

ADULT

# NCYC REGISTRATION INFORMATION COLLECTION FORM

NOVEMBER 18-20, 2021, INDIANAPOLIS, INDIANA

Parish/School: \_\_\_\_\_

First Name: \_\_\_\_\_ Name for Badge: \_\_\_\_\_

Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type: ☐ Adult ☐ Youth

☐ Gender: ☐ Female ☐ Male

Ethnicity: ☐ Asian/Pacific Islander ☐ Black ☐ Hispanic ☐ Native American  
☐ White ☐ Multi-Ethnic ☐ Other

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: (\_\_\_\_) \_\_\_\_\_

Clergy/Religious: ☐ Not Applicable ☐ Priest ☐ Deacon ☐ Rel. Brother ☐ Rel. Sister

## YOUTH ONLY

Grade at time of NCYC: ☐ 9<sup>th</sup> ☐ 10<sup>th</sup> ☐ 11<sup>th</sup> ☐ 12<sup>th</sup>

Mother/Guardian

Father/Guardian

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

☐ Check box if address is different than child's

☐ Check box if address is different than child's

Special Needs: ☐ Wheelchair Access Required ☐ Hearing Impaired ☐ Deaf

☐ Blind/Visually Impaired\*

☐ Limited Mobility

☐ Gluten Free

\*Requires more than contacts or glasses

Shirt Size: \_\_\_\_\_

**NFCYM/NCYC****GENERAL RELEASE, COVENANT NOT TO SUE, LIABILITY WAIVER AND PERMISSION AGREEMENT****ADULT PARTICIPANT**(Arch)Diocese of SALINA

Parish/School \_\_\_\_\_

Instructions: A separate copy of this Legal Agreement must be completed for each adult traveling to the Conference. Each adult must submit a signed copy of this Agreement, or the adult will not be permitted to attend National Catholic Youth Conference (the "Conference") sponsored by The National Federation for Catholic Youth Ministry, Inc. ("NFCYM"). Because it contains emergency contact information, it is advisable to keep a copy of this signed Agreement in your name badge at all times during the Conference. By signing this Agreement, you freely and voluntarily agree that you may be giving up legal rights and remedies available to yourself and your family. Read and complete this Agreement carefully. If you have questions, contact an attorney. No changes can or will be made to this document.

Name: \_\_\_\_\_

Complete Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Date of Birth \_\_\_\_\_

**A) Emergency Contact Name and Telephone Numbers:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_

**B) If "A" Unavailable, Alternate Emergency Contact Name and Telephone Numbers:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_

Nature of the Conference Event: I understand that the nature of this private Conference event sponsored by NFCYM and its member Roman Catholic Dioceses is: it will be held at the Indiana Convention Center and Lucas Oil Stadium ("Facilities"), in Indianapolis, Indiana, from November 18-20, 2021, some 10,000 youth and adults will attend over three days, and as a condition of using the Facilities, the Facilities require the Conference to retain security and medical personnel whose actions are beyond NFCYM's control. The Conference will be in session from noon-10:30 PM on day one, 7:30 AM-10:30 PM on day two and three, excluding breaks for recreational activities.

Nature of Risks: I understand that voluntarily traveling to and attending a Conference of this nature may involve certain risks beyond the reasonable control of NFCYM, its officers, directors, volunteers, and agents in connection with the Conference ("NFCYM et al.") and the Diocese and all parishes within it, and their respective officers, directors, volunteers, and agents, and chaperones, or representatives associated with the Conference ("Diocese et al."), including but not limited to accidents, emergencies, exposure to reckless conduct of other persons, and/or negligence of security and medical personnel, and that NFCYM et al, and the Diocese et al. disclaim any and all responsibility for any such risks. I understand that I will sometimes be at the Facilities, and at other times may be at other places such as hotels or on tourist excursions in or about Indianapolis. If during any break in the Conference there may be an opportunity to participate in recreational or other activities away from the Facilities, participants do so at their own risk and subject to all terms and conditions set by any recreational or other provider.

General Release & Waiver of Liability/Covenant Not to Sue & Hold Harmless: By signing this Agreement, I agree and acknowledge that I may be giving up important legal rights and remedies available to myself, my family, my heirs, successors, and assigns. This is a "General Release" which means that I am giving up and releasing important legal rights described below, and it is to be construed in the broadest possible manner.

