



REGISTRATION FORM for those Under 18 years of Age Catholic Youth Expeditions

Please send registration form & fee to:
CATHOLIC YOUTH EXPEDITIONS P.O. BOX 272 APPLETON, WI 54912

A registration fee of \$45 can be made payable to: Catholic Youth Expeditions

Date of High School Expedition you wish to attend: _____

Name: _____

Address: _____

Note: Space may be limited on any expedition.

City: _____ State: _____ Zip: _____ Year in School: _____

Home Phone: (_____) _____ E-Mail Address: _____

Gender: Female Male Age: _____ Date of Birth (Month, Day, Year): _____

GENERAL PERMISSION FORM

I request that my child, _____, be allowed to travel in vehicles provided by Catholic Youth Expeditions to and from the expedition, and to participate at the designated location. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Catholic Youth Expeditions, its officers, directors and agents, staff, chaperones, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Videotaping and Still Photographs

Video and still photographs may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape and/or still photographs, which may only be used for future promotional efforts, including the Catholic Youth Expeditions websites.

Code of Behavior for Participants

We are glad to have you on an expedition! During this expedition, we expect that you will display mature and responsible behavior, which for many years has been the trademark of 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 and follow the CYE dress code. 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 permitted.
8. If under the age of 18, prescription drugs need to be given to an adult staff member 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. 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.

Signature of Minor: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

5/1/9/08

OVER PLEASE

MEDICAL PERMISSION



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, 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. 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 injection, anesthesia, or surgery if deemed necessary for my child.

INSURANCE INFORMATION

Policy in the name of: _____

Insurance Company: _____ Policy Number: _____

Authorized Physician: _____ Phone #: _____

Parent/Guardian Signature: _____ Date: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Wireless Phone: _____

In case of Emergency, contact: _____ Phone #: (_____) _____

MEDICAL MATTERS:

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (OF THE FOLLOWING STATEMENTS PERTAINING TO MEDICAL MATTERS, **SIGN ONLY THOSE THAT ARE APPLICABLE.**)

Participant's Name: _____ Allergic to medication/other? NO YES (circle one)

Birth Date: _____ If yes, please describe: _____

Medications:

My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature of parent/guardian: _____ Date: _____

_____ No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature of parent/guardian: _____ Date: _____

OR

_____ I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature of parent/guardian: _____ Date: _____

Specific Medical Information: Catholic Youth Expeditions will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____ If Yes, please describe _____

Any physical limitations? _____ If Yes, please describe: _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? No Yes

If so, date and disease or condition: _____

You should be aware of these special medical conditions of my child: _____

I understand that the expedition may involve camping in tents, hiking, canoeing, swimming, water-skiing, and tubing.

My child had my permission to participate in these activities, and I believe my child to be physically able to participate.

Signature of parent/guardian: _____ Date: _____

DRESS CODE – Minors (Under 18)

As human beings, we are made in the image and likeness of God and it is important for us to point one another to Heaven through our words, actions and even through what we wear. Our clothing speaks of who we are and what we represent. The Catechism of the Catholic Church teaches that purity requires modesty. **Modesty protects the intimate center of the person.** It means refusing to unveil what should remain hidden. It guides how one looks at others and behaves towards them in conformity with the dignity of persons and their solidarity. **Modesty protects the mystery of persons and their love** (2521,2).

- 1) I understand that when I am not engaged in a water/sport activity, I must be fully clothed. This includes an appropriate shirt on top and appropriate shorts or pants on bottom.
- 2) **WOMEN:** I agree to refrain from wearing strapless or spaghetti strapped tank tops and shirts that are tight and revealing. I agree to not wear low cut shirts, short shorts or short skirts. 4 inches above the knee is an appropriate length for shorts. I agree to wear a modest bathing suit which would include a one piece or two piece tank and shorts with an appropriate cut on top. I understand that my stomach must be covered and that bikinis are NOT allowed.
- 3) **MEN:** I agree to wear loose fitting shirts and shorts that come to my knee. I agree to keep my boxer shorts covered up at all times. I understand that Speedos are NOT allowed.

I understand that if I am dressed inappropriately, the Expedition Director may approach me to discuss my attire and ask me to change.

Signature of Parent/Guardian: _____

Date: _____

Signature of Minor: _____

Date: _____