

ST. EDWARD THE CONFESSOR CHURCH

2700 Dolfield Dr. Richmond, VA 23235
804-864-4708

OFFICE OF EVANGELIZATION

Event Name: VA Catholic Youth Day at Busch Gardens
Event Date: October 6, 8:30am – 12midnight

Parents, please check one:
 My child must stay with an adult throughout the trip
 My child may explore the park without an adult *if necessary, adult chaperones may decide that a youth will be required to stay with adults

Please provide the following information for anyone participating in St. Edward Church activities

Name: _____ Phone: _____

Address: _____ Zip Code: _____

Emergency Contact Name: _____ Relation: _____ Phone: _____

Email address: _____ Want to be added to the email list for youth activities? Y/N

Are you bringing a cell phone? Y/N What's the number? _____

The Parish Adult Leader will take reasonable care to see that the following will be held in confidence:

FOR ADULTS ATTENDING THE ACTIVITY:

- If you have a medical condition of which we need to be aware, please indicate _____
 - In case of emergency, do you authorize the adult in charge to seek medical assistance and/or treatment? Please circle: YES NO
- Medical Insurance Company Name & Number _____ /or attach a copy of the medical insurance card

PARENTS/GUARDIANS re: MINORS: Please complete the following specific information where applicable if the person attending the trip is under 18 years old: the above participant has my permission to attend or participate in a St. Edward Church activity. In the case of an emergency or should my son/daughter require medical assistance, I authorize the adult in charge to seek such assistance and/or treatment, except as indicated below. If such an incident should occur, I understand that St. Edward the Confessor Church is not responsible.

COSTS:

- ____ Teen Admission/Transportation/Dinner at \$80 each
- ____ Teen Transportation/Dinner at \$29 each
if teen owns a season pass that is active in October
- ____ Chaperone Admission/Transportation/Dinner at \$63 each
Chaperones do not pay for transportation

Parent/Guardian Signature: _____

Medical Insurance Company Name & Number: _____ /or attach a copy of the medical insurance card.

PLEASE INITIAL NEXT TO ANY STATEMENTS WHICH REPRESENT YOUR WISHES:

- 1) In the event of an emergency, I hereby give permission for my child to be transported to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. If I cannot be reached, contact the above-mentioned emergency contact. _____
- 2) **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. _____
- 3) 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 is as follows: _____

SPECIFIC MEDICAL INFORMATION:

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

You should also be aware of these special needs of my child: _____

Family-Guest-Church Covenant of Christian Code of Conduct

I, _____, agree to abide by this covenant with St. Edward the Confessor Church, Richmond, VA.

- I believe the Gospel teaching of love of God and my neighbor as myself.
- I will be on time for departures to and from any scheduled activities.
- I will respect each person I encounter, whether in the community or as a member of the St. Edward Church team. I will listen respectfully to the team. When there is a conflict, I and a team member will seek resolution in a calm manner.
- I will not behave in any offensive manner: verbal or physical (yelling, hitting, fighting, profanity, inappropriate gestures, etc).
- I will visit in common areas only. I will not visit opposite sex bathrooms, etc. I will not participate in any Inappropriate Public and Private Displays of Affections (IPDA).
- I will respect all of God's creation as well as personal property of members, public and private properties. Destruction of any property that I do requires me to make full restitution to the owner and my family will be notified.
- I will not participate in using any form of illegal drugs, alcohol or tobacco. I will only take prescription or over the counter medication with parental consent. If I am found in possession of drugs, alcohol or tobacco, first, police (in the case of illegal substances-drugs) and/or then parents/guardians will be notified immediately. I will be dismissed from the activity and returned home by my parents/guardians. Should my parents/guardians not be able to pick me up, they will absorb cost for my return home. There will be no refund on any part of the payment of the activity.
- Adults are asked to refrain from smoking in front of children and youth. Adults are not to use illegal substances or alcohol when young people have been entrusted to their care for a church sponsored activity or program.

Children/Youth's SIGNATURE: _____

PARENT'S SIGNATURE: _____