St. Mary Catholic Church - Authorization Form

YOUTH GROUP: ____________________________________________

EVENT NAME & LOCATION: ____________________________________________________________

DATE OF EVENT: __________________________________________

I request that my child (name) __________________________________________ be allowed to participate in this event.

Parent/Guardian Signature: ____________________________________________

YOUTH CODE OF BEHAVIOR

You are representing St. Mary Parish and the Youth Ministry in the Belleville Diocese during this event and you are expected to represent us well. We expect you will display mature and responsible behavior which, for many years, has been the trademark of Catholic youth and adults of our Diocese. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

Some Expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or possession of any cigarettes or illegal drug by an individual is not permitted.
6. Weapons and/or drug paraphernalia are not allowed.
7. If under age 18, prescription drugs need to be given to a chaperone for storage/distribution.

I understand and agree to this Youth Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved. If under age 18, I also understand and agree that my parent(s) or guardian will be notified at the time of an infraction requiring my dismissal. My parent(s)/guardian will be responsible for my removal from the premises and for any costs involved.

Youth Signature: ____________________________ Chaperone: ____________________________

Date: ________________________