

**PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ City/Zip Code \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_ Home Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_

Emergency Phone Number (\_\_\_\_)\_\_\_\_-\_\_\_\_  Cell Phone or  Work Phone

Parish or Catholic School: \_\_\_\_\_ Grade: \_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_

Participant's Email Address: \_\_\_\_\_

T-Shirt size: **XS S M XL XXL**

**Consent & Liability Waiver**

**Important! To be filled out by the Parent/Guardian for youth under 18 years of age.  
If participant is 18 years of age or older, consent must be signed by the individual**

I (name of parent/guardian): \_\_\_\_\_, Grant permission for my child,  
(participant's name): \_\_\_\_\_, to travel to and participate in (event)  
**Our Mother of Perpetual Help Youth Conference (OMPHYC)** to be held (date) June 30th, 2018 from  
8:30 am – 7:00 pm at **Our Mother of Perpetual Help Shrine** on 3417 W. Little York Rd. Houston, TX  
77091. I/we assume all risks and hazards incidental to Youth's participation in the event, including  
transportation to and from the event.

I agree on behalf of myself, my child's other parent if known or living (name of parent),  
\_\_\_\_\_ my child named herein, or our heirs, successors, and assigns and defend  
the Archdiocese of Galveston-Houston, the sponsoring parish (its pastor, youth ministry leader,  
principal, other agents, etc.) or any representatives associated with the scheduled activity unless the  
parties involved were careless and negligent. I understand it is my right to secure my own personal  
liability insurance for this conference.

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

\_\_\_\_\_  
**Signature (Parent/Guardian)**

\_\_\_\_\_  
**Date**

**YOUTH PARTICIPANT:** In signing the line below I agree to abide by any/all policies and rules established  
for this event/activity (see Code of Conduct). Should I not be able to maintain the guidelines and  
expectations of the adults and my peers, I understand that there will be consequences for my actions,  
including being removed from the activity and being sent home at my parent's expense.

\_\_\_\_\_  
**Signature (Youth Participant)**

\_\_\_\_\_  
**Date**

**VIDEO/PHOTOGRAPHY CONSENT**

As parent/guardian, I understand that promotional pictures and videos (individual and group) will be  
taken during this event. I give permission for my son's/daughter's picture to be used for promotional  
materials (newsletter, web page, calendars, power point, video etc.) in highlighting the event.

\_\_\_\_\_  
**Signature (Parent/Guardian)**

\_\_\_\_\_  
**Date**

## Medical Matters

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 of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

### Emergency Medical Treatment

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 and you are unable to reach me, contact:

Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medications

My child will bring all such medications, well labeled, that are necessary. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency are as follows

My Child is taking the following medication at the present time.

Medication(s): \_\_\_\_\_ Dosage \_\_\_\_\_  
Administer: \_\_\_\_\_

\_\_\_\_\_ I hereby **Do not grant permission** for medication of any type, whether prescription or nonprescription may be administered by my child unless the situation is life threatening and emergency treatment is required. (Please Initial)

\_\_\_\_\_ I hereby **Grant permission** for nonprescription medication (such as Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. I understand that Aspirin will not be given to my son/daughter. (Please Initial)

Medical Conditions Information: (OMPHYC committee will take reasonable care to see that the following information will be held in confidence.)

My son/daughter has:

- Has had an episode the following or has been diagnosed: \_\_Seizures \_\_Asthma \_\_Diabetic
- Allergic reaction to the following (food, dyes, latex etc): \_\_\_\_\_
- Has had medical surgery within the last six months? \_\_ yes \_\_ no (Still under doctor's care? \_\_Y\_\_N
- Has a medically prescribed diet: \_\_\_\_\_
- The following physical limitation: \_\_\_\_\_
- Immunizations current and up to date: \_\_ Y \_\_ N Date of last tetanus/diphtheria immunization \_\_\_\_\_
- You should also be aware of these special medical conditions of my child (e.g. depression, anxiety, etc.): \_\_\_\_\_

**Insurance Information:**  No, I do not carry medical insurance at this time.

Insurance Carrier: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

In the event it comes to the attention of the chaperones associated with the activity that my child become ill with repeated symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called immediately. I fully understand the foregoing statements and sign this Parental/Guardian Medical Consent Waiver knowingly, freely, and willing:

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant (18 years of age +) \_\_\_\_\_ Date: \_\_\_\_\_

## Code of Conduct

We want you to enjoy your time here as well as gain valuable information to take back to your (Arch)Diocese and parishes. This is a time to celebrate, pray, worship, meet new people, exchange ideas, have fun, and to experience the community of the Catholic Church in Oklahoma, Arkansas, Louisiana and Texas.

You are representing the Catholic Church and your (Arch)Diocese, and are asked to conduct yourself accordingly. All participants should exhibit Christian consideration, sensitivity, respect, and maturity. We respectfully ask for your cooperation, and are sure that you will have no trouble adhering to the following *Code of Conduct*

### CONFERENCE INFORMATION AND RULES

#### Conference Rules:

1. No drugs, alcohol or tobacco products allowed on buses or at retreat center. Our Mother of Perpetual Help Youth Conference (OMPHYC) has a ZERO tolerance policy regarding possession and or use of any controlled substances by our teenagers.
2. No weapons of any kind allowed on the buses or at the retreat site. This includes guns, utility knives, razor blades, pocket knives, or pepper spray.
3. Golden Rule: DO UNTO OTHERS AS YOU WOULD HAVE THEM DO UNTO YOU. Respect your elders, group leaders, and peers.
4. Participants must wear the conference T-Shirt at all time.
5. Respect the conference grounds. Any destruction or vandalism of any camp property will be paid for by all parties involved.
6. Participants are expected to ATTEND all scheduled sessions and activities. Absence from any scheduled activity must be approved by the Coordinator.
7. NO one is allowed to leave the conference center for ANY reason without the parents' or Coordinator's consent.
8. No outside visitors allowed. Parents who need to come on to site will need to contact the conference organization.
9. OMPHYC reserves the right to check all personal belongings of participants at anytime during the Retreat.
10. Christ-like behavior is expected at all times. Inappropriate contact, touch, gesture, language or activity of an offensive nature is NOT ACCEPTABLE. Respect for all adult leaders, peers, and all property is expected.

#### Consequences:

**OMPHYC and its volunteers will have a ZERO tolerance policy on all Conference RULES above. Any deviations from the rules will result in one of the following: (1) Notification of Parents (2) Withdrawal from the conference, and (3) Notification of Local Authorities, if needed.**

By the way don't forget that this is a **RELIGIOUS CONFERENCE! HAVE FUN & GOD BLESS!!!**

*I have read and discussed this Code of Conduct with my parent/guardian and agree to abide by its' guidelines during the Region 10 Catholic Youth Conference.*

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_