

HIGH SCHOOL SKI RETREAT

Please return this form to your PARISH coordinator by:
Favor de entregar esta forma a su coordinador parroquial antes de:

Jan. 18



RECONCILIATION - MASS - FOOD - POOL TIME - JESUS - SKIING - BOARDING - PRAYER - FRIENDS

JAN 20-22

**SAINT ALPHONSUS CHURCH, WALLACE, IDAHO
LOOKOUT PASS, IDAHO & MONTANA**

TRIPLE BLACK DIAMOND FUN, SO DANGEROUS IT MIGHT CHANGE YOU FOREVER

Please Print Legibly/*Escribe en letra legible*

First Name/*Nombre* Last Name/*Apellido*

Address/*Dirección* City/*Ciudad* State/*Estado* Zip/*Código Postal*

Home Phone/*Teléfono de Casa*

Parent's email/*Correo electrónico de los padres*

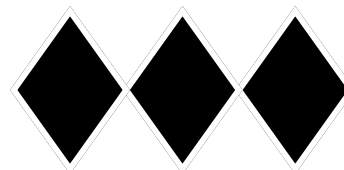
Youth's email/*Correo electrónico del joven*

Grade/*Grado* 6 7 8

Youth's Cell Phone/*Número del celular del joven*

Cost Options

1. _____ base fee \$55.00. (for those not skiing or with passes)
2. _____ base fee plus lift tickets (Saturday & Sunday) \$90
3. _____ base fee plus lift tickets and ski rentals* \$120
4. _____ base fee plus lift tickets and board rentals* \$130



*Rental forms available from your parish youth minister for skiing and boarding

Form will only be accepted with completed and signed Permission/Medical Form and Youth Code of Conduct

Esta forma solo será aceptada si esta adjunta a la forma de permiso/medico y las normas de conducta para los jóvenes

DIOCESE OF BOISE **YOUTH PERMISSION & MEDICAL RELEASE FORM**

EVENT: **High School Ski Retreat** Date: **January 20-22**

PLEASE PRINT

Youth's Name _____ Parish _____

Mother or legal Guardian (circle one) Full Name _____

Father or legal Guardian (circle one) Full Name _____

Date of Birth _____ / _____ / _____ Male Female

I, THE PARENT (GUARDIAN) OF THE ABOVE NAMED CHILD, HEREBY, GIVE MY PERMISSION FOR HIS/HER PARTICIPATION IN THE YOUTH ACTIVITY NAMED ABOVE. I AGREE TO DIRECT MY CHILD TO COOPERATE AND CONFORM TO DIRECTIONS AND INSTRUCTIONS OF PARISH, SCHOOL AND DIOCESAN PERSONNEL RESPONSIBLE FOR THIS ACTIVITY.

I agree that in the event my child is injured as a result of his/her participation in the above named activity, including organized transportation to and from this activity, whether or not caused by the negligence (active or passive) of the parish/school or diocesan youth activity program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs will first be paid by parent or guardian insurance or any available benefit plan of parent or guardian.

I am not aware of any medical condition of my child, which would render it inappropriate for him/her to participate in any activity.

I, hereby, give permission to the medical personnel selected by the youth activity supervisory personnel present, should parent/guardian not be available for permission or consultation, to render medical treatment deemed necessary and appropriate by the physician, R.N. or dentist.

I understand that during the activity my child may be transported to and from the activity site via a personal vehicle. Parents/guardians of participants are advised that photographs or videotape of participants maybe used in publications, websites or other materials produced periodically by the Diocese of Boise, Department of Parish Life and Faith Formation or local parishes. (Participants would not be identified without specific written consent. Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the parish/PLFF in writing. Please note that PLFF has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate.

MEDICAL HISTORY & INFORMATION

Allergies/food restrictions _____

Date of last tetanus shot (month/year) _____ / _____

Physical Impairments/limitations _____

Other health issues to be aware of (illness etc.) _____

DIOCESE OF BOISE YOUTH PERMISSON AND MEDICAL RELEASE FORM (CONT.)

