

GENERAL PERMISSION FORM

MEDICAL PERMISSION FORM

I request that my child, _____, be allowed to participate in the Mission Trip event, located in Harlan, Ky on the following day(s): from June 11th to June 17th. I hereby release and indemnify my parish, St. Elizabeth Seton, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

I grant permission for the administration of First Aid to my child, _____, by the people in charge of the _____ event, and those transporting my child to and from the event as their judgment deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Videotaping and Still Photographs

Video and still photographs may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape and/or still photographs, which may be used for future promotional efforts, including the Diocese of Joliet website.

Code of Behavior

You are representing Youth Ministry in our diocese during this event and we expect you will represent us well. We expect that you will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our diocese.

Some Expectations:

- 1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. If under the age of 18, prescription drugs need to be given to an adult from your parish for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.

If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Participant's Name: _____
Birth Date: _____
Parent's Name(s): _____
Parent's Phone #(s): _____
Allergic to medication/other? NO YES (circle one)
If YES, please describe:
Medication(s) presently taking: _____

INSURANCE INFORMATION

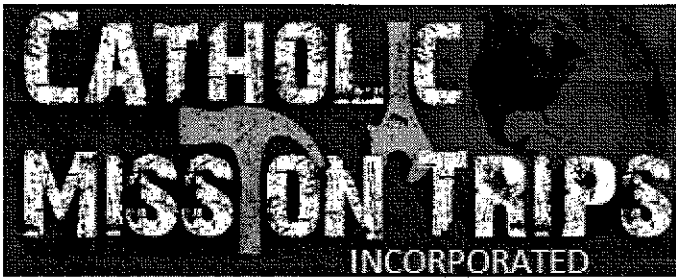
Policy in the name of: _____
Insurance Company: _____
Policy Number: _____
Authorized Physician: _____
Phone #: _____

If parent(s) can't be reached

In case of Emergency, contact _____
Phone #'s: _____

Teen Signature: _____ Date _____

Parent Signature: _____ Date _____

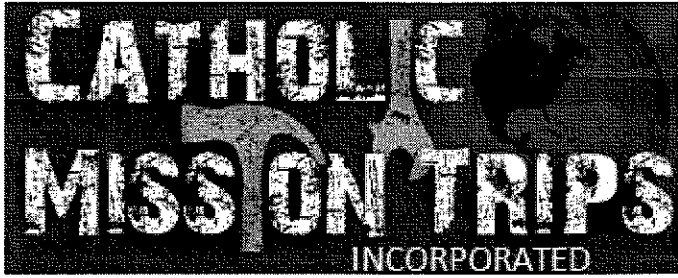


Catholic Mission Trips, Inc.
12063 O'Bannon's Mill Rd.
Boston, VA 22713
www.catholicmissiontrips.net

EMERGENCY RELEASE AND RIGHT OF REPRESENTATION

I, _____, in consideration of my participation on this mission trip to _____ on _____ - _____ 20____, represent and agree that:

1. I am prepared physically, emotionally, mentally and spiritually for this trip. The scheduling, environment and other foreign country and travel conditions are not adverse to me. I will be flexible and have a servant attitude.
2. I grant to any of the Catholic Mission Trips, Inc., leaders or their contracted agents the right to represent me in decisions relating to my welfare or the group welfare during the trip. I will follow the suggestions made on my behalf.
3. I understand the administrative role that Catholic Mission Trips, Inc., plays in putting together our mission trip. I also understand that the mission trip will be handled by a representative Catholic Mission Trips, Inc., and I will follow all rules and guidelines stated either orally or written in the Disciplinary Form.
4. I hereby grant any of the Catholic Mission Trips, Inc., leaders or their contracted agents my permission to authorize medical treatment and medication on my behalf. I will not hold any of the Catholic Mission Trips, Inc., leaders or their contracted agents responsible for the results of such treatment, medications or decisions made on my behalf.
5. I am aware of the hazards and risks to myself and property associated with this mission trip. I have read the U.S. State Department's Travel Advisory (if any) for this country found at http://travel.state.gov/travel_warnings.html. These risks include, but are not limited to, death or injury by accident, disease, terrorist acts, weather conditions, and inadequate medical services and supplies. I accept these conditions with full awareness and I assume all risks of death, injury, illness, terrorist assaults, and personal property loss or damage associated with such risks.
6. I attest and certify that I am physically fit and have no medical conditions that would prevent me from performing my assigned duties which may include long hikes, high altitude, heat, limited and infrequent meals. I am aware of the disease risks associated with foreign travel and I accept these risks.
7. I waive any and all claims for damages against Catholic Mission Trips, Inc., Mission Trips, Inc., leaders, or their contracted agents, arising from death, injury, illness, inconvenience, or in property damage or loss occurring as a result of this mission trip for any reason including but



