



Diocese of Joliet

GENERAL PERMISSION FORM

General Permission

I request that my child, _____, be allowed to participate in the Holy Fire event, located at/in Chicago, IL on the following day(s): SATURDAY NOVEMBER 2, 2024.

I hereby release and indemnify (parish, city, and state), St Mary Immaculate Plainfield, IL its staff, volunteers, and the Joliet Diocese, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

Videotaping & Still Photographs

Video and still photos will be taken during this event. Event registration constitutes permission for possible participation in the videotape and – or still photographs. These may be used for future promotional efforts.

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 a mature and responsible behavior that 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 by an individual 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 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 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.

Teen Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PARENT Phone _____ Email _____

St. Mary Immaculate Youth Ministry

Emergency Form

As a parent and/or guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency. If in the opinion of the attending physician, treatment is necessary to save the minor's life, or reduce an undue discomfort, my permission is given. The authority is granted only after reasonable effort has been made to reach me. Necessary FIRST AID may be given at the event.

Name of Minor	Grade	Allergies, Illnesses, or other conditions

Contact people in case of Emergency - Please put them in calling order, **including yourself**

Emergency contacts:

Name:	Relationship	Phone	Email

Signature: _____ (Father/Mother/Legal Guardian) circle one

Address: _____ Phone: _____