For value received, I agree on behalf of myself, my heirs, successors, and assigns ("Our Behalf") that I assume all risks and general release and waive any liability of any nature whatsoever against and agree to hold harmless NFCYM et al. and the Diocese et al. with respect to any and all actions, claims or demands that may be made or brought on Our Behalf against NFCYM et al. and/or the Diocese et al. arising out of or in connection with travel to or attendance at the Conference, or any other activity I may engage in while in the Indianapolis area. In addition, and not by way of limitation, I further agree to abide by any terms and conditions imposed by name badges or credentials, e.g., permission to photograph.

OVER--THIS FORM CONTINUES ON THE NEXT PAGE.

NFCYM/NCYC GENERAL RELEASE, COVENANT NOT TO SUE, LIABILITY WAIVER AND PERMISSION AGREEMENT (ADULT) - continued

Further, for value received, for any injury to third parties that may arise because of my own actions or omissions, I agree on my behalf to hold harmless and defend NFCYM et al. and the Diocese et al. with respect to any and all actions, claims, expenses, or demands arising therefrom that may be made or brought against NFCYM et al. and/or the Diocese et al., including but not limited to reasonable attorneys' fees and expenses arising in connection therewith.

Medical Permissions (Limited): As a condition of attending the Conference at the Facilities, I grant permission in the event of an emergency or accident for emergency medical care to be administered to me within the Facilities and/or during or after transportation to a hospital or doctor for emergency medical care. I understand that in Indiana a person may claim Good Samaritan defenses for providing in good faith gratuitous emergency care at the scene of any emergency or accident. I further understand that it is not NFCYM et al. responsibility to attempt to reach my emergency contacts and that I remain responsible for my own medical expenses.

NFCYM Guidelines for Diocesan Adult Chaperones: While I agree that at all times my actions as a chaperone will be subject to the supervision and control of my Diocese, I also agree to abide by all rules and regulations as outlined in the NFCYM Adult Participant Code of Conduct ("Code") ([www.nfcym.org/youthprotection/index.htm](http://www.nfcym.org/youthprotection/index.htm)). I understand that if I have not heretofore seen the Code, it is my duty to seek a copy of the Code and to have reviewed it prior to signing this Agreement. I agree that if I fail to abide in any way by the Code, that I may be dismissed from the Conference with no right of reimbursement or refund for any amount in connection therewith from NFCYM et al.

Conference Fee Nonrefundable: I agree that if I suffer an illness requiring dismissal from the Conference, there is accident or emergency requiring dismissal of myself from the Conference, if I violate the Code, or if the Conference must be discontinued in event of accident or emergency, I must return home at my expense, and I assume the risk of any loss of any nonrefundable or additional costs associated with travel and fees for the Conference, with no right of reimbursement or refund for any amount in connection with therewith from NFCYM et al. or the Diocese et al.

Insurance: Please visit the Allianz Global Assistance website ([www.allianztravelinsurance.com](http://www.allianztravelinsurance.com)) or call them directly (866-884-3556) for a description of the travel insurance benefits and assistance services offered. Please indicate below:

- ☐ YES, I have purchased a travel insurance package from Allianz Global Assistance and have paid the fee for this directly to Allianz Global Assistance in order to manage any risks I may experience by attending the Conference.
- ☐ NO, I declined to purchase an insurance package, but acknowledge that I was offered and declined this risk management opportunity.

I fully understand the consequences of and sign this GENERAL RELEASE, COVENANT NOT TO SUE, LIABILITY WAIVER, AND PERMISSION AGREEMENT knowingly, freely, and willingly. I UNDERSTAND THAT THIS FORM MUST BE PRINTED AND INITIALED AND SIGNED BY HAND. A TYPED NAME DOES NOT CONSTITUTE A SIGNATURE.

Signature of Adult Participant \_\_\_\_\_ Date \_\_\_\_\_

**NOTARY (REQUIRED)**

City/County of \_\_\_\_\_; State of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 2021, before me personally appeared the adult named hereinabove, who is personally known to me or produced positive identification, and who executed the foregoing GENERAL RELEASE, COVENANT NOT TO SUE, LIABILITY WAIVER, AND PERMISSION AGREEMENT, and acknowledged that he/she executed the same as his/her free act and deed.

Signature of Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_ [NOTARIAL SEAL]



**DISCLOSURE FORM FOR MINISTERS TO CHILDREN AND YOUTH**

This form is to be completed by any person before serving in a voluntary or professional capacity in service to children or youth within the Diocese of Salina. This includes persons assisting with any and all programs for persons of minor age sponsored by the Diocese of Salina, Catholic schools, and parishes. The information provided in this form will be made available only to persons in positions of responsibility for specific diocesan, Catholic school, and/or parish programs in which the undersigned seeks to become involved.

