



**St. Matthew Catholic Church**  
**7th & 8th School Retreat – Camp Thunderbird**  
**Friday, October 6 – 8, 2017**

**St. Matthew Emergency & Release Form**

To be completed by parent/guardian with payment to St. Matthew Youth Ministry Office.



**Participant Name:** \_\_\_\_\_

**Participant Grade:** \_\_\_\_\_ **Participant Gender** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parent/Guardian Email:** \_\_\_\_\_

**Emergency contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Primary Physician/Phone:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Health History (please list any and all allergies, health conditions or concerns)**

**Medications (please list any and all medications being taken, reasons for taking and dosage/time taken)**

**Release:**

*I hereby consent to participation by my child in the event titled above. I understand that a portion of this event will take place away from parish grounds and that my child will be under supervision of the designated staff supervisor and adult volunteers. I further agree that I have received information about this event and consent to the condition of participation in this event, including the method of transportation. I give my permission for my child, in case of an emergency, to be taken to a physician or hospital by either the staff supervisor or by an adult volunteer chaperone. I understand that every effort will be made to contact me. If I cannot be reached, however, I hereby give permission to the physician selected to hospitalize and secure proper treatment (including surgery) for my son/daughter/guardianship.*

*I give permission for the Diocese of Charlotte and/or St. Matthew Catholic Church to make use of pictures of my child for parish or diocesan publications and websites. I hereby release the Diocese of Charlotte, St. Matthew Catholic Church and all of its affiliated entities, including its employees and volunteers from all liability from damages suffered as a result of or relating to the use of any photograph, slide, videotape or audiotape of my child while participating in the program.*

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# St. Matthew Catholic Church Youth Code of Conduct



I represent my family, St. Matthew and the Catholic Church. I will project an image of Christian consideration, sensitivity and respect for other people and the property around me.

I understand that I am acting as a role model and mentor for the children of St. Matthew and as such will be a representation of Christian responsibility, kindness and patience.

I will respect and adhere to all policies enforced by the adult volunteers, who will set an example by their conduct for me. If event is taking place off campus, I will respect and adhere to all policies set forth by the venue.

If event is an overnight, I understand that all cabins are gender specific and no one of the opposite gender may enter cabins, with the exception of the Youth Ministry staff.

I understand that no one may leave the group or the premises without permission. In the unlikely event that a need to leave arises, I will seek the consent and permission of the Youth Ministry staff person.

I understand that all St. Matthew Youth Ministry events are designed as drug, alcohol, tobacco and BAD ATTITUDE free; and anyone found in possession of any of the above substances or attitudes will be dismissed immediately. Parents will be called at any hour to retrieve the person who violates this rule.

I agree that everyone is responsible for clean-up.

**While at Retreat, I will respect all YMCA/Camp Thunderbird rules and stay out of off-limit areas.**

I have read and understand the above rules. I agree to abide by them for the duration of the Youth Ministry Event. I am aware that in failing to do so, I can be dismissed from the event.

**Youth Participant Name (printed):** \_\_\_\_\_

**Youth Participant Signature:** \_\_\_\_\_

**Parent/guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_