



Diocese of Winona **Holy Spirit Parish**

Adult 18 +
Non-High School

Event: Stebenville Catholic Youth Conference Dates: July 13-15, 2018
Location: Mayo Civic Center, Rochester, MN
Mode(s) of Transportation: **Adults Age 18+ provide own transportation to and from the conference.**
Parish/School Name & City Holy Spirit Parish Parish Group Leader: Mary Nowakowski/Lisa Jessen

Participant's Name: _____ Gender: Male / Female (circle one)

E-mail: _____

Complete Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: ____/____/____ Age: _____

IMAGE WAIVER: I understand and agree that any photograph, video, and internet site image of me during this event may be used for promotional purposes.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport me to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. I agree to pay the cost of medical treatment in connection therewith, and agree to compensate the parish and the Diocese of Winona for expenses incurred.

EMERGENCY CONTACT: In the event of any emergency, if you are unable to reach me at the above numbers, contact:

Alternative contact name (printed) Relationship Home Phone

Work Phone Cell Phone

Medication I am taking at present:

_____.

I will bring all such medications necessary, and such medications will be well-labeled and in original containers. Names of medications, including dosage and frequency of dosage is as follows:

Health Plan Carrier _____ Policy#: _____
Doctor _____ Clinic _____ Phone#: _____

I have read this document. I understand it is a release of all above claims. I understand that I assume all risk inherent in this activity. I voluntarily sign my name evidencing my acceptance of these provisions.



Signature: _____ Date: _____

OPTIONAL MEDICAL INFORMATION: Specific Medical Information: Holy Spirit Church will take reasonable care to see that the following information will be held in confidence.

- Allergic reactions (medications, foods, gluten intolerance, plants, insects, etc.): _____
- Date of last tetanus/diphtheria immunization: _____
- Does you have a medically prescribed diet? _____
- Any physical limitations? _____
- You should also be aware of these special medical conditions: _____

EVENT CODE OF CONDUCT
Steubenville North – Rochester July 13-15, 2018

Name: _____

Parish/Town or School Group/Town _____

Please remember you are representatives of the Diocese of Winona/Holy Spirit Parish. We expect you will represent your parish and the Diocese well during this pilgrimage. Recall that you are a witness for your church to the press and dignitaries who will attend this gathering. We ask you to project an image of Christian charity and respect to everyone and to the property around you. We are confident you will display maturity, responsibility in leadership and character. Thank you!

Diocesan participants are responsible for their actions. Each participant accepts the full responsibility for any damage or theft caused while attending this pilgrimage. Leaders/Chaperones are expected to enforce the Code of Conduct and set an example for the participants.

1. I will treat all persons with respect and will not intentionally cause any harm (physically, emotionally, or spiritually) to any person in any way.
2. I will respect the property of others, including all program facilities.
3. I will follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
4. I will be on time for all check-ins and departure times.
5. I will dress modestly at all times.
6. I will attend all activities and remain with my group or designated subgroup at all times. I will wear my lanyard at all times with the appropriate documentation and medical release forms.
7. I will not purchase, possess or use alcohol or illegal drugs.
8. I will not smoke or chew tobacco in enclosed spaces (including crowded areas outdoors) or outdoor prayer services.
9. No weapon of any kind may be possessed by a participant. Possession of a weapon will mean immediate dismissal from the pilgrimage.
10. The possession of sexually explicit or morally inappropriate materials in any form is not permitted.

I agree to abide by this code of conduct traveling to and from and during this event. I understand that any action inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in my removal from this pilgrimage.



Participant Signature: _____ Date: _____

REQUIRED: Background check must be within five years of event.

Date of most recent background check : _____ by (name of parish/work/school) _____

Date of Safe Environment (VIRTUS) training for the Diocese of Winona completed: _____