

Form XXIII A: Checklist – Activity Involving Travel or Overnight Stay

Youth Ministry programs in the Diocese of Camden may provide opportunities for youth to participate in activities which require travel and/or an overnight stay. Overnight trips are only permitted for youth in grades 8 and above. These activities may serve spiritual, educational, athletic, social or cultural purposes. While the Diocese recognizes the benefits of such activities, there is also a concern about the safety of the youth, volunteers and parish employees who participate. Therefore this checklist has been developed to assure those concerns are addressed.

_____ The parish Director of Youth Ministry must submit an “**Activity Request**” (Form XXIII B) to the Pastor. The activity may not be scheduled or advertised before the Pastor has approved the request.

Once the Pastor has authorized the trip, the following must be prepared and distributed to each participant:

Parental Permission Forms – The following forms are to be used:

_____ The “**Participation, Release and Indemnification Agreement**” (Form XXIII C) is used for general activities that occur off of parish property.

_____ **Medical Treatment, Release and Indemnity.** (Form XXIII F)

_____ **Overview:** For trips, parents must be provided with an overview, including a tentative itinerary, mode of transportation, and nature, address and telephone number of accommodations.

_____ **Rules and regulations applicable to the trip** (Form XXIII D)

At a minimum, these must include:

- (1) prohibition against drugs, alcohol, smoking and weapons and the policy for dealing with violations of these prohibitions; (2) requirements for compliance with all laws; (3) guidelines for dress code, behavior, and attendance checks; and (4) any other rules, guidelines and policies appropriate for the activities planned.

- * Parental Permission Forms and Medical Treatment, Release and Indemnity Forms must be returned to the Parish Director of Youth Ministry *prior* to the activity. If the activity involves travel, the forms must be submitted *prior to the day of departure*. They are not to collect the necessary forms as people are gathering to leave on the trip. The Parish Director of Youth Ministry and the lead chaperone must review these forms beforehand for completeness and for legibility and clarify the information provided, as necessary, with the parents. The lead chaperone must keep these forms throughout the trip or activity and must ensure they are readily accessible at all times.
- * Youth participants must be responsibly and reasonably chaperoned, for the duration of the trip or activity, by competent adults. Note that in accordance with the *Charter for the Protection of Children and Young People*, which was adopted by the United States Conference of Catholic Bishops, all chaperones for overnight activities are subject to this Charter, as implemented by the Diocese of Camden Implementation Plan, and must undergo the review and criminal history background check called for by the Statewide Policy. For trips and activities that do not involve an overnight stay, the Statewide Policy and the Implementation Plan should be consulted to determine whether they apply to any or all of the chaperones or other volunteers.

FORM XXXIIIB: ACTIVITY REQUEST

Moderator/Lead Chaperone: _____

Beginning date/time: _____ Ending date/time: _____

Location/Destination: _____

Number of Youth participants: _____ Cost per person: _____

Chaperones/Other Volunteers:

Identify each chaperone and other volunteers. Based on the duties and responsibilities of each person, indicate whether the individual is subject to the review and background check procedures of the Statewide Policy on Criminal History Background Checks for Employees and Volunteers of "Nonprofit Youth Serving Organizations." (Note that all chaperones on overnight trips are subject to the Statewide Policy.) For each individual subject to the Statewide Policy, indicate whether the review and criminal history background check has been completed satisfactorily.

Name	Does the Statewide Policy Apply?	Was the Review of forms Satisfactorily completed?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of Transportation: _____
 (If applicable, identify the specific bus company, train, airline, to be used)

If you plan to use volunteer drivers, has each driver satisfactorily completed a volunteer Driver Information Sheet? (Form XXIII) _____

Summary of Purpose of Trip: _____

Approval of Pastor: _____ Date: _____

- ★ **The Parish Director of Youth Ministry must meet with the chaperones in advance of the trip or activity and review the duties and responsibilities of the chaperones.**
- ★ If the activity involves travel, local or otherwise, only safe and adequate transportation may be utilized. Use of public, licensed carriers or school buses is encouraged. If private vehicles are to be used, a **Volunteer Driver Information Form (Form XXIII E)** must be completed and signed for each driver *and* each vehicle.
- ★ If the activity includes an overnight stay, only safe and adequate accommodations may be utilized.

