

ALIVE IN YOU MISSION TRIP

St. Benedict Catholic Church Mission Trip

Rising 8th grade – 12th grade

Catholic Archdiocese of Atlanta

Field trip - Parental / Guardian Consent Form and Liability Wavier

Name of Participant: _____ Sex: _____ Age: _____ T-Shirt size _____

Date of Birth _____ Parent / Guardian _____

ADDRESS: _____ Home # _____

Work # _____ Cell#: _____ Email: _____

Emergency contact & Phone _____

I, (_____), grant permission for my child, (Participant above), to participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and /or volunteers from the parish. A brief description of the activity follows:

Date of Event: June 11-16, 2019
Type of Event: Alive in You Mission Trip in Tampa, Florida
Destination of Event: Tampa, Florida (address TBA)
Individual in Charge: Rita Anderson - cell: 770/833-1818

Estimated time of Departure and Return: Depart: 8 am from St. Benedict
pick up: 8 pm at St. Benedict

As a parent and / or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend this St. Benedict Church, its officers, directors, and agents and the **ARCHDIOCESE OF ATLANTA**, Georgia, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Atlanta, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

I / We hereby grant permission for publication of group (two or more persons) photo taken at youth events.

Signature of Parent / Guardian _____ Date _____

Total Teen Cost: \$500

Adult Chaperones: \$150

Deposit with Registration form: \$100

2nd payment: \$100 by January 1st

Final payment: \$300 by March 1st

For more information, please call or email the Youth Minister's office: 678/992-2519

Rita Anderson: [randerson @stbenedict.net](mailto:randerson@stbenedict.net)

St. Benedict Catholic Church

Annual Youth Ministry Code of Conduct

A positive and safe experience is fostered by the following guidelines, which will help ensure that all participants treat one another and Staff with respect. In addition to complying with all federal, state and local laws, participants are expected to comply with the guidelines below:

Alcohol: The consumption or possession of alcoholic beverages is prohibited.

Drugs: St. Benedict explicitly prohibits use or possession of any illegal drugs. Federal, state and local laws regarding drug use apply.

Theft: Attempted or actual unauthorized possession of St. Benedict property or other personal or host facility property is prohibited.

Vandalism: Attempted or actual damage to or alteration of St. Benedict facility or our host facility or other personal or public property is prohibited.

Fire Safety: Setting a fire, causing a false fire alarm, or causing an unreasonable situation that creates a fire safety hazard is prohibited.

Sexual Misconduct: All forms of sexual misconduct are expressly prohibited.

Endangering Behavior: Conduct that threatens or endangers the health and/or safety of a person(s) is prohibited.

Leaving Campus: Participants are not allowed to leave St. Benedict property or host facility property, and must be in their assigned locations at all times.

Smoking: Smoking is prohibited in any indoor or outdoor areas.

Any participant exhibiting any of the behaviors listed above will be subject to one or more of the following actions:

- The parent(s) or guardian(s) will be contacted.
- The participant will be sent home at his or her own expense, in which case, the participant will be required to attend another event or retreat (possibly through another church if needed) in order to meet the archdiocese requirements for Confirmation.
- Local Law enforcement may be contacted in the event of any illegal actions.

In signing this agreement, I acknowledge that I have read this code of conduct form and I agree to be bound by these terms.

Participant Name: _____

Participant Signature: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Parent/Guardian Preferred Contact number: _____ Type: (cell, home, other)