



FORM A: PARENT/GUARDIAN CONTINUING CONSENT FORM AND LIABILITY WAIVER (page 1)

Youth Participant: _____ Sex: Male Female
 Birth Date: _____ Age: _____ Grade: _____ T-Shirt Size: _____ (adult)
 Lives With: Both Parents Mother Father Other: _____
 Church Parish and City of Church Parish: _____
 Sacraments received: Baptism First Communion Confirmation
 Providing the participant's cell phone number and email address grants permission for electronic communication from youth ministry leader(s) and/or adult chaperone(s) to this participant in regards to Catholic youth ministry programs, activities, and events.
 Cell Phone: _____ Email: _____

Parent/Guardian: _____ Relationship to Child: _____
 Home Phone: _____ Cell Phone: _____ Email: _____
 Home Address: _____

Parent/Guardian: _____ Relationship to Child: _____
 Home Phone: _____ Cell Phone: _____ Email: _____
 Home Address: _____

Emergency Contact (if Parents/Guardians cannot be reached)
 Name: _____ Relationship to Child: _____
 Home Phone: _____ Cell Phone: _____ Email: _____
 Home Address: _____

I (name of parent/guardian) _____ and (name of participant) _____ grant permission and request that (name of participant) _____ be allowed to participate in all Catholic Church/Parish and/or diocesan programs, activities, and events.

I understand that each year, I will be provided with Form B (Annual Update Form) to indicate any changes recorded in this consent and liability form. I also understand that for specific events I will be provided Form E (Specific Event Form) to sign. Form E will give the exact name of the event, date, time, and location.

I further understand and recognize that this agreement is a continuing one and valid on a continuing basis so long as the participant participates in Catholic Church/Parish and/or diocesan programs, activities, and events. Participation in Catholic youth ministry programs, activities, and events is voluntary. In consideration of this and other things, I agree on behalf of myself and the participant, to hold harmless, the Diocese of Shreveport, the Bishop and his successors, employees, agents, volunteers, any Catholic Church/Parish, its employees and volunteers from any and all claims (unless due to gross negligence of the Diocese and/or Catholic Church/Parish) for illness, injury, death, and the cost of medical treatment therewith, arising from or in any way connected with participation in various diocesan or Catholic Church/Parish programs, activities, and events. In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that each party is responsible for its own legal fees, court costs, and expenses.

I consent in perpetuity to the use by the Diocese of Shreveport and/or Catholic Church/Parish of any video recordings, photographs, audio recordings, or any other visual or audio reproduction (subject to editing) in which the participant may appear. I understand that these materials are being used for promotion of the youth ministry of the Diocese of Shreveport and/or Catholic Church/Parish, which may include recruitment and fundraising efforts.

If the participant is 18 years or older, consent must be signed by both the participant and parent/guardian.

 Signature of Parent/Guardian Printed Name of Parent/Guardian Date

 Signature of Participant (if 18 years or older) Printed Name of Participant (if 18 years or older) Date



FORM A: PARENT/GUARDIAN CONTINUING CONSENT FORM AND LIABILITY WAIVER (page 2)

Medical Consent

Specific Medical Information

- 1. Youth ministry leaders and/or adult chaperones should be aware of the following medical conditions/special health information of the participant.

- 2. List all allergies of the participant (e.g., medications, foods, plants, insects, latex, etc.).

Medications

Participant is currently taking medications and will bring all such medications, well and correctly labeled, that are necessary. Names of medications that participant is currently taking and concise directions for such medications, including dosage and frequency are as follows:

Medication	Dosage	Frequency of Administration

Please initial one.

_____ I hereby **DO NOT GRANT PERMISSION** for medication of any type, whether prescription or nonprescription, to be administered to my child (me) unless the situation is life threatening and emergency treatment is required.

_____ I hereby **GRANT PERMISSION** for nonprescription medications (such as non-aspirin pain relievers, throat lozenges, decongestants, antacids, and antihistamines) to be given to my child (me) if deemed advisable. I understand that aspirin will not be given to my child (me).