Parish \_\_\_\_\_ School \_\_\_\_\_

Legal Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

1. List all previous work you have done with young people as a volunteer and/or professionally, including both church and community-related service. Please include years with each service.

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

2. List any particular gifts, education, training, etc., which have prepared you for work with young people.

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

3. For each of the following, please circle either **YES** or **NO**.

A. Have you ever been convicted of a crime? YES NO

B. Have you ever been charged with or convicted of a matter involving child abuse, neglect, or any form of sexual misconduct with a minor? YES NO

C. Is there any other fact or circumstance which might call into question the appropriateness of your being entrusted with the supervision of young people? YES NO

4. If the answer to any of the previous questions is yes, please explain below:

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

(You need to complete this section **ONLY** if you will be transporting youth other than your own family during the course of your service.)

Has your driver's license ever been suspended or revoked? YES NO

If yes, please explain:

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

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

**Please include photocopy of your driver's license and current insurance. (Required by Catholic Mutual Insurance Company)**

**FORM A**

List three persons who can provide character references relating to your fitness for working with young people. These should not be family members or past or present employers.

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address/City/State \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address/City/State \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address/City/State \_\_\_\_\_

**SAFE ENVIRONMENT TRAINING INFO:****MUST BE FILLED OUT BY YOUR PARISH SAFETY COORDINATOR**

Certification Status Date (ex. 12-03-2015)

The Safety Coordinator of your parish must enter the date (*mo/day/year*) from the CMGConnect data base into the shaded box above and sign and date below, before sending this form to the Diocese.

This certification status date represents Safe Environment Training through the Diocese of Salina (this may include any VIRTUS training and background check or CMGConnect training (with integrated background check) that has been completed.

Parish Safety Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have questions, please contact the Safety and Security Office (785.827.8746) #24 for assistance.

The information provided in this form is correct to the best of my knowledge. I understand that in signing this document I authorize verification of this information through communication with any person or organization named herein. I release from liability any person or organization which provides such information, as well as the Diocese of Salina, its Catholic schools, and its parishes.

Should I be accepted for service, I agree to maintain personal propriety in my conduct with young people and to conduct myself so as not to cause discomfort or give scandal to those whom I serve and with whom I work. I understand that failure to do so will serve as sufficient grounds for immediate dismissal from service.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Pastor's Signature \_\_\_\_\_

Title \_\_\_\_\_



## NCYC Adult Code of Conduct

(excerpted from *Safeguarding God's Children: NFCYM Policies for Protecting Young People*)

Young people are the most important gifts God entrusts to us. As an adult participant in an NFCYM-sponsored youth event or program, I promise to strictly follow these policies and the following standards as a condition of my providing services to either to my diocese/organization and/or NFCYM.

### I will:

Conduct myself in a manner that exhibits the highest Christian ethical standards and avoids even the appearance of impropriety, and therefore I will:

- 1) Report suspected abuse of any minor to the appropriate authorities.
- 2) Cooperate fully in any investigation of abuse of minors.
- 3) Develop and maintain the level of skill required to be competent.
- 4) Be knowledgeable of and adhere to all applicable aspects of *Safeguarding God's Children: NFCYM Policies for Protecting Young People*. (<http://www.nfcym.org/youthprotection/index.htm>)
- 5) Complete training in youth protection in my diocese or, if not available in my diocese, through the Boy Scouts of America's on-line training/certification program.
- 6) Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration.
- 7) Honor the equality of all people, avoiding all forms of discrimination and respecting the dignity of each person without regard to economic status, age, gender, race, ethnicity, religion, sexual orientation, or physical or mental abilities.
- 8) Use positive reinforcement and communication rather than criticism, unhealthy competition, or comparison.
- 9) Become thoroughly familiar with the objectives and guidelines of the program in which I am participating and strive to achieve these objectives and communicate them appropriately.
- 10) Be aware of and adhere to emergency plans and evacuation routes appropriate to the program in which I am participating.
- 11) Be responsible and/or accountable for stewardship of all resources entrusted to my care.
- 12) Uphold the authority of those responsible for the program or activity in which I am participating and assist them in every way to encourage learning and to conduct fair and impartial events.
- 13) Avoid situations where I am alone with minors, always following the two adult rule.
- 14) Avoid any form of excessive familiarity, inappropriate language, or any situation and conduct that exploits or could give the appearance of exploiting another.
- 15) Follow practices that consistently exhibit no tolerance for any form of abusive behavior.
- 16) Follow practices that demonstrate appropriate relationships between all NFCYM personnel and minors that are important for a child's development and a positive part of ministry.

