



CATHOLIC DIOCESE OF PEORIA, IL

**PARISH YOUTH PARTICIPANTS AND/OR VOLUNTEERS  
PERMISSION FORM**

2022-2023

**GENERAL PERMISSION FORM:** I request that my child, \_\_\_\_\_, be allowed to participate/volunteer for the (event) \_\_\_\_\_ located at \_\_\_\_\_ which takes place \_\_\_\_\_.

I hereby release and agree to indemnify and hold harmless my parish, \_\_\_\_\_, its staff and their employees and agents, volunteers, and the Catholic Diocese of Peoria, IL from any and all liability, for injuries, damages, medical expenses, or any other loss to my children or family, including attorney fees, arising from claims of any nature whatsoever from my child's participation/volunteer in this event.

**VIDEOTAPING, STILL PHOTOGRAPHS AND AUDIO RECORDINGS:** Video, still photographs and audio recordings may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape, still photographs and/or audio recordings, which may be used for future promotional efforts, including the Diocese of Peoria website.

**CODE OF BEHAVIOR:** As a volunteer, he or she is representing our parish/school during this event, and we expect he/she will represent us well. We expect that he/she will display mature and responsible behavior, which for many years has been the trademark of the Catholic youth and adults of our Diocese.

**SOME EXPECTATIONS:**

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on Clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. If under the age of 18, prescription drugs need to be given to an adult for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

*I understand and agree to this Code of Behavior. I also understand that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.*

*If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.*

Youth Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



CATHOLIC DIOCESE OF PEORIA, IL

PARISH YOUTH PARTICIPANTS AND/OR VOLUNTEERS
MEDICAL PERMISSION FORM

2022-2023

MEDICAL PERMISSION FORM:

I grant permission for the administration of First Aid to my child, \_\_\_\_\_, by the people in charge of the \_\_\_\_\_ event, and those transporting my child to and from the event as their judgment deems advisable, to sign the necessary release as may be required, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant/volunteer. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery if deemed necessary for my child.

PARTICIPANT/VOLUNTEER NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Allergic to Medication/other? NO YES If YES, please describe:

\_\_\_\_\_
\_\_\_\_\_

Medication(s) presently taking: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

INSURANCE INFORMATION:

Policy in the name of: \_\_\_\_\_ Insurance Company \_\_\_\_\_

Policy Number: \_\_\_\_\_ I.D. / SSN: \_\_\_\_\_

Authorized Physician: \_\_\_\_\_ Phone with area code: \_\_\_\_\_

Authorized Hospital: \_\_\_\_\_ Location: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Home

Work Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone(s): \_\_\_\_\_