



St. Edward the Confessor  
Catholic Church  
Office of Evangelization

**TEEN PARTICIPANT FORM**  
**HIGH SCHOOL YOUTH MINISTRY SUMMER TRIPS**  
**LIABILITY RELEASE & COMMITMENT FORM**  
for rising 9<sup>th</sup> grade through graduated 12<sup>th</sup> grade

**PARTICIPANT'S INFORMATION:**

LAST NAME: \_\_\_\_\_  
 FIRST NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_  
 Teen CELL PHONE: \_\_\_\_\_  
 IS THE YOUTH MINISTER ALLOWED/ABLE TO TEXT THEM?: Y / N  
 Teen EMAIL: \_\_\_\_\_  
 BIRTH DATE: \_\_\_\_\_ GENDER:  F  M  
 GRADE IN 2019-2020:  9<sup>TH</sup>  10<sup>TH</sup>  11<sup>TH</sup>  12<sup>TH</sup>  COLLEGE FRESHMAN  
 ADULT T-SHIRT SIZE:  S  M  L  XL  XXL

SPECIAL DIETARY NEEDS? PLEASE CHECK ALL THAT APPLY:  
 VEGETARIAN  VEGAN  GLUTEN-FREE  PEANUT-FREE

**PARENT/GUARDIAN INFORMATION:**

FATHER'S NAME: \_\_\_\_\_  
 FATHER'S CELL PHONE: \_\_\_\_\_  
 FATHER'S EMAIL: \_\_\_\_\_  
 MOTHER'S NAME: \_\_\_\_\_  
 MOTHER'S CELL PHONE: \_\_\_\_\_  
 MOTHER'S EMAIL: \_\_\_\_\_

**EMERGENCY CONTACT:** (if we can't reach a parent)

NAME: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_  
 RELATIONSHIP TO PARTICIPANT: \_\_\_\_\_

**PARTICIPANT SHORT ESSAY:** AS THE PARTICIPANT, WHY DO YOU WANT TO ATTEND THIS TRIP(S)?

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

**SUMMER 2020 HIGH SCHOOL TRIP OPTIONS:**

CHECK YOUR PREFERRED ACTIVITY/ACTIVITIES AND **SUBMIT THIS FORM ALONG WITH A DEPOSIT CHECK** MADE PAYABLE TO ST. EDWARD CHURCH BY THE DEADLINE LISTED. \* *DEPOSITS APPLY TOWARDS THE TOTAL COST AND ARE NOT REFUNDABLE.* \*Scholarships are available for financial need – contact Andrew for information.

- DIOCESAN WORK CAMP: JUNE 20-26**  
 \*FOR RISING 9<sup>TH</sup> THROUGH RISING COLLEGE FRESHMEN.\*  
**\*\*COST \$350/TEEN. DEPOSIT \$100. FORM DEADLINE: APRIL 15\*\***  
 Joining with 150+ teens from across the diocese in Wise County, VA to learn about social justice and put it into action within our own diocese. We do home repairs during the day and have uplifting programming at night. Work site groups have a mix of teens & chaperones from different parishes.
- STEUBENVILLE CONFERENCE, OHIO: JULY 10-12**  
 \*FOR RISING 9<sup>TH</sup> THROUGH RISING COLLEGE FRESHMEN.\*  
**\*\*COST \$325/TEEN. DEPOSIT \$100. FORM DEADLINE: APRIL 15\*\***  
 It's a weekend that can change your life and help you become a passionate Catholic! You will travel to Franciscan University of Steubenville while bonding with other teens from around our diocese, hear inspiring speakers, experience new ways to pray, & more! 3,000 teens from across the USA attend. ONLY 18 SPOTS!!!
- QUO VADIS HS MEN'S DISCERNMENT CAMP: JULY 14-17**  
 \*FOR RISING 10<sup>TH</sup> THROUGH RISING 12<sup>TH</sup>, ONLY FOR YOUNG MEN.\*  
**\*\*COST \$150/TEEN. DEPOSIT \$150. FORM DEADLINE: JUNE 1\*\***  
 Have you ever considered your vocation? Grow closer to God as you bond with young men & seminarians from our diocese. "Where are you going?"
- FIAT HS WOMEN'S DISCERNMENT RETREAT: JULY 14-17**  
 \*FOR RISING 10<sup>TH</sup> THROUGH RISING 12<sup>TH</sup>, ONLY FOR YOUNG WOMEN.\*  
**\*\*COST \$150/TEEN. DEPOSIT \$150. FORM DEADLINE: JUNE 1\*\***  
 Have you ever considered your vocation? Be like Mary and grow closer to God as you bond with young women & nuns from all over!
- MIDDLE SCHOOL DAY CAMP COUNSELOR: JULY 20-24**  
 \*FOR RISING 11<sup>TH</sup> THROUGH RISING COLLEGE FRESHMEN.\*  
**\*\*COST \$25/TEEN. DEPOSIT \$25. FORM DEADLINE: JUNE 1\*\***  
 Help younger middle school teens form a strong community, get to know Jesus, and have summer fun! This is a diocesan program, so the teen counselors come from parishes all over the Richmond area.
- HIGH SCHOOL MISSION WEEK: July 27-31**  
 \*FOR RISING 9<sup>TH</sup> THROUGH RISING 12<sup>TH</sup>\*  
**\*\*COST \$50/TEEN. DEPOSIT \$50. NO DEADLINE, BUT ONLY 20 SPOTS\*\***  
 A week of service in our local RVA community. We do service projects throughout the Richmond area in the morning, and we have fun together as a community after lunch. We will attend Mass as a group in the mornings before we head out to work.

