

**Find Your "Oasis" in the
Hearts of Jesus and Mary Retreat
June 7-8, 2024**

Participant Name (First, MI, Last): _____

Birth Date: _____ Age: _____ Church: _____

Parent/Guardian's Name(s): _____

Home Address: _____ City, State, Zip _____

Home Phone: _____ Cell Phone: _____

Parent Email: _____

I, (Parent/Guardian name) _____ grant permission for
my child, (Participant Name) _____, to participate in the The
First Day of the Find Your Oasis in the Sacred Heart of Jesus and Mary

Retreat Cost is \$40.

T-Shirt size (circle one): Adult XS Adult S Adult M Adult L Adult XL
Adult XXL

List Food Allergies:

I understand the risks such activities present to my child, including, but not limited to serious personal injury or death. Any questions I may have concerning these activities have been answered. As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (participant). In consideration for my child being allowed to participate in this activity, I hereby RELEASE and AGREE to INDEMNIFY AND HOLD HARMLESS the Diocese, the parish, the school, and their employees and agents, and the volunteers assisting St. Malachy Church, from any and all liability for injuries, damages, medical expenses, or any other loss to my child or family or me (including attorney's fees) arising from or related to my child's participation in this activity.

Signature of Parent/Guardian

Date

Publicity Form

On occasion, St. Malachy Parish and/or Youth Ministry and/or the Diocese of Peoria, takes photographs or makes an audio/video/ digital recording of the participants involved in parish activities. Such photographs or video/digital recordings may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual/digital recordings may be used in St. Malachy Parish/Youth Ministry and/or Diocesan publications or advertising materials to let others know about our school/parish/ Diocese. In addition, local news organizations may hear of our activities or events, and our school/parish/ Diocese may invite or allow them to photograph or record our events to be used, distributed, or displayed, as agents of the school/parish/Diocese see fit. This consent includes but is not limited to: photographs, video/ digital recordings, and audio recordings.

Signature of Parent/Guardian

Date



CATHOLIC DIOCESE OF PEORIA, IL

YOUTH TRIPS INVOLVING OVERNIGHT STAY PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____

Date of birth: _____ Gender: Male Female

Parent/Guardian's name: _____

Home address: _____
(Address) (City) (State) (Zip Code)

Primary phone: _____ Secondary phone: _____

I, _____, grant permission for my child, _____
(Parent or guardian's name) (Child's name)

to participate in this parish/school event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of the parish/school employees and/or volunteers from

(Name of Parish/School, City)

A brief description of the activity follows:

Type of event: _____

Destination of event: _____

Individual in charge: _____

Date of departure: _____ Date of return: _____

Estimated time of departure: _____ Time of return: _____

Mode of transportation to and from event: _____

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("participant"). If understand if my child's conduct is not appropriate or an infraction of the rules requiring my child's dismissal, I am responsible for my child's remove from the premises and any costs involved.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, agree to release, forever discharge and to indemnity and hold harmless and defend _____
(Name of Parish/School, City)

and the Diocese of Peoria, IL its officers, directors, agents, employees, chaperones, representatives, or volunteers associated with the event, from any claim arising from or in conjunction with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its offices, directors and agents, and the Diocese of Peoria, IL, its employees and agents, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against the them as a results of such injury or damage, unless such claim arises from the negligence of the parish/school or the Diocese of Peoria, IL.

Parent/Guardian Signature: _____ Date: _____



CATHOLIC DIOCESE OF PEORIA, IL

YOUTH TRIPS INVOLVING OVERNIGHT STAY MEDICAL MATTERS

MEDICAL MATTERS: I hereby warrant that 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 that are applicable.)

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, if you are unable to reach me at the above numbers, contact:

Name: _____ Relationship: _____

Primary phone: _____ Secondary phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

OTHER MEDICAL TREATMENT: In the event it comes to the attention of the parish/school, its officers, directors and agents, and the Diocese of Peoria, IL, chaperones, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called as soon as it is reasonably possible.

Signature: _____ Date: _____

MEDICATIONS: My CHILD IS TATING MEDICATION AT PRESENT. My child will bring all such medications necessary and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: _____

Signature: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (i.e., non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child if deemed appropriate.

Signature: _____ Date: _____



CATHOLIC DIOCESE OF PEORIA, IL

YOUTH TRIPS INVOLVING OVERNIGHT STAY MEDICAL MATTERS

2022-2023

SPECIFIC MEDICAL INFORMATION: The parish/school will take reasonable care to see that the following information will be held in confidence:

Allergic reactions (medications, foods, plants, insects, etc.):

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medical prescribed diet?

Does child have any physical limitations?

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, flu, COVID-19, etc.? Is so, list date and disease or condition:

You should be aware of these special medical conditions of my child:

Signature: _____

Date: _____



CATHOLIC DIOCESE OF PEORIA, IL

YOUTH TRIPS INVOLVING OVERNIGHT STAY PARTICIPANT CODE OF BEHAVIOR / PUBLICITY

2022-2023

CODE OF BEHAVIOR

As a participant you are representing the Parish and/or School during this trip and we expect you will represent their Parish and/or School well. We expect that as a participant you will display mature and responsible behavior, which for many years has been the trademark of Catholic youth, young adults, and adults of the Diocese of Peoria.

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 with chaperones present.
4. Dress should reflect the value of modesty and be appropriate for the event. Writing on clothing should reflect Christian values.
5. The possession or consumption of alcoholic beverages is **NOT** permitted.
6. The possession or use of any illegal drug is **NOT** permitted.
7. Smoking or vaping is **NOT** permitted
8. Weapons and/or drug paraphernalia is **NOT** allowed.
9. If under age 18, prescription drugs need to be given to an adult chaperone for storage and distribution.
10. Do **NOT** take any excursions or unscheduled side trips.
11. Any infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

VIDEOTAPING, STILL PHOTOGRAPHS AND AUDIO RECORDINGS:

Video, audio recordings or still photographs may be taken during this trip. This authorization form constitutes permission for my child's participation in the videotape, still photographs, and/or audio records, which may be used for future promotional efforts, including the Parish/School website and the Catholic Diocese of Peoria, IL website.

CERTIFICATION: I understand and agree to this Code of Behavior. I also understand that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved to return me to my home. I may also be responsible to local authorities as well.

If under age 18, I also understand and agree that my parent(s)/legal guardian(s) will be notified at the time of the infraction requiring my dismissal. My parent(s)/legal guardian(s) will be responsible for my removal from the premises and costs involved to return me to my home. I also understand that as a participant my parent(s)/legal guardian(s) may be responsible to local authorities as well for my actions.

Participant Signature: _____

Date: _____

Parent(s)/Guardian(s) Signature: _____

Date: _____