**FORM XXIII C - YOUTH MINISTRY
PARTICIPATION, RELEASE AND INDEMNIFICATION AGREEMENT**

This is an invitation to participate in an activity sponsored by:

Parish: _____ (the "Parish")

Youth/Young Adult Organization: _____ (the "Parish Organization")

THE ACTIVITY

Location/Destination: _____ Activities may include: _____

Beginning date/time: _____ Ending date/time: _____

Transportation Method: _____ Type of Accommodations: _____

(if travel is involved) _____ (if overnight stay is involved)

Cost per person: _____ The cost includes: _____

PARTICIPANT INFORMATION

Participant's Name: _____ M/F: _____ Birth date: _____

Parent/Guardian

Names: _____

Addresses: _____

Phones: _____

E-mails: _____

PARTICIPATION AGREEMENT (ALL participants must sign)

I certify that I have reviewed the Participant Rules (Form D), that I understand the rules, and that I agree to follow the rules. I understand that failure to follow the rules may result in immediate dismissal from the Activity. I understand and agree that, if I am dismissed from the Activity, I will be sent home immediately, at my expense.

Participant Signature: _____ Date: _____

PARENT/GUARDIAN PERMISSION, RELEASE AND INDEMNIFICATION**
(For participants under 18 or over 18 but still in high school)

We, as parents/guardians of the participant named above certify that we have reviewed the Participation Agreement above and the Participant Rules (Form D) and agree that our child will comply with the rules. We specifically understand that, if our child is dismissed from the Activity, we must arrange for our child's immediate transportation home. If we do not do so, the Parish Organization will arrange for our child to be sent home and we will be responsible for all costs of transportation home.

We give consent and permission for our child to participate in the Activity described above. We are aware that this activity involves participation in the activities listed above and understand the risks involved in those activities. We have had an opportunity to ask questions about the activities and the risks. We certify that our child does not have any medical conditions, physical limitations, or other limitations which would affect our child's ability to participate in these activities.

We understand and agree that photographs and videos may be taken of our child participating in the Activity and that these photographs and videos may be displayed by, or included in publications of, the Parish or the Diocese of Camden, including but not limited to, press releases, bulletins, newspapers, newsletters, brochures, bulletin boards, websites and other publications.

**** For participants who are 18 and older and still in high school, ALL sections – participant and parent/guardian – must be completed and signed.**

In consideration of permission granted by the Parish for our child to participate in this Activity, we waive, release, and discharge any and all claims against the Parish, the Parish Organization, The Diocese of Camden, New Jersey, and their respective agents, servants, employees, officers, trustees, administrators and volunteers, for damages and/or injuries to us or our child arising out of or in any way connected with our child's participation in the Activity.

We agree to indemnify, hold harmless, protect and defend the Parish, the Parish Organization, The Diocese of Camden, New Jersey, and their respective agents, servants, employees, officers, trustees, administrators and volunteers, from and against any and all claims, losses, liabilities, damages, suits, fines, penalties, costs and expenses, including reasonable attorneys' fees, brought or incurred by or on behalf of our child or by or on behalf of any other person arising out of or in any way connected with our child's participation in the Activity.

WE HAVE READ THIS AGREEMENT CAREFULLY AND UNDERSTAND THAT IT RELEASES CLAIMS AGAINST THE PARTIES NAMED FOR INJURY TO PARTICIPANT OR DAMAGE TO PARTICIPANT'S PROPERTY AND THAT IT OBLIGATES US TO INDEMNIFY THE PARTIES NAMED FOR LIABILITY ARISING OUT OF PARTICIPANT'S INVOLVEMENT IN THE ACTIVITY.