### I will not:

- 1) Use physical affection to initiate inappropriate contact with minors.
- 2) Touch a minor in a sexual or other inappropriate manner.
- 3) Smoke or use tobacco products in the presence of minors.
- 4) Purchase tobacco products for or distribute tobacco products to minors.
- 5) Use, possess, or be under the influence of alcohol while supervising minors or while participating in an NFCYM youth event.
- 6) Purchase alcohol for or distribute alcohol to anyone under the age of 21 years.
- 7) Use, purchase, possess, distribute, or be under the influence of illegal drugs at any time.
- 8) Purchase, download, possess, or distribute pornography.
- 9) Pose any known health risk to minors (i.e., no fevers or other contagious situations).
- 10) Humiliate, ridicule, threaten, demean, nor degrade minors or others nor tolerate such behavior in the environment for which I am responsible.
- 11) Use physical discipline in any way for behavior management of minors. No form of physical discipline is acceptable. This includes but is not limited to spanking, slapping, pinching, shaking, hitting or any other physical force as retaliation or correction for inappropriate behavior of a minor.
- 12) Use profanity in any form in the presence of minors.

I have read *Safeguarding God's Children*(<http://www.nfcym.org/youthprotection/index.htm>), understand its meaning, and agree to conduct myself in accordance with its terms.

I hereby represent that I am not currently being investigated for, nor have I ever been convicted of a disqualifying offense as defined in *Safeguarding God's Children: NFCYM Policies for Protecting Young People*; I have never been terminated from employment or a volunteer position for reasons related to allegations of physical or sexual abuse by me; nor have I sought or received any medical, physical, or psychological treatment for reasons involving physical or sexual abuse by me.

I understand that should my response to any of the statements above change, I am obligated to inform my diocese/organization/ NFCYM immediately. Moreover, I understand that should I admit to, plead no contest to, or be found guilty of an incident of sexual misconduct or other disqualifying offense, or if it appears that an alleged claim is substantiated; my services with NFCYM-sponsored youth events shall be immediately terminated. Further, I understand that my failure to agree to and abide by the Adult Code of Conduct will bar me from participation in any NFCYM-sponsored youth event.

YOUTH



# NCYC REGISTRATION INFORMATION COLLECTION FORM

NOVEMBER 18-20, 2021, INDIANAPOLIS, INDIANA

Parish/School: \_\_\_\_\_

First Name: \_\_\_\_\_ Name for Badge: \_\_\_\_\_

Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type: ☐ Adult ☐ Youth  
☐ Gender: ☐ Female ☐ Male

Ethnicity: ☐ Asian/Pacific Islander ☐ Black ☐ Hispanic ☐ Native American  
☐ White ☐ Multi-Ethnic ☐ Other

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: (\_\_\_\_) \_\_\_\_\_

Clergy/Religious: ☐ Not Applicable ☐ Priest ☐ Deacon ☐ Rel. Brother ☐ Rel. Sister

## YOUTH ONLY

Grade at time of NCYC: ☐ 9<sup>th</sup> ☐ 10<sup>th</sup> ☐ 11<sup>th</sup> ☐ 12<sup>th</sup>

Mother/Guardian

Father/Guardian

First Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

☐ Check box if address is different than child's

☐ Check box if address is different than child's

Special Needs: ☐ Wheelchair Access Required ☐ Hearing Impaired ☐ Deaf  
☐ Blind/Visually Impaired\* ☐ Limited Mobility ☐ Gluten Free

\*Requires more than contacts or glasses

Shirt Size: \_\_\_\_\_

NFCYM/NCYC

GENERAL RELEASE, COVENANT NOT TO SUE, LIABILITY WAIVER AND PERMISSIONM AGREEMENT

YOUTH PARTICIPANT

(Arch)Diocese of SALINA

Parish/School \_\_\_\_\_

Instructions: A separate copy of this Legal Agreement must be completed for each child traveling to the Conference. Each child must submit a signed, notarized copy of this form signed by both the child and a parent/guardian, or the child will not be permitted to attend the National Catholic Youth Conference (the "Conference") sponsored by the National Federation for Catholic Youth Ministry, Inc. ("NFCYM"). Because it contains emergency contact information, it is advisable to keep a copy of this signed Agreement in the child's name badge at all times during the Conference. By signing this Agreement, you freely and voluntarily agree that you may be giving up legal rights and remedies available to yourself and your family. Read and complete this Agreement carefully. If you have questions, contact an attorney. No changes can or will be made to this document.

