



# Divine Mercy Catholic Church

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## Catholics In Action (CIA) Application Divine Mercy Parish Youth Group

Youth Information				
Last Name:		First Name:		Date of Birth:
Street Address:			Grade:	
City:	State:	Zip Code:	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Youth Email Address:			<input type="checkbox"/> OK To Send Email <input type="checkbox"/> Do Not Email	
Youth Contact Number:		<input type="checkbox"/> OK To Call <input type="checkbox"/> Do Not Call		<input type="checkbox"/> OK To Text <input type="checkbox"/> Do Not Text
Please list any food allergies, or health limitations:				
Please list any medications being taken:				
Parent/Guardian Information				
Parent/Guardian Name:		Contact Preference:		
		<input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Phone Call		
Parent/Guardian Email:		Parent/Guardian Contact Number:		
Parent/Guardian Volunteer:				
<input type="checkbox"/> Chaperone <input type="checkbox"/> Snack <input type="checkbox"/> Drinks <input type="checkbox"/> Other _____				
Membership				
Cost of Membership is \$20.00, checks payable to Divine Mercy Parish				
T-Shirt Size:				
		<input type="checkbox"/> Youth S <input type="checkbox"/> Adult S		
		<input type="checkbox"/> Youth M <input type="checkbox"/> Adult M		
		<input type="checkbox"/> Youth L <input type="checkbox"/> Adult L		

**Note: Please review and complete the Divine Mercy Parish Youth Activity Permission, Medical Release, and Parent Consent Form**

## Divine Mercy Parish Natomas

### YOUTH ACTIVITY PERMISSION, MEDICAL RELEASE, AND PARENTAL CONSENT FORM

Name:	Date of Birth:	Grade:
Name of Parents / Guardians:		
Street Address:		
City:	State:	Zip Code:
Primary Contact Number Parent #1:	Primary Contact Number Parent #2:	
Event:		
Transportation Will Be Provided By:		

**YOUTH CODE OF CONDUCT:**

I agree to uphold and exemplify positive Catholic values, and I understand that my participation in this program requires compliance with rules and regulations regarding my conduct. Specifically, I agree that during my participation in the program:

- I will follow the directions of adult leaders;
- I will treat adult leaders and other participants with respect;
- I will stay with my assigned group, and participate in the approved activity;
- I will dress appropriately at all times;
- I will not use, bring, or be under the influence of illegal drugs or alcohol;
- I will not smoke or use tobacco products;
- I will not engage in inappropriate sexual behavior;
- I will not be in the possession of or use firearms, knives, or weapons of any kind;
- I will not engage in acts of violence, stealing, dishonesty, gambling, or profanity; and
- I will respect the physical property of the facility and of others, and will not engage in acts of vandalism.

I agree to abide by these rules and the supervision of adult leaders, and understand that violations will be dealt with in an immediate and appropriate manner. If I should be dismissed from participation in the program, I understand that my parents will be contacted to arrange for my immediate transportation home.

Signature of Youth Participant:	Date:
Signature of Parent (acknowledging the commitment):	Date:

## EMERGENCY HEALTH / MEDICAL INFORMATION AND CONSENT

In the event of an emergency, I, the undersigned parent/guardian of the child named on this form, hereby give permission to the Diocese of Sacramento, parishes and schools within the Diocese, and their employees, agents, representatives, and adult volunteers, to arrange for and authorize emergency medical, dental, or surgical treatment for my child, as considered necessary by the attending physician. I wish to be advised prior to any further treatment by the hospital or doctor.

Family Doctor:	Phone:
Family Dentist:	Phone:
Family Health Plan Carrier:	Policy Number:

I also agree to provide designated parish/school/diocesan representatives with current telephone numbers at which I can be reached, as well as the names and phone numbers of individuals who are likely to know where I am should an emergency arise. In the event of an emergency, if you are unable to reach me at the numbers listed above, please contact:

Name:	Relationship:
Phone:	Alternate Contact #:
Parent/Guardian Signature:	Date:

## MEDICATIONS AND NON-EMERGENCY HEALTH TREATMENT

*[Please sign/authorize all of the following authorizations/directions that are applicable]*

1. If my child becomes ill with symptoms that do not indicate emergency medical treatment (e.g., headache, vomiting, sore throat, fever, diarrhea), I wish to be called (collect / reversed phone charges if necessary) to be informed of my child's condition.

