

CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing

Church of St. Dominic & Annunciation

Name of Parish/School

In this event sponsored by Church of St. Dominic & Annunciation

Name of Parish/School

On July 7, 14, 21, 28, 2021

Date of Event

Please read and sign.

I, _____, **WILL:**

Printed Name of Youth Participant

- Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
- Be on time for all check-ins and departure time.
- Not have in my possession any tobacco, alcohol or any controlled illegal substance

I agree that if any of these terms are violated, The Church/School of St. Dominic can send the participant home at the participant/guardian's expense.

Youth Participant Signature

Date

Parent/Guardian Signature

Date

Please return to: St. Dominic Parish Office or place in the Sunday collection

No later than: July 5, 2021

FIELD TRIP

Student/Participant Name _____

Date of Birth _____ Sex _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Business Phone _____

Dates of Event: July 7, 14, 21, 28 2021; 9:30 – 10:30 AM

Type of Event: Tennis

Destination: Pat Lamb Tennis Courts – Carleton College

Individual(s)/ in Charge: Fr. Gregory Abbott & two trained adults

Estimated Time of Departure and return: _____

Mode of Transportation To & From Event Parents

Student Cost (if any) Pray one Hail Mary for St. Dominic & Annunciation parishes

I, _____, grant permission for my child, _____
Parent or Guardian Name Child's Name

to participate in the above-described event. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from The Church of St. Dominic/St. Dominic School. As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ('participant').

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend The Church of St. Dominic/St. Dominic School, its officers, directors, employees and agents, and the Archdiocese of St. Paul and Minneapolis, 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 parish/school, its officers, directors and agents, and the Archdiocese of St. Paul and Minneapolis, its employees and agents and chaperones, or representative 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 parish/school or the Arch/Diocese of St. Paul and Minneapolis

Parent/Guardian Signature _____ Date _____

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).

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I 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 a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship _____

Phone: _____ Alt Phone: _____

Family Doctor: _____ Phone: _____

Family Health Plan carrier number: _____ Policy #: _____

Signature: _____ Date: _____

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OTHER MEDICAL TREATMENT: In the event it comes to the attention of the parish/school, its officers, directors and agents, and the Archdiocese of St. Paul and Minneapolis, chaperones, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called as soon as it is reasonably possible.

Signature: _____ Date: _____

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: _____ 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: _____ Date: _____

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

Signature: _____ Date: _____