Child's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Complete Home Address: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

A) Parent/Guardian Emergency Contact Name and Telephone Numbers:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Ph: \_\_\_\_\_

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

B) If "A" Unavailable, Alternate Emergency Contact Name and Telephone Numbers:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Ph: \_\_\_\_\_

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Nature of the Conference Event: I understand that the nature of this private Conference event sponsored by NFCYM and its member Roman Catholic Dioceses is: it will be held at the Indiana Convention Center and Lucas Oil Stadium ("Facilities"), in Indianapolis, Indiana, from November 18-20, 2021, some 10,000 youth and adults will attend over three days, and as a condition of using the Facilities, the Facilities require the Conference to retain security and medical personnel whose actions may be beyond NFCYM's control. The Conference will be in session from noon-10:30 P.M. on day one, 7:30 A.M.-10:30 P.M. on day two and three, excluding breaks for meals and/or recreational activities.

Nature of Risks: I understand that voluntarily traveling to and attending a Conference of this nature may involve certain risks beyond the reasonable control of NFCYM, its officers, directors, volunteers, and agents in connection with the Conference ("NFCYM et al.") and the Diocese and all parishes within it, and their respective officers, directors, volunteers and agents, and chaperons or representatives associated with the Conference ("Diocese et al."), including but not limited to accidents, emergencies, exposure to reckless conduct of other persons, and/or negligence of security and medical personnel, and that NFCYM et al, and the Diocese et al. disclaim any and all responsibility for any such risks. I understand that my child will sometimes be at the Facilities, and at other times may be at other places such as hotels or on tourist excursions in or about Indianapolis. If during any break in the Conference there may be an opportunity to participate in recreational or other activities away from the Facilities, participants do so at their own risk and subject to all terms and conditions set by any recreational or other provider.

General Release & Waiver of Liability/Covenant Not to Sue & Hold Harmless: By signing this Agreement, I agree and acknowledge that I may be giving up important legal rights and remedies available to myself, my family, my heirs, successors, and assigns. This is a "General Release" which means that I am giving up and releasing important legal rights described below, and it is to be construed in the broadest possible manner.

For value received, I agree on behalf of myself, my child's other parent if known or living, my child named herein, and our heirs, successors, and assigns ("Our Behalf") that I assume all risks and waive any liability of any nature whatsoever against and agree to hold harmless NFCYM et al. and the Diocese et al, with respect to any and all actions, claims or demands that may be made or brought on Our Behalf against NFCYM et al, and/or the Diocese et al, arising out of or in connection with my child's travel to or attendance at the Conference, or any other activity my child may engage in while in the Indianapolis area. In addition, and not by way of limitation, I further agree to abide by any terms and conditions imposed by name badges or credentials, e.g., permission to photograph.

A "Covenant Not to Sue" is a legal term that means a person promises not to file a lawsuit. It is different from the General Release of claims above. Besides waiving and releasing the claims covered above, I covenant on Our Behalf not to sue and promise never to file or prosecute any legal claim of any kind against NFCYM et al. and the Diocese et al. in any federal, state or municipal court, asserting any claims that are released by this Agreement. I am also waiving on Our Behalf any right to monetary recovery.

OVER--THIS FORM CONTINUES ON THE NEXT PAGE.

NFCYM/NCYC GENERAL RELEASE, COVENANT NOT TO SUE, LIABILITY WAIVER, AND PERMISSION AGREEMENT  
(YOUTH) - continued

Further, for value received, for any injury to third parties that may arise because of my child's actions or omissions, I agree ON Our Behalf to hold harmless and defend NFCYM et al, and the Diocese et al. with respect to any and all actions, claims, expenses, or demands arising therefrom that may be made or brought against NFCYM et al. and/or the Diocese et al., including but not limited to reasonable attorneys' fees and expenses arising in connection therewith.

Medical Permissions (Limited): As a condition attending the Conference at the Facilities, on Our Behalf, I grant permission in the event of an emergency or accident for emergency medical care to be administered to my child within the Facilities and/or during or after transportation to a hospital or doctor for emergency medical care. I understand that in Indiana a person may claim Good Samaritan defenses for providing in good faith gratuitous emergency care at the scene of any emergency or accident. I further understand that it is not the responsibility of NFCYM et al. to attempt to reach my child's emergency contacts and that I remain responsible for my child's medical expenses. In the event it comes to the attention of the medical personnel or the Diocese et al. that my child complains of illness, I grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child by medical personnel or the Diocese et al.