Parent/Guardian Signature:	Date:
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2. My child is currently taking the following medication(s), which he/she will bring on this activity, in well-labeled, original containers that include clear directions for dosage and frequency of use. I hereby give permission for an adult leader to administer the following medication(s):

Medications:	
Parent Signature:	Date:

3. No medication of any type (prescription or nonprescription) may be administered to my child unless his/her condition is life threatening and emergency treatment is required, as considered necessary by the attending physician.

Parent/Guardian Signature:	Date:
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4. I hereby grant permission for nonprescription medication (e.g., non-aspirin pain relievers, throat lozenges, cough syrup) to be given to my child, if deemed advisable by the adult supervisor of the activity, subject to the following exceptions (write "none" if there are no specific exceptions):

Non-Prescription Medications:	
Parent Signature:	Date:

**SPECIFIC MEDICAL INFORMATION/CONDITIONS**

Allergic reactions (to medications, foods, plants, insects, etc.)?
Immunizations (date of last tetanus/diphtheria immunization):
Current medications being taken by child:
Medically-prescribed dietary restrictions?
Physical limitations?
Learning disabilities or related conditions (ADD, ADHD, reading or writing difficulties, etc.)?
History of severe homesickness, emotional reactions to new situations, sleepwalking, bed wetting, fainting?
Any recent exposure (within the past two weeks) to contagious disease/condition, such as mumps, measles, chicken pox? If so, specify the date and the condition exposed to:
Any dietary restrictions (other than allergies identified above)?
Any other special medical issues or other conditions to be aware of?

**PARENT AGREEMENT / CONSENT**

I/we, the undersigned parent or guardian of the child named on this form give permission for my/our child's participation in the activity referred to on this form, and in addition to the Health/Medical Information Consent provisions that we have agreed to above:

- Direct Child to Cooperate: I/we agree to direct my/our child to cooperate and comply with all reasonable directions and instructions from parish/school/diocesan staff or adult volunteer leaders.
- Consent for Transportation (if applicable): I/we give permission for my/our child to be transported to and/or from the specified programs, events, and activities in vehicles driven by adult leaders selected by the parish/school/diocesan coordinator, in accordance with diocesan guidelines.
- Responsibility for Medical Expenses: I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in this activity, whether or not caused by the negligence of the parish, school, or diocesan employees, agents, volunteers or other participants.
- Acknowledgment of Risks: I/we understand that in the course of participating in this activity, my/our child may engage in activity that carries a risk of injury to the body, psyche, or property of themselves and others. Such injuries can be caused by other persons, may be accidental or self-inflicted, or may arise from faulty equipment or facilities, existing conditions of recreational facilities, vehicle accidents while in transport during an activity, or through the activity itself.

Accordingly, in consideration for being permitted to participate in the specified activities, to use the equipment provided, and to enter the premises and facilities of the Diocese of Sacramento, for any purpose including observation of and participation in activities, the undersigned parent or guardian, for him or herself and any successors in interest, and on behalf of the minor child, agrees as follows:

1. To release, waive, discharge, and promise not to sue the Roman Catholic Bishop of Sacramento, a corporation sole, and its affiliated entities, employees, agents, and volunteers (the "Diocese") from all liability for any loss or damage, and any claim or demands therefore on account of injury to the body, injury to psyche, or injury to property of the minor child, or to undersigned parent or guardian, whether caused by negligence or other conduct by the Diocese while the minor child, parent, or guardian is participating in the specified activities or in, upon, or about the premises of the Diocese or any of its facilities or equipment.
2. To indemnify and hold harmless the Diocese from any loss, liability, damage, or cost it may incur due to the acts of the minor child, parent, or guardian in, upon, or about the premises of the Diocese, its facilities or equipment, or while participating in any parish, school, or diocesan activities whether caused by negligence or otherwise.
3. That he or she has read this Consent Form and agreement and voluntarily signs it, and that no oral representations, statements, or inducements apart from the contents of this Form have been made.

I/we have read this Agreement and understand and agree to everything set forth above.

Signature of Parent / Guardian:	Date:
Signature of Parent / Guardian:	Date: