

Church Of The Assumption --- Permission Form, Health and Code of Conduct – *Please Print*

Name	Phone	Date of Birth
Address	City, Zip	Grade
Emergency Contact	Weekend Phone	Year of Graduation
Insurance Company	Policy #	
Physician & Phone	<b>E-Mail Address</b>	
List any current medications (prescription and non-prescription) taken and include dosage:		
List any allergies or other special needs/concerns (dietary, health concerns, etc...):		

**Fee (Financial assistance available upon request):**

**85.00**

**T-Shirt Size – Small - Med. - Large - XLarge - XX**

Return this form by: March 16, 2018

**Event Title: TEEN SPRING RETREAT**

**Event Dates: March 16-18, 2018**

**Make checks payable to:**

**Church of the Assumption**

**Photography Permission:**

I give **Church of the Assumption** permission to photograph my child and post those photos to COTA's website and social media. YES \_\_\_\_\_ NO \_\_\_\_\_

I hereby certify that the above information is correct and give permission for my child to attend the above named event on the specified dates, for my child to be transported in privately owned vehicles for medical emergencies only, and for the release of medical records to an attending health worker in the case of illness. I understand that every effort will be made to contact the parent/guardian. If one cannot be contacted, I hereby give permission for a qualified physician to secure proper treatment for my child. I agree to accept any and all financial responsibility as a result of scheduling medical treatment.

**Parent/Guardian Name:**

Date:

**Return this form and fee to: Ted Bianculli at the Church Office, Phone 388-0040, ext. 1305**

**CODE OF CONDUCT:** Your signature below indicates your willingness to comply with the following rules:

- ◇ The purchase, possession, or consumption of alcoholic beverages or the possession or use of illegal drugs will not be tolerated. Failure to comply will result in **IMMEDIATE DISMISSAL** from the event.
- ◇ Participants must attend all scheduled activities and events.
- ◇ Participants are expected to obey the direction of all chaperones – appropriate behavior and language are expected.

*We have read the information/expectations on this form and agree to abide by the Code of Conduct. If these rules are violated, we accept responsibility for the behavior of our child and agree to accept all expenses for the transportation of the child if he/she is dismissed from the event.*

Parent/Guardian

Youth

Date