DIOCESE OF PEORIA EMMAUS DAYS SIGNATURE FORM FOR MINORS

To complete your online registration for Emmaus Days, please print and complete this signature form and return it to

Office of Priestly Vocations: 419 NE Madison Ave., Peoria, IL 61603

STUDENT AGREEMENT / CODE OF CONDUCT

While participating in Emmaus Days, I will accept responsibility for maintaining good conduct and appearance. I will listen attentively and will follow the supervisor's directions at all times. I understand that the Diocese of Peoria has the right to terminate my participation in the field trip at any time if my conduct is not appropriate and/or if I fail to follow the supervisor's directions. I understand if I am removed from Emmaus Days my parents are responsible for my travel expenses.

Signature of Student _____ Signature of Parent _____ Date _____

PARENTAL AUTHORIZATION

I request that my child, _____, be allowed to participate in the retreat listed above. I understand that this activity will take place away from the parish grounds, and I grant my consent to the method of transportation. I further understand that this trip exposes my child to unpredictable risks and dangers. If emergency medical treatment is required due to accident, injury or illness, and I cannot be reached immediately, I hereby empower parish officials to exercise their discretion to transport my child to a hospital emergency room or other medical facility for treatment and to sign any releases that may be required in order to obtain medical treatment for my child.

If private vehicles are used for transportation, I give permission for my child to (check all that apply, if applicable):

□ Ride with another parent □ Ride with teacher/staff □ Ride with another student □ Drive himself

Signature of Parent _____ Date _____

Phone # where I can be reached during retreat: (___) _____ (Cell) (___) _____ (Work) (___) _____ (Home)

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

This information will be kept in the possession of the parish. A copy will be distributed to the person in charge of each trip or athletic activity in which the student/minor participates. Should the need arise this information will be given to the proper medical authorities.

I, _____ [parent/guardian], understand that in the case of illness or injury to my child, _____ [child's name], the parish will try to notify me or the person I have listed above as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the parish to 1) arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

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

CATHOLIC DIOCESE OF PEORIA PUBLICITY FORM

On occasion, the department named above takes photographs or makes an audio or video recording of children and/or adults involved in parish activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used in parish publications or advertising materials to let others know about the parish. Also, local news organizations may learn about the parish's activities or events, and the parish may invite or allow them to photograph or record such events to be used, distributed, or displayed as the agents of the parish see fit.

I hereby expressly grant to the parish named above and/or the Diocese of Peoria the right, privilege and license to use the picture or likeness of my child/children in any photograph, movie, video production or any other forms of media publication and to use the verbal or written statements or declarations of my child/children for the purpose of publicizing, fostering and promoting the parish and its programs, or for any other purpose in furtherance of the mission of the parish and/or the Diocese of Peoria.

Name of Student(s): _____

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

PASTOR APPROVAL

My parish, _____, will pay the parish fee of $95 for _____(Participant Name) to attend the Emmaus Days retreat. The parish will also pay for any part of the $60 participant fee that he cannot afford.

Signature of Pastor _____ Printed Name of Pastor _____ Date