**FOR OFFICE USE ONLY:**

PAID \$ \_\_\_\_\_ CASH  
 PAID \$ \_\_\_\_\_ BY CHECK # \_\_\_\_\_  
 OTHER: \_\_\_\_\_

**FUNDRAISING:**

**ALL HIGH SCHOOL SUMMER TRIP PARTICIPANTS MUST PARTICIPATE IN AT LEAST ONE GROUP FUNDRAISER.** THE MONEY RAISED AT THESE FUNDRAISERS HELP US TO PAY FOR GAS, BUS FEES, TOOLS, SNACKS, SUPPLIES, AND T-SHIRTS. PLEASE KEEP AN EYE OUT FOR MORE INFORMATION ABOUT THE UPCOMING FUNDRAISERS. (BAKE SALE, TRIVIA NIGHT, MOTHER’S DAY TEA, SPAGHETTI DINNER, and MORE)

**YOUTH CODE OF CONDUCT**

SHOW LOVE AND RESPECT FOR GOD:

- ✓ Pray daily for self and others. Be open, flexible, and have a servant’s attitude.
- ✓ Participate in Sacraments, sessions, activities, & prayer experiences.
- ✓ Represent God in your words and actions.

SHOW LOVE AND RESPECT FOR SELF:

- ✓ You are the Temple of the Holy Spirit. Present yourself accordingly.
- ✓ No alcohol, drugs, weapons, or smoking will be tolerated on the trip.
- ✓ Dress with modesty. Bare mid-drifts, spaghetti straps, short-shorts, low cut tops, or guys without shirts are not permitted on the trip.
- ✓ Any music you bring and listen to should glorify God.
- ✓ Drink plenty of water, obey sleeping times, and make sure you eat all meals. This will allow you to fully participate and not be tired.

SHOW LOVE AND RESPECT FOR OTHERS:

- ✓ Strive to be on time and to put in your best effort.
- ✓ All words and actions should be those of Christ to build up others, not injure.
- ✓ Be safe. No horseplay or other potentially harmful actions. Leave pocketknives, lighters, or other hazardous materials at home.
- ✓ No teenagers are allowed to drive during the trip due to liabilities.
- ✓ Under no circumstances can a youth be in the room of a member of the opposite sex.
- ✓ Allow others to sleep. “Lights Out” means that it is time to sleep. Do not be in the showers or halls after “Lights Out”.
- ✓ No outside or unregistered visitors on trips will be permitted.
- ✓ The facility must remain clean and undamaged. Otherwise, you will be personally responsible to pay for the damage. Pick up trash if you see it, and follow trip guidelines about food in rooms.
- ✓ Respect the adult chaperones at all times, and try your best to work together to solve problems. If you have a concern about another teen OR an adult, talk directly to the Youth Minister.

I have read, understand, and agree to the above principles. Any violation of the above principles may result in immediate dismissal from the trip and participants will forfeit their registration fee.

YOUTH SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATED: \_\_\_\_\_

**HEALTH INFORMATION:**

INSURANCE CO.: \_\_\_\_\_

INSURANCE ID #: \_\_\_\_\_

INSURANCE GROUP #: \_\_\_\_\_

CARDHOLDER’S NAME: \_\_\_\_\_

**IS THE PARTICIPANT ALLERGIC TO ANYTHING?**

YES  NO

LIST DETAILS OF ALLERGIES (MEDS, FOODS, CHEMICALS, & SUBSTANCES):  
\_\_\_\_\_

**IS THE PARTICIPANT CURRENTLY TAKING OR HAS TAKEN ANY PRESCRIPTION MEDICATION IN THE LAST 6 MONTHS?**

YES  NO

LIST SPECIFIC MEDICATION, REASONS FOR MEDS, & DAILY DOSAGE:  
\_\_\_\_\_

**DOES THE PARTICIPANT HAVE ANY EMOTIONAL, PHYSICAL, OR SENSORY CONDITIONS?**

YES  NO

LIST ANYTHING WE SHOULD BE AWARE OF OR THAT MIGHT NEED SPECIAL ACCOMMODATIONS: \_\_\_\_\_

**HAS THE PARTICIPANT RECEIVED A TETANUS SHOT?**

YES  NO

LIST DATE OF LAST TETANUS SHOT, IF KNOWN: \_\_\_\_\_

**RELEASE OF LIABILITY & MEDICAL RELEASE:**

*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 the Catholic Diocese of Richmond, St. Edward Catholic Church, its employees and agents, chaperones, or representatives associated with the event from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the Diocese, St. Edward Catholic Church, its employees and agents and chaperones, or representatives associated with the event for reasonable attorney’s fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the Diocese/St. Edward. 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. In the event of any emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers I give permission for the noted emergency contact to be notified. I will not hold the Diocese of Richmond/St. Edward Catholic Church responsible for authorizing any medical treatment beyond necessary transportation to the hospital.*

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATED: \_\_\_\_\_

**USE OF PICTURES AND/OR VIDEO:**

*I give permission for pictures and/or video of me and/or my child (named above) engaged in activities related to any Diocesan or St. Edward event to have their pictures posted in the Diocese of Richmond and St. Edward publications or websites. Full names of participants **will not** be used without expressed permission from the parent or guardian. If no box is checked*

*below, the Diocese of Richmond assumes you give permission.*  YES  NO

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATED: \_\_\_\_\_