NFCYM Conference Code of Behavior for Children: Parent/Guardian: I agree to instruct my child to abide by all rules and regulations as outlined in the NFCYM Youth Participant Code of Conduct (the "Code") ([www.nfcym.org/youthprotection/index.htm](http://www.nfcym.org/youthprotection/index.htm)). I understand that if I have not heretofore seen the Code, it is my duty to seek a copy of the Code and to have reviewed it and explained it to my child prior to signing this waiver. I agree that if my child fails to abide in any way by the Code, that my child can be dismissed from the Conference and sent home immediately at my expense for the immediate transportation home with no right of reimbursement or refund for any amount in connection therewith from NFCYM et al.

Initials of Parent/Guardian \_\_\_\_\_

Youth: As a participant in the Conference, I understand and agree to conform to the NFCYM Youth Participant Code of Conduct ([www.nfcym.org/youthprotection/index.htm](http://www.nfcym.org/youthprotection/index.htm)). I also understand and agree that my parent/guardian will be notified at the time of any infractions requiring my dismissal from the Conference and that I will be sent home at my parent's/guardian's expense. Among other things, being found with any alcoholic beverages, drugs, or weapons is cause for automatic dismissal from the Conference.

Initials of Youth \_\_\_\_\_

Conference Fee Nonrefundable: I agree that if my child suffers an illness requiring dismissal from the Conference, there is accident or emergency requiring dismissal of my child from the Conference, my child commits an infraction of the Code, or if the Conference must be discontinued in event of accident or emergency, my child must return home at my expense, and I assume the risk of any loss of any nonrefundable or additional costs associated with travel and fees for the Conference, with no right of reimbursement or refund for any amount in connection with therewith from NFCYM et al. or the Diocese et al.

Insurance: Please visit the Allianz Global Assistance website ([www.allianztravelinsurance.com](http://www.allianztravelinsurance.com)) or call them directly (866-884-3556) for a description of the travel insurance benefits and assistance services offered. Please indicate below:

- ☐ YES, I have purchased a travel insurance package from Allianz Global Assistance and have paid the fee for this directly to Allianz Global Assistance in order to manage any risks I may experience by attending the Conference.
- ☐ NO, I declined to purchase a travel insurance package, but acknowledge that I was offered and declined this risk management opportunity.

I fully understand the consequences of and sign this GENERAL RELEASE, COVENANT TO SUE, LIABILITY WAIVER AND PERMISSION knowingly, freely, and willingly. I understand that this form must be printed and initialed and signed by hand. A typed name does not constitute a signature.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Youth \_\_\_\_\_ Date \_\_\_\_\_

NOTARY (REQUIRED)

City/County of \_\_\_\_\_; State of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 2021, before me personally appeared the adult named hereinabove, who is personally known to me or produced positive identification, and who executed the foregoing GENERAL RELEASE, COVENANT NOT TO SUE, LIABILITY WAIVER, AND PERMISSION AGREEMENT, and acknowledged that he/she executed the same as his/her free act and deed. [NOTARIAL SEAL Signature of Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

# NCYC Youth Code of Conduct

(excerpted from *Safeguarding God's Children: NFCYM Policies for Protecting Young People*)

## Youth participants will:

- Project an image of Christian consideration, sensitivity, and respect to everyone and to the property around them through language, dress, and behavior
- Refrain from inappropriate touching and verbal harassment
- Respect other persons and/or property
- Refrain from actions that could result in injury and/or damage to property
- Adhere to stated curfew
- Wear appropriate credentials in order to gain and maintain access to NFCYM events and activities
- Keep their personal belongings with them at all times
- Attend all scheduled activities, arriving promptly, and staying for the entire event
- Be aware of noise levels in lobbies, hallways, and sleeping areas, especially later in the evenings
- Maintain the spirit of the event
- Report problems of any kind to a trusted adult

## Youth participants will not:

- Possess weapons of any kind
- Purchase, possess, consume, or distribute alcohol
- Purchase, possess, consume, or distribute illegal drugs
- Engage in any form of sexual activity or peer sexual harassment
- Purchase, download, possess, or distribute pornography
- Visit or gather in hotel rooms with the opposite gender

Youth participants will be aware of what are and *are not* appropriate behaviors in terms of relationships between adults and youth, and with their peers:

The following behaviors are generally considered appropriate at an NFCYM event:

- Side hugs
- Shoulder to shoulder or "temple" hugs
- Handshakes
- "High-fives" and hand slapping
- Verbal praise for a job well-done (not regarding physical attributes)
- Touching hands, faces (usually in context of a blessing), shoulders, and arms of minors
- Arms around shoulders
- Holding hands while walking with younger minors
- Sitting beside younger minors
- Kneeling or bending down for hugs with younger minors
- Holding hands during prayer
- Pats on the head when culturally appropriate

