



Bible Camp 2018 Permission Form and Code of Behavior

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Parish: _____

I understand and have been informed that taking part in this event may involve risk or injury and that participation is voluntary. I understand that the program will have competent adult supervision and reasonable and appropriate measures will be made to minimize the risk or accident and/or injury for all participants. I hereby consent and authorize any staff members/adult volunteers to secure emergency medical care or treatment that may be necessary for my self/child during the entire event. This consent and authority includes, but is not limited to, the ability to apply for admission to any health care facility, to arrange for and consent to health care procedures, and to arrange for any necessary transportation. This consent and authorization also includes the right to request, review, and receive any oral or written information regarding my or my child's physical or mental health including medical and hospital records and including the authority to execute any releases that may be necessary to obtain this information. Furthermore, I release and hold harmless any said staff member or adult volunteer from any liability as a result of that staff member or adult volunteer who is acting in good faith is placed in a position of making decisions required for emergency care or medical treatment for my self/child. In case of an accident, injury or loss, neither my family nor I will hold the Marello Youth Retreat center, Oblates of St. Joseph, the Diocese of Sacramento, the parish, nor any person or affiliate organization associated with the event, responsible or liable.

I am hereby advised that photographs or videos of participants may be taken during this event and used in publications, websites or other materials produced from time to time by the Marello Youth Retreat Center and Oblates of St. Joseph. I understand that if I do not wish to have photographs or video used that I must specify this in writing. I understand that the Marello Youth Retreat Center and the Oblates of St. Joseph have no control over the use of photographs or video taken by other participants.

Primary Emergency Contact: _____ **Home Phone:** _____

Relationship to participant: _____ **Cell Phone:** _____

Secondary Emergency Contact: _____ **Home Phone:** _____

Relationship to participant _____ **Cell Phone:** _____

Health Concerns (list any allergies, medication, ailments, special needs, including dietary):

Current Prescription Medications (list name, frequency and dosage):

Family Physician: _____ **Phone:** _____

I hereby acknowledge that the above information is true and accurate. By signing below I grant consent for _____ to participate in the Bible Camp on June 4 – 8, 2-18 at Marello Youth Retreat Center. I hereby grant permission for nonprescription medication (such as acetaminophen, ibuprofen, throat lozenges, cough syrup, etc.) to be given to my self/child if deemed advisable.

If under 18, Parental/Guardian Signature _____ Date _____

Retreat Code of Behavior - - - I understand that I will have:

I agree to uphold and exemplify positive Catholic values, and I understand that my participation in this program requires compliance with rules and regulations regarding my conduct. Specifically, I agree that during my participation in the program:

- I will follow the directions of adult leaders;
- I will treat adult leaders and other participants with respect;
- I will stay with my assigned group, and participate in the approved activity;
- I will dress appropriately at all times;
- I will not use, bring, or be under the influence of illegal drugs or alcohol;
- I will not smoke or use tobacco products;
- I will not engage in inappropriate sexual behavior;
- I will not be in the possession of or use firearms, knives, or weapons of any kind;
- I will not engage in acts of violence, stealing, dishonesty, gambling, or profanity; and
- I will respect the physical property of the facility and of others, and will not engage in acts of vandalism.

I agree to abide by these rules and the supervision of adult leaders, and understand that violations will be dealt with in an immediate and appropriate manner. If I should be dismissed from participation in the program, I understand that my parents will be contacted to arrange for my immediate transportation home.

Participant's Signature

Date