Parent/Guardian

Signatures: _____

Print Names: _____

Date: _____

RELEASE AND INDEMNIFICATION

(For ALL participants 18 and over)**

I request permission to participate in the activity described above. I am aware that this Activity involves participation in the activities listed above, and I understand the risks involved in those activities. I have had an opportunity to ask questions about the activities and the risks. I certify that I do not have any medical conditions, physical limitations, or other limitations which would affect my ability to participate in these activities.

I understand and agree that photographs and videos may be taken of me participating in the Activity and that these photographs and videos may be displayed by, or included in publications of, the Parish or the Diocese of Camden, including but not limited to, press releases, bulletins, newspapers, newsletters, brochures, bulletin boards, websites and other publications.

In consideration of permission granted by the Parish for me to participate in this Activity, I waive, release, and discharge any and all claims against the Parish, the Parish Organization, The Diocese of Camden, New Jersey, and their respective agents, servants, employees, officers, trustees, administrators and volunteers, for damages and/or injuries to me arising out of or in any way connected with my participation in the Activity.

I agree to indemnify, hold harmless, protect and defend the Parish, the Parish Organization, The Diocese of Camden, New Jersey, and their respective agents, servants, employees, officers, trustees, administrators and volunteers, from and against any and all claims, losses, liabilities, damages, suits, fines, penalties, costs and expenses, including reasonable attorneys' fees, brought or incurred by or on behalf of any person arising out of or in any way connected with my participation in the Activity.

I HAVE READ THIS AGREEMENT CAREFULLY AND UNDERSTAND THAT IT RELEASES CLAIMS AGAINST THE PARTIES NAMED FOR INJURY TO ME OR DAMAGE TO MY PROPERTY AND THAT IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR LIABILITY ARISING OUT OF MY INVOLVEMENT IN THE ACTIVITY.

Participant Signature: _____

Date: _____

Participant Printed Name: _____

**** For participants who are 18 and older and still in high school, ALL sections – participant and parent/guardian – must be completed and signed.**

YOUTH MINISTRY
FORM XXIII D: PARTICIPANT RULES

First and foremost, you are Christian ladies and gentlemen and you are disciples of Jesus Christ.
Like a retreat, this event is a time to express and deepen your faith.

General Rules: No participant may:

- * engage in illegal activity of any kind
- * commit violent or destructive acts
- * endanger himself/herself or others
- * possess or use drugs, alcohol or tobacco products
- * engage in sexual activity
- * engage in behavior which is contrary to Catholic teaching
- * disrupt the trip or any activities which are part of the trip
- * disrespect other individuals or their property
- * fail to follow the instructions of a chaperone
- * leave the group without a chaperone

Bus Rules:

- * You must remain seated while the bus in motion, unless given permission otherwise.
- * Do not engage in any behavior which could distract the driver.
- * Follow the instructions of the driver.
- * Follow the instructions of the chaperones.
- * Use of the video system is at the discretion of the Bus Captain.

Hotel Rules:

- * Enter no room but your own at any time.
- * Respect other guests of the hotel – keep noise to a minimum.
- * Respect all curfew times. Curfew means that you are to be in your own room, not in other rooms, not in the hallways and not anywhere else in the hotel.

Consequences for Failure to Abide by the Rules

- * Serious violations: Immediate dismissal and return home at your/your parents' expense.
- * Other offenses:
 - o First offense: Warning
 - o Second offense: Warning
 - o Third offense: Participant and Group Leader call participant's parent.
 - o Fourth offense: Immediate dismissal and return home at your/your parents' expense.
- * Young adults (over 18) are expected to follow all the same rules as minors, giving a good example to the younger participants.

I have read and I understand the rules for this event and will follow these rules and cooperate with the chaperones. I understand that failure to comply may result in immediate dismissal and transportation home at my/my parents' expense.