The following behaviors are generally considered inappropriate at an NFCYM event:

- Inappropriate or lengthy embraces
- Kisses on the mouth
- Holding children on the lap who are capable of sitting on their own
- Touching bottoms, chests, or genital areas
- Showing affection in isolated areas of a facility such as bedrooms, restrooms, bathrooms, closets, staff-only areas, or other private rooms
- Being in or on a bed with an adult
- Touching knees or legs of minors
- Wrestling with minors
- Tickling minors
- Piggyback rides
- Any type of massage given by minor to adult or another minor
- Any type of massage given by adult to minor
- Any form of unwanted affection or peer sexual harassment
- Compliments or put downs that relate to physique or body development
- Going to an isolated area away from the group, or being taken to an isolated area by an adult or peer

**If a problem of any kind occurs during an NFCYM-sponsored youth event, young people will immediately go to a trusted adult to discuss the matter.**

Youth and parents understand that failure to agree to and abide by the Youth Code of Conduct will bar youth from participation in any NFCYM-sponsored youth event.

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### **Youth Participant Sanctions for Non-Compliance**

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For the most part NFCYM never has direct responsibility for chaperoning the conduct of youth participants in its programming and events. NFCYM relies on group leaders from participants' home dioceses or other chaperones to ensure that every young person attending an NFCYM-sponsored event is aware of the Youth Code of Conduct and the sanctions for non-compliance. Group leaders, chaperones, and/or parents bear the responsibility for sharing this information with youth participants. Their failure to do so does not excuse any inappropriate behavior on the part of youth participants nor does it affect NFCYM's ability to levy sanctions. Youth participants are held to the Youth Code of Conduct regardless.

If a young person violates the Youth Code of Conduct, any or all of the following sanctions may be implemented:

- Reporting of misconduct to local authorities, if the violation in any way violates local ordinances or laws.
- Dismissal of the youth from the NFCYM event or program by requesting that the group leader remove the youth from the event (whereby it would become the responsibility of the group leader/chaperone/parent to ensure timely, accompanied, and safe transportation home).



Official legal form for the Diocese of Salina

Date \_\_\_\_\_

FORM B

### MEDICAL INFORMATION

This form should be completed for any person (under 19 years of age) in parish religious education, Catholic schools, and youth programs and should be completed on an annual basis at the beginning of the program.

Diocese \_\_\_\_\_ Salina \_\_\_\_\_ Parish \_\_\_\_\_ School \_\_\_\_\_

Participant's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

PLEASE PRINT OR TYPE

**Participant's Regular Physician:**

Name (first, middle, last): \_\_\_\_\_ Phone (including area code): \_\_\_\_\_

**Medical Conditions:**

Please list any medical conditions of the participant (asthma, diabetes, epilepsy, etc): \_\_\_\_\_

List below any physical condition the sponsors, doctors, nurses, or other medical personnel should be aware of:

Insect stings: \_\_\_\_\_

Fainting spells: \_\_\_\_\_

Allergies: \_\_\_\_\_

Ear infections: \_\_\_\_\_

Seizures: \_\_\_\_\_

Heart condition: \_\_\_\_\_

Headaches: \_\_\_\_\_

OTHER: \_\_\_\_\_

List any allergies or allergic reactions to medications of the participant: \_\_\_\_\_

Other pertinent medical information: \_\_\_\_\_

Date of Participant's last immunizations: MMR \_\_\_\_\_ TB \_\_\_\_\_ TETANUS \_\_\_\_\_

Special dietary needs/restrictions: \_\_\_\_\_

(over)

**Medications:****FORM B**

Prescribed medication now being taken:

Type: \_\_\_\_\_ Dosage: \_\_\_\_\_ How often: \_\_\_\_\_

Activities individual should not participate in: \_\_\_\_\_

**Medical Insurance Information:**

Company: \_\_\_\_\_

Plan Number: \_\_\_\_\_ Employee Identification #: \_\_\_\_\_

**Emergency Contacts:**

Parent or Guardian

Name (first, middle, last): \_\_\_\_\_

Daytime Phone (including area code): \_\_\_\_\_ Evening Phone (including area code): \_\_\_\_\_

Other Contact

Name (first, middle, last): \_\_\_\_\_ Phone (including area code): \_\_\_\_\_

Relationship (friend, neighbor, coworker, etc): \_\_\_\_\_





Official legal form for the Diocese of Salina

Date \_\_\_\_\_

FORM C

**PARENTAL GUARDIAN MEDICAL CONSENT FORM AND LIABILITY WAIVER**

This form is to be used for any parish, Catholic school, or diocesan field trips.

