

Confirmation Conference
"Becoming a Gift to the World"
 Mount Pleasant High School | 1750 S. White Rd. San Jose, CA 95127
 Saturday: March 18, 2017

YOUTH ACTIVITY, PERMISSION, MEDICAL RELEASE & PARENTAL CONSENT FORM

BASIC INFORMATION	
YOUTH NAME:	BIRTHDATE:
PARISH/SCHOOL:	GRADE:
SHIRT SIZE:	FOOD ALLERGIES:
PARENTS/GUARDIANS NAME(S):	
STREET ADDRESS:	CITY/STATE/ZIP CODE:
PARENT CELL PHONE:	PARENT HOME PHONE:
DOCTOR'S NAME:	DOCTOR'S PHONE:
DENTIST'S NAME:	DENTIST'S PHONE:
FAMILY HEALTH PLAN CARRIER:	POLICY NUMBER:
ADDITIONAL EMERGENCY CONTACT	
NAME & RELATION:	PHONE:

I hold the PARISH/SCHOOL AND DIOCESE OF SAN JOSE harmless from any claim of injury, sickness, illness or damage that my child may suffer or sustain during the activity listed above, with exception to injury of damages arising out of the sole negligence of the PARISH/SCHOOL OR DIOCESE OF SAN JOSE.

I attest that my child is physically fit to participate in this event.

In the event my child becomes ill or injured, I do hereby consent to whatever x-ray, examination, medical or treatment and hospital care are considered necessary in the best judgement of the attending physician and performed by or under the supervision of a member of the medical staff of the hospital facility providing the treatment. I further understand and agree to be responsible for any such medical, dental and/or hospital expenses incurred.

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

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

I hereby grant permission for my child to be photographed and/or videotaped during this event. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting the confirmation conference. please print "photo opt out" by the signature if you do not want this permission granted.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

YOUTH CODE OF CONDUCT

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

- 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
- 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 event, I understand that my parents will be contacted to arrange for my immediate transportation home.

SIGNATURE OF YOUTH _____ **SIGNATURE OF PARENT/GUARDIAN** _____