Medical Treatment Preferences

Medications: My child will be taking medications at present during this event. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise direction for seeing that the child takes such medications, including dosage and frequency of dosage are as follows:

I hereby grant permission to any staff person to provide the following over-the-counter drugs to my son/daughter if requested by my son/daughter (Check all that apply)

Tylenol Benadryl Advil Sudafed Midol Pepto Bismol Neosporin Kaopectate Immodium

Other _____

Parent/Guardian Contact Information

Mother/Guardian's

Home Phone Number _____

Work Phone Number _____

Cell Phone Number _____

Father/Guardian's

Home Phone Number _____

Work Phone Number _____

Cell Phone Number _____

Non-parental emergency contact Name _____

Emergency contact Phone _____

Youth Minister's Information:

Name: _____

Youth Minister's Cell Phone Number _____

I acknowledge that if any information changes I will notify the diocese/parish.

Date _____ Parent/Guardian Signature _____

Please check if this applies.

___ I am covered by hospitalization and medical insurance under policy #:

_____ . The subscriber's name is

_____ . The family physican is _____

and he/she can be reached at # _____ .

YOUTH CODE OF CONDUCT

In order to assure the safe and successful participation of young people and adults at gatherings sponsored by agencies and organizations of the Diocese of Boise, the following norms of behavior are to be followed. We expect you to represent your parish, school and the Diocese of Boise well during all gatherings! We hope that you will display the mature, responsible leadership and character that has for so many years been the trademark of Catholic Youth Ministry within this Diocese.

SOME NORMS FOR PARTICIPATION...

1. Individuals are *responsible for their own actions*, and will be asked to assume the consequences for their inappropriate behavior.
2. Participants are expected to take direction from those adult leaders who have been placed in positions of authority by the parish. Model positive behavior by being on time and respectful of event.
3. Purchase and/or use of tobacco products by minors is illegal. In observation of both the law and good health practices, **smoking or chewing tobacco by participants is not allowed.**
4. The purchase, possession or consumption of BEER, WINE or OTHER ALCOHOLIC BEVERAGES by minors will not be tolerated. Infraction of this rule will mean immediate dismissal from the event.
5. The possession or use of ILLEGAL DRUGS by any individual will not be tolerated. Infraction of this rule will mean immediate dismissal from any event and appropriate action will be taken.
6. For the protection and safety of all participants, **acts of violence or harassment** will not be tolerated. Violence and harassment include fighting, physical or verbal assault or abuse, ethnic insults, profane or obscene language, gestures or actions.
7. Possession of any **weapon** is strictly prohibited. Any one who brings a weapon to an event or gathering will be asked to surrender the weapon to leaders and appropriate action will be taken.
- 8. Disruptive behavior, language, clothing or items** will not be acceptable at youth events. This includes any of the above, which is obscene, profane, or inappropriate to the activity of the church or group.
9. It is illegal for minors to take part in any organized form of **gambling** and therefore such activity is strictly prohibited. Any other gambling activity is also strongly discouraged.
10. In the unlikely event that a behavior problem based on the above requires extreme action; it is likely to result in dismissal from the activity. Parents will be contacted and participants will be sent home, at the parent's expense.

PLEASE NOTE: *The Diocese does not insure personal property against theft or loss so please exercise caution regarding your own personal property.*

You are expected to observe the above guidelines in light of Idaho State statutes and definitions even though the events may take place in another state or country. (EXAMPLE: The legal drinking age in Idaho is 21. This age will be the norm followed even when in a place where the legal drinking age is lower.) We respectfully ask for your cooperation and hope that you will have no trouble adhering by this simple code of behavior. The major thing to remember is that you represent the Church and are asked to project an image of Christian consideration, sensitivity and respect to others and to the property around you.

I HAVE READ AND UNDERSTAND THE ABOVE CODE OF CONDUCT AND WILL ADHERE TO THE REQUIREMENTS DICTATED BY THIS CODE.

Youth's Signature Date

Group Leader's Signature Date

Parent's Signature Date

—This form should be kept on file by the parish coordinator of youth ministry.—