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not limited to any negligent act or acts of Catholic Mission Trips, Inc., Catholic Mission Trips, Inc., leaders or their contracted agents which may in any way cause death, injury, illness, inconvenience or property damage or loss to me. I have read this release in its entirety, understand its contents and agree to them of my own free will.

8. Governing Law/Venue: In accepting service from us then this agreement shall be governed only by the laws of the State of Texas. Venue for any action hereunder shall be in Collin County, of the State of Texas.

Signature _____ Date _____

Parent signature (if under 18) _____ Date _____

Notary Acknowledgement

STATE OF _____ COUNTY OF _____

On this _____ day of _____, 20____, before me, a Notary Public in and for said state, personally appeared known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purposed therein stated.

Notary Public _____

My commission expires _____

Please return to: Catholic Mission Trips, Inc.
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Code of Conduct

1. I agree to treat other participants, leaders, staff, residents, and our hosts with respect and understand that all adult leaders have the authority to discipline me.
2. I will not leave my sleeping area after lights out, or before sunrise.
3. I will not leave the outlined or defined areas without an adult chaperone.
4. I will always follow the schedule and guidelines given to me.
5. I understand that alcohol, weapons, fireworks, tobacco products of any kind, illegal drugs, and profane or abusive language are not allowed at any time during this mission trip. I further understand that all prescription drugs must be dispensed by an adult leader.
6. I understand that I represent **Catholic Mission Trips, Inc.**, and agree to behave in a Christian and positive manner at all times. I further agree to **dress appropriately** during this activity. (Ladies shorts must be no more than 2 inches above the knee or Basketball shorts, T-Shirts must have sleeves or covered shoulders)
7. Public display of affection (PDA's) and sexual indiscretion (including inappropriate touching) is prohibited at all times and in all cases.
8. No participant under the age of 21 is allowed to leave without an adult's permission and supervision.
9. In the event of an emergency or other need to contact any participants, the staff must know where I can be located, therefore I agree to stay with my assigned group at all times.
10. By attending this function, all participants agree to stay until the function's conclusion, unless they have a medical emergency.
11. I realize that my parents and I will be financially responsible for any damage I do to property, facilities, or vehicles.
12. I understand that if I **choose** to violate any part of this Code of Conduct, I run the risk of having my parents notified by phone, and that I may be sent home on the first available flight or bus, at my parent's expense. (This determination will be left to the discretion of the Catholic Mission Trips, Inc., director and the parish trip coordinator.)

Participant Signature

Parent Signature



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Catholic Mission Trips, Inc.

Disciplinary Form

Participant's Name _____ Birth Date _____

Address _____ Year of Graduation _____

City _____ State _____ Zip _____ Phone (_____) _____

I, _____ (parent's name) give permission to my above named son/
daughter to go to Catholic Mission Trips, Inc., _____ Mission Trip. If my son or
daughter does not follow the rules and regulations either stated orally or written below, I give
Catholic Mission Trips, Inc.'s, director or employees the authority to fly my son or daughter
home at my own expense.

My child agrees to abide by all the rules and regulations stated by Catholic Mission Trips, Inc.,
and the Staff whether in this form or verbal. I understand that Catholic Mission Trips, Inc., will
not be liable if my child fails to abide by the regulations, and that any infraction of the rules
may result in immediate dismissal from this activity at my expense. I relieve Catholic Mission
Trips, Inc., and its staff members of all responsibility and consequence that may arise as a re-
sult of this action.

Parent's/ Guardian's Signature _____

Participant's Signature _____

Parent's Secondary Phone Number _____