Diocese Salina Parish \_\_\_\_\_ School \_\_\_\_\_

Destination \_\_\_\_\_

Name of Participant (minor): \_\_\_\_\_

Home address: \_\_\_\_\_

Cell Number \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Business Number \_\_\_\_\_

**MEDICAL MATTERS:**

The Parish/School/Organization will take all reasonable and prudent care to see that confidentiality regarding the following information is maintained.

I/We hereby warrant that to the best of my/our knowledge, my/our child is in good health, and I/we assume all responsibility for the health of my/our child. I/We understand and acknowledge that any medical expenses related to illness or injury to my/our child are not covered by an insurance program maintained by the Parish/School/Organization or the Diocese of Salina, and that I/we am/are responsible for such expenses.

I/We understand that first aid will be available on the above mentioned trip. I/We further understand that should an accident, injury, or illness occur, medical and/or hospital care will be obtained. I/We realize the sponsors will make a reasonable effort to notify me/us in case of accident, injury, or illness; however, should they be unable to contact me/us, they have my/our permission to pursue a course of medical action which is in the best interest of the child.

I/We understand that a reasonable effort will be made to promptly notify me/us in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, in the event I/we cannot be reached, I/we hereby give permission to the physician or health care provider selected by the adult staff to hospitalize, secure proper treatment for, and order whatever injection, anesthesia, or surgery said physician or health care provider deems necessary for the child.

A doctor, clinic, hospital, or health care provider may proceed with any medical or surgical treatment that such sponsor may authorize.

I further understand that I will be responsible for all medical, surgical, and transportation costs which may be incurred.

Signature: \_\_\_\_\_  
Parent Or Guardian

Date \_\_\_\_\_

Signature: \_\_\_\_\_  
Parent Or Guardian

Date \_\_\_\_\_

(over)

**INSURANCE INFORMATION:**

**FORM C**

Insurance Company \*\* \_\_\_\_\_ Policy No. \_\_\_\_\_

Policy Holder \_\_\_\_\_ Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Employer's phone # \_\_\_\_\_

\*\* If Blue Cross/Blue Shield Insurance please state if it is Blue Choice, Blue Select, etc.

3/9/2021



ROMAN CATHOLIC DIOCESE OF SALINA  
AUTHORIZATION TO RELEASE AND/OR RECEIVE CONFIDENTIAL INFORMATION

PATIENT NAME	BIRTH DATE
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**CHECK ONE:**

BY SIGNING BELOW, I HEREBY AUTHORIZE ANY HEALTH CARE PROVIDER THAT HAS PROVIDED TREATMENT TO DISCLOSE PROTECTED HEALTH INFORMATION CONCERNING THE ABOVE-NAMED PATIENT TO:

**Catholic Chancery Office  
103 N. 9<sup>th</sup> Street, P.O. Box 980  
Salina, Kansas 67402-0980**

For Treatment date(s): \_\_\_\_\_  
**Specify date(s) - this line MUST BE completed**

For the following purpose(s): \_\_\_\_\_ At the request of the patient \_\_\_\_\_

***If the request is initiated by the patient (Or patient representative), insert "at the request of patient;" otherwise, describe purpose of use or disclosure. If the purpose relates to marketing, indicate whether Provider will receive remuneration.***

CHECK TYPE OF INFORMATION AUTHORIZED TO BE USED AND/OR DISCLOSED (Unless the appropriate box is checked, Provider will not disclose records contained in its medical records prepared by health care providers not affiliated with Provides unless records were prepared on behalf of Provider)	
G	Entire Record (will not include Billing Records or records not prepared by or on behalf of Provider unless those items also are selected)
G	Records not prepared by or on behalf of Provider. Provider cannot be responsible for the completeness or accuracy of such records.
G	Other _____

_____ Date	_____ Signature of Authorized Agent/Representative (Parent)
_____ Printed Name of Authorized Agent/Representative (Parent)	_____ Relationship of Authorized Agent/Representative
_____ Address of Authorized Agent/Representative	_____ Telephone # of Authorized Agent/Representative
_____ Date	_____ Signature of Witness

**ORIGINAL - Privacy Officer COPY - Patient Medical Record**

For Office Use Only: For each disclosure made pursuant to this authorization, list the name of the person/entity to whom the disclosure was made; a description of the disclosed; the date on which the disclosure was made; any fees charged in connection with the disclosure; and the name of the person making the disclosure.