



Permission form - St. Francis de Sales, Holland Michigan

Youth Ministry for High School Teens

Small groups and/or Social Nights and/or Student Leadership Team

September 1, 2025 – May 31, 2026

St. Francis de Sales, 7:00 – 8:30 p.m.

1. First and last name of child _____
2. Child's grade in school 9 10 11 12
3. Child's date of birth _____
4. Parent / guardian's first and last name(s) _____
5. Parent's / guardian's cell phone number _____
6. Parent's / guardian's email address _____
7. Emergency contact: First and last name of an adult (someone other than listed in #4)

8. Emergency contact: Phone number _____

9. TEEN PARTICIPANT AGREEMENT TO CODE OF BEHAVIOR :

You are representing St. Francis de Sales Youth Ministry, your parish, your family and yourself during this activity/event. We expect that you will display maturity and responsibility.

Behavior & 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/vaping 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 adult from your parish for storage and distribution.

Violating these rules can mean immediate dismissal. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand and agree 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 & 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 & any costs involved.

I (participating teen) agree

10. **GENERAL RELEASE FOR EVENT:** In consideration of my child being allowed to participate in this Youth Activity, I hereby agree on behalf of myself and my child, to release St. Francis de Sales, the Roman Catholic Diocese of Grand Rapids, and any and all affiliated organizations, their employees, agents and representatives, from any and all claims, including negligence, which may be asserted by me or my child, or

on behalf on my child, arising from or relating to my child's participation in the activity/event. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume responsibility for transportation and/or incurred transportation costs.

I agree

11. **List medical information about participant:** Allergies, medication (name & dose), other important commentary, disabilities (Answer is required; if none, enter "none")

12. MEDICAL TREATMENT RELEASE

As a parent/guardian, I do hereby authorize treatment of any or all children listed on this form by a qualified and licensed physician of any condition, which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me. I further authorize the person who presents the minor to sign the Acknowledgement of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility. This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

- Yes, I give permission
- No, I do not give permission

13. MEDIA RELATIONS-PROMOTIONS RELEASE

For any and all children listed on this form, I/we give my/our permission to the Roman Catholic Diocese of Grand Rapids, Michigan, (the Diocese) and all entities, representatives, employees, and agents operating under its authority to use, without prior notice, my name or my minor child's name, city and state, and/or audio, video(s), photo(s), and/or any other likeness and to use statements made by or attributed to me or my child relating to the Diocese, without compensation, for web, social media, publicity or similar promotions for the Diocese. I waive my right to inspect or approve such publications, including any written copy that may be created in connection therewith. I/we agree that my/our signature(s) below releases any and all claims against the Roman Catholic Diocese of Grand Rapids, or its associated entities related to or arising out of the Diocese's use of the stated items as media relations/promotional material(s).

- Yes, I give permission
- No, I do not give permission

14. Do you have any other special requests or comments for the activities? Please leave it below.

15. Parent/Guardian signature

With this permission form, I grant permission for my above-named child to participate in any/all of the 2025-26 "Youth Ministry Nights" at St. Francis Sales.

16. Signature date _____