The Logan County Roman Catholic Community Office at 316 S. Logan Street, Lincoln, Illinois 62656 Active Catholic Teens (ACT) Registration

PLEASE NOTE: The 2019-2020 Medical Information Form and Authorization for Emergency Medical Treatment form must be completed before any off campus activities can be participated in.

Teen Name:		_ Nickname:	Sex:
Student's Cell:	Student's Emai	l :	
Address:		_ City:	Zip:
Home Phone:	Mother's Cell:	Father's	s Cell:
Parent's Email:		School:	
Student's Grade in Fall of	2019 (please circle): 8 th 9 th 10 th	th 11 th 12 th Date of	Birth:
Sacraments Received (check	c all that apply): Baptism	1 st Communi	ion Confirmation
Parish You Belong To (circ	le one): Holy Family / St. Mary'	s / St. Patrick's / St. T	Thomas / Other
Mother's Religion:	Father's Religion:	: Teen's Religion:	
Teen's favorite hobbies/int	erests/sports:		
PE	Catholic Diocese of RMISSION FORM and L		ER
participate in our Logan Coun	grant permission for the state of the state of the state of the Logan County Catholic rection of the Logan Catholic rection of t	c Teens (ACT). Youth	Ministry activities will take
or death. As parent and/or lega	ch activities may present to my child l guardian, I remain legally respons concerning these activities have been	ible for any personal acti	, 1
INDEMNIFY AND HOLD HA Community, the teachers, chap events, and their employees and	nild being allowed to participate in target RMLESS, the Catholic Diocese of erones, volunteers, or representative diagents, from any and all liability from (including attorneys' fees), arisis	Peoria, Holy Family Pares associated with any Yoor injuries, damages, med	ish, the Logan County Catholic outh Ministry activities or dical expenses, or any other
Printed Name of Parent/Gu	uardian — Paren	t/Guardian Signature	

Logan County Active Catholic Teens (ACT) CODE OF CONDUCT

Participants are expected to conduct themselves in a manner that reflects positively on themselves, their parents, and their church. Teens are expected to respect the rights, feelings, and property of others, and the authority of teachers, volunteers, coordinators, chaperones, and other members of the church staff.

For activities that take the teens out of town, participants will be expected to behave in a respectful manner toward the adults and other teen participants on the trip. Teens will be expected to follow trip rules. If they do not, the Youth Ministry Coordinator or chaperone may call the parents so that they can reinforce the rules set forth. If the teen continues to disregard the rules or is involved in drug or alcohol use or any other serious infraction, the parent will be called immediately and will be required to come and pick up their teen.

Non Christian behavior includes:

- 1. Insubordination to Youth Ministry staff and volunteers, including failure to comply with directions given;
- 2. Use of profane words or gestures;
- 3. Intimidation of Youth Ministry staff, volunteers, or the teen's peers;
- 4. Harassment (verbal, physical, sexual) and fighting;
- 5. Intentional damage to or destruction of church property or property of Youth Ministry staff, volunteers, or peers;
- 6. Alcohol, Tobacco, or Drug use (this would result in an immediate call to parents to have the teen removed from the activity).

Participant's Agreement Regarding Conduct

As a participant in the activities of **Logan County Active Catholic Teens (ACT) Youth Ministry**, I promise to conduct myself in accordance with the regulations of conduct as set forth above.

I understand that the **Logan County Catholic Community**, the Catholic Diocese of Peoria, its officers, agents, and/or employees reserve the right to terminate my participation in any **Logan County Active Catholic Teens (ACT) Youth Ministry** activity for failure to behave and act in accordance with the regulations of conduct, for failure to follow instructions and directions of the supervisors or chaperones, or for any of my acts of conduct that are deemed by **Logan County Active Catholic Teens (ACT) Youth Ministry**, its officers, agents, or employees, to be detrimental to or incompatible with the interest, harmony, comfort, or welfare of the activity as a whole. If my participation is terminated, only funds not actually used will be refunded, and I will be sent home at my own expense. I agree that the **Logan County Catholic Community**, its officers, agents, or employees, reserve the right at any time prior to or during the activity to make cancellations, changes, or substitutions, in the case of emergencies or changed conditions, or in the interest of the participants.

Printed Name of Teen	Teen Signature	Date
Printed Name of Parent/Guardian	Parent/Guardian Signature	Date

Logan County Active Catholic Teens (ACT) PARENT'S PERMISSION FOR TRAVEL

I give my permission for my child,	stry approved transportation (this may include	
approved chaperone-driven personal vehicles, etc.)		
Printed Name of Parent/Guardian	Parent/Guardian Signature	Date
*************	**********	*******
	olic Diocese of Peoria LICITY WAIVER	
On occasion, Logan County Active Catholic or video recording of the participants involved in the recordings may be used by staff and/or participants t addition, such photographs and audio/video recordin or advertising materials to let others know about the addition, local news organizations may hear of our amay invite or allow them to photograph or record ou County Active Catholic Teens (ACT) Youth Mini	o remember Youth Ministry activities and/or pages may be used in Logan County Catholic Collegan County Active Catholic Teens (ACT) ctivities or events, and Logan County Active Catholic Teens to be used, distributed, or displayed as	or audio/video articipants. In mmunity publications Youth Ministry. In Catholic Teens (ACT)
I hereby expressly grant to the Logan County right, privilege, and license to use any picture and/or production, or any other forms of media publication, child/children for the purpose of publicizing, fosterir programs, or for any other purpose in furtherance of County Active Catholic Teens (ACT) Youth Mini	and to use the verbal or written statements or cong, and promoting the Logan County Catholic the mission of the Logan County Catholic County C	oh, movie, video leclarations of my Community and its
This consent includes but is not limited to: pho	otographs, videotape, and audio recordings.	
Printed Name of Parent/Guardian	Parent/Guardian Signature	Date
**************************************	**************	*******
Date Rec'd		