Medical Insurance

Please initial one.

_____ Participant is medically insured. **I have provided a copy of the medical insurance card (front and back).**

_____ Participant is not medically insured. I understand payment in full for medical care is the responsibility of the patient.

I confirm that, to the best of my knowledge, the participant is in good health, and I take full responsibility for the participant's health. I confirm that the Diocese of Shreveport and/or the Catholic Church/Parish has my full and complete permission to seek and obtain medical attention for the participant in the event of any accident or illness which may occur, including the authorization to consent to emergency medical care, if required during any diocesan or Catholic Church/Parish programs, activities, and events. I understand that reasonable efforts will be made to advise parents, guardians, or emergency contacts of the participant's condition prior to treatment.

If the participant is 18 years or older, consent must be signed by both the participant and parent/guardian.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

Signature of Participant (if 18 years or older)

Printed Name of Participant (if 18 years or older)

Date



FORM A: PARENT/GUARDIAN CONTINUING CONSENT FORM AND LIABILITY WAIVER (page 3)

Youth Code of Conduct

No drugs, tobacco (including JUULs, vaping devices, e-cigarettes), alcohol, fireworks, matches, cigarette lighters, devices, or weapons that would endanger people, animals, or property.

Clothing should be appropriate, which prohibits short shorts, tank tops, baggy pants, bikinis, any showing of underwear, any reference to alcohol/tobacco products including insignias or advertisements. We reserve the right to declare clothing inappropriate.

Language and behavior should exemplify Christian values.

Participants will respect the rights and property of others. Neither vandalism nor stealing will be tolerated. Financial obligations that result from such behavior will be the sole responsibility of the youth and his/her family.

Males and females are not, at any time, to be in each other's sleeping quarters.

If applicable, participants must wear the required event identification at all times.

Participants may not leave the event site without the express permission of the event coordinator.

Personal electronic devices are only permitted at specified times and may be collected and held by adult leaders to ensure compliance.

Participants must adhere to stated curfew.

Maintain the spirit of the event by attending all meetings on time and in their entirety.

Participants will abide by any other rules as specified for a specific event and no individual adult may interfere or void these.

Participants are responsible for personal belongings.

Participants are to go immediately to a trusted adult to discuss any problems that may occur.

I have read and understand the "Youth Code of Conduct" and will abide by it and any other event-specific rules at all Catholic youth ministry programs, activities, and events. I understand and agree that my parents/guardians will be notified at the time of any infraction requiring my dismissal from the event and that I will be sent home at my/the expense of my parents or guardians. Should the infraction violate local ordinances or state laws, the misconduct may be reported to the authorities.

Signature of Participant: _____ Date: _____

I agree that my child is expected to abide by the "Youth Code of Conduct" and any other event-specific rules at all Catholic youth ministry programs, activities, and events. I agree that if my child fails to abide by this code, he/she will be dismissed from this activity and sent home at my expense with no right of reimbursement. Should the infraction violate local ordinances or state laws, the misconduct may be reported to the authorities.

Signature of Parent/Guardian: _____ Date: _____

In signing below, I certify that I (name of parent/guardian) _____ am the parent and legal guardian of (name of participant) _____ and that all information contained herein Form A is true and accurate to the best of my knowledge.

Form A will remain in effect until the participant graduates from high school in the year _____.

I acknowledge and agree that it is my responsibility to inform the Youth Ministry Leader any time any of the information in Form A needs to be changed, amended, or updated prior to the participant graduating high school. I also confirm that to the best of my ability, I have not omitted any pertinent information and everything I have stated herein is true and accurately reflects my wishes.

If the participant is 18 years or older, consent must be signed by both the participant and parent/guardian.

Signature of Parent/Guardian Printed Name of Parent/Guardian Date

Signature of Participant (if 18 years or older) Printed Name of Participant (if 18 years or older) Date