Participant's Signature: _____

Date: _____

Parents'/Guardians'
Signatures: _____

Print Parents/Guardians
Names: _____

Date: _____

FORM XXIII: VOLUNTEER DRIVER INFORMATION FORM**DRIVER:**

Driver's Name: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Phone No.: _____ Driver's License No.: _____

VEHICLE:

Name of Owner: _____ Make/Model: _____

Owner's Address: _____ Year: _____

City/State/Zip: _____ License Plate: _____

Registration Expires: _____ Inspection Expires: _____

INSURANCE:

Insurance Carrier: _____ Policy Number: _____

Expiration Date: _____ Liability Limits: _____

** When using a privately owned vehicle, the limits are those that apply to the specific vehicle to be used.

** The minimum acceptable liability limit for privately owned vehicles is \$ 100,000/\$ 300,000.

CERTIFICATION:

I certify that the information given on this form is true and correct to the best of my knowledge. I further certify that I have never been convicted of an offense involving a motor vehicle (not including offenses which have been expunged). I understand that, as a volunteer driver, I must be 21 years of age or older, hold a valid driver's license, and have the required insurance coverage in effect on any vehicle used to transport participants on this trip.

Signature of Driver_____
Date

**FORM XXIIIIF - YOUTH MINISTRY
CONSENT TO MEDICAL TREATMENT, RELEASE AND INDEMNITY**

Parish: _____ (the "Parish")

Youth/Young Adult Organization: _____ (the "Parish Organization")

Dates of the event or trip (include dates of departure and return): _____

Participant's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Phone (day): _____
Address: _____ (evening): _____

Parent/Guardian Name: _____ Phone (day): _____
Address: _____ (evening): _____

Primary Doctor: _____ Phone: _____

MEDICATION: Participant will use the following medication:

Name of Medication: _____

Nature of Medication: _____

Prescribing Physician: _____ Phone: _____

**** For participants under 18 or in high school, all medication must be presented to the designated chaperone, before departure, in its original container, labeled with the participant's name and dosage information. If participant MUST have medication with him or her at all times, indicate the specific reason:** _____

MEDICAL CONDITIONS: Identify any medical condition(s) the Participant has:

ALLERGIES:

To medicines: _____

Other: _____

INSURANCE:

Insurance Carrier: _____ Plan: _____ Policy #: _____

**** If you need additional space to complete any part of this form, please attach additional pages.**

Participant's Name: _____

Date of Birth: _____

PARENTAL CONSENT TO MEDICAL TREATMENT, RELEASE AND INDEMNITY

(For participants under 18 or in high school)

By reason of our son/daughter being on a group trip, we as parents/guardians of the participant named above hereby consent and give our permission for our child to be diagnosed, treated, and/or medicated in accordance with standard medical practice, by licensed medical personnel. We agree to accept any and all financial responsibility as a result of such treatment and the scheduling of such treatment.

We waive, release, and discharge any and all claims against the Parish, the Parish Organization, the Diocese of Camden, New Jersey, and their respective agents, servants, employees, officers, trustees, administrators and volunteers, for damages and/or injuries to us or to our child which may arise from such medical treatment.

In consideration of permission granted for our child to participate in this Activity, we agree to indemnify, hold harmless, protect and defend the Parish, the Parish Organization, the Diocese of Camden, New Jersey, and their respective agents, servants, employees, officers, trustees, administrators and volunteers, from and against any and all claims, losses, liabilities, damages, suits, fines, penalties, costs and expenses, including attorneys' fees, brought or incurred by or on behalf of our child or by or on behalf of any other person arising out of or in any way connected with such medical treatment.

WE HAVE READ THIS AGREEMENT CAREFULLY AND UNDERSTAND THAT IT AUTHORIZES MEDICAL TREATMENT FOR PARTICIPANT, RELEASES CLAIMS AGAINST THE PARTIES NAMED FOR INJURY TO PARTICIPANT OR DAMAGE TO PARTICIPANT'S PROPERTY CONNECTED WITH SUCH TREATMENT, AND THAT IT OBLIGATES US TO INDEMNIFY THE NAMED PARTIES FOR LIABILITY TO OTHERS ARISING OUT OF SUCH TREATMENT.

Parent/Guardian

Signatures: _____

Print Names: _____

Date: _____

PARTICIPANT'S CONSENT TO MEDICAL TREATMENT, RELEASE AND INDEMNITY

(For ALL participants 18 and over – whether or not in high school)

By reason of my being on a group trip, I hereby consent and give permission to be diagnosed, treated, and/or medicated in accordance with standard medical practice, by licensed medical personnel. I agree to accept any and all financial responsibility as a result of such treatment and the scheduling of such treatment.

