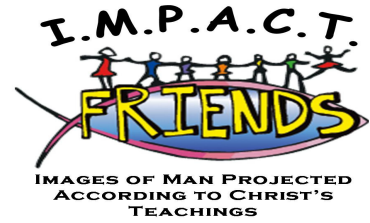




St. Matthew Church

I.M.P.A.C.T. Teen Ministry
1555 Glen Ellyn Rd
Glendale Heights, IL 60139
630.469.6300 x314



Registration & Authorization Form **(Must be turned in by Sunday, October 31, 2010)**

General Permission

I request that my youth _____ be allowed to participate in the **IMPACT –SLEEP OUT SATURDAY** on Saturday, November 6, 2010. The group will meet at St. Matthew’s at 4PM to set up sleeping area; we will attend a Sleep Out Saturday Rally in Glen Ellyn at 7PM and then return to St. Matthew for the rest of the night.

There is no fee to participate in this event though every participant is expected to fundraise to support Bridge Communities assistance to homeless families in DuPage County. I hereby release and indemnify St. Matthew Catholic Church of Glendale Heights, IL, its staff, volunteer 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.

Code of Behavior

You are representing our church. We expect that you will display a *mature and responsible behavior*, which is a trademark of Catholic youth. Expectations include (but are not limited to) those listed below:

1. All participants are expected to arrive on time for all check-in times.
2. Leaving the facility is not acceptable.
3. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
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 by an individual is not permitted.
6. Smoking is not permitted
7. Weapons and/or drug paraphernalia are not allowed
8. Infraction of these rules can mean immediate dismissal with no refund and the parents will need to pick them up from the park at their expense.

“I understand and agree to this Behavior code. 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 parent or guardian will be notified at the time of an infraction requiring my dismissal. My parent or guardian will be responsible for my removal from the premises and any costs involved.”

Youth Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

MEDICAL PERMISSION FORM

I grant permission for the administration of first aid to my child (please write full name) _____ by the people in charge of the program and those transporting my child to and from the program as their judgment deems advisable and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand that 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 case of medical emergency, I understand that every effort will be made to contact the parents/guardians of the participant. In the event that I cannot be reached I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery if deemed necessary for my child.

Signature of Parent/Guardian _____
Date

Phone numbers where you can be reached during the event

Authorized Physician _____
Physician's Phone Number

Child's Age _____ Birth date ____/____/____ Height _____ Weight _____

INSURANCE INFORMATION

Insurance Company _____
Policy in Name of:

Policy Number _____
Subscriber's Social Security #

Please List any Medical Conditions, Health Concerns, Disabilities, or Allergies that we should be aware of:

