoholic beverage an alia are not allowed. Otion drugs need to be given to the transportation rules and region departure of the event and in ottacted and your (bus) seat bein	ng should reflect Christian vand/or possession/use of any in an adult for storage and disculations set forth by the Archaust be followed for the duraing reassigned next to a chap	llegal drug by an ir tribution. diocese of Indiana tion of the event.	polis; of which will be
I understand and agree with this behavior for my removal from the premises and a I also understand and agree that my par will be responsible for my removal from	ny costs involved. ents or guardians will be notifi	ed at the time of an infractio		
**Youth Signature:			Date	
Touch dignature.			Date:	
I request that my child,	and hereby release and all liability from claims of ar time of any major infraction	and indemnify The North Dea ny kind or nature whatsoever by my child, which will result	anery Youth Minist from my child's pa	ers, its staff, volunteers and the articipation in this event.
I grant the permission of First Aid to be event as their judgment deems advisabl serious nature. I understand I will be pr delay in such communication would e parent/guardian of the participant. In thospitalize, secure proper treatment for	given to my student by the pee, and to make the necessary comptly notified in the event ondanger life. In case of medine event that I cannot be reach	eople in charge of the event, referrals to qualified physicia of any serious illness or accid cal emergency, I understand ched, I hereby give permission	ans for treatment of lent and prior to a d that every effor on to the physician	of illness or accidents of a more any major surgery, except when t will be made to contact the as selected by the adult staff to
Insurance Company Name:				
Name of Policy Holder:			mhor:	
Policy Number:Authorized Physician:				
Any Medical Conditions/Allergies				
Parent Name(s):				
Parent Cell Phone Number(s):				
Parent Fmail Address(es):				

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

Parent Signature: ______ Date: _____



11.24.24 RONCALLI HIGH SCHOOL | 12-7PM



JOSH BLAKESLEY BAND

CHIKA ANYANWU

IGNITE IS

POWERFUL

IGNITE IS

IGNITE IS FOR YOU.

KEYNOTES | MUSIC | MASS | BREAKOUTS | GAMES & ACTIVITIES | ADORATION



A HIGH SCHOOL EVENT WITH THE ARCHDIOCESE OF INDIANAPOLIS AND THE DIOCESE OF LAFAYETTE -IN- INDIANA