I waive, release and discharge any and all claims against the Parish, the Parish Organization, the Diocese of Camden, New Jersey, and their respective agents, servants, employees, officers, trustees, administrators and volunteers, for damages and/or injuries to me which may arise from such medical treatment.

In consideration of permission granted for me to participate in this Activity, I agree to indemnify, hold harmless, protect and defend the Parish, the Parish Organization, the Diocese of Camden, New Jersey, and their respective agents, servants, employees, officers, trustees, administrators and volunteers, from and against any and all claims, losses, liabilities, damages, suits, fines, penalties, costs and expenses, including attorneys' fees, brought or incurred by or on behalf of any other person arising out of or in any way connected with such medical treatment.

I HAVE READ THIS AGREEMENT CAREFULLY AND UNDERSTAND THAT IT AUTHORIZES MEDICAL TREATMENT FOR ME, RELEASES CLAIMS AGAINST THE PARTIES NAMED FOR INJURY TO ME OR DAMAGE TO MY PROPERTY CONNECTED WITH SUCH TREATMENT, AND THAT IT OBLIGATES ME TO INDEMNIFY THE NAMED PARTIES FOR LIABILITY TO OTHERS ARISING OUT OF SUCH TREATMENT.

Participant's Signature: _____

Date: _____

**FORM XXIIIIG – ADULT PARTICIPANT
CONSENT TO MEDICAL TREATMENT, RELEASE AND INDEMNITY**

Parish: _____ (the "Parish")

Youth/Young Adult Organization: _____ (the "Parish Organization")

Dates of the event or trip (include dates of departure and return): _____

Participant's Name: _____ Date of Birth: _____

Emergency Contact: _____ Phone (day): _____
Address: _____ (evening): _____

Emergency Contact: _____ Phone (day): _____
Address: _____ (evening): _____

Primary Doctor: _____ Phone: _____

MEDICATIONS:

Name of Medication: _____
Prescribing Physician: _____ Phone: _____

MEDICAL CONDITIONS:

ALLERGIES:

To medicines: _____
Other: _____

INSURANCE:

Insurance Carrier: _____ Plan: _____ Policy #: _____

**** If you need additional space to complete any part of this form, please attach additional pages.**

Participant's Name: _____

Date of Birth: _____

CONSENT TO MEDICAL TREATMENT, RELEASE AND INDEMNITY

By reason of my being on a group trip, I hereby consent and give permission to be diagnosed, treated, and/or medicated in accordance with standard medical practice, by licensed medical personnel. I agree to accept any and all financial responsibility as a result of such treatment and the scheduling of such treatment.

I waive, release and discharge any and all claims against the Parish, the Parish Organization, the Diocese of Camden, New Jersey, and their respective agents, servants, employees, officers, trustees, administrators and volunteers, for damages and/or injuries to me which may arise from such medical treatment.

In consideration of permission granted for me to participate in this Activity, I agree to indemnify, hold harmless, protect and defend the Parish, the Parish Organization, the Diocese of Camden, New Jersey, and their respective agents, servants, employees, officers, trustees, administrators and volunteers, from and against any and all claims, losses, liabilities, damages, suits, fines, penalties, costs and expenses, including attorneys' fees, brought or incurred by or on behalf of any other person arising out of or in any way connected with such medical treatment.

I HAVE READ THIS AGREEMENT CAREFULLY AND UNDERSTAND THAT IT AUTHORIZES MEDICAL TREATMENT FOR ME, RELEASES CLAIMS AGAINST THE PARTIES NAMED FOR INJURY TO ME OR DAMAGE TO MY PROPERTY CONNECTED WITH SUCH TREATMENT, AND THAT IT OBLIGATES ME TO INDEMNIFY THE NAMED PARTIES FOR LIABILITY TO OTHERS ARISING OUT OF SUCH TREATMENT.

Participant's Signature: _____

Date: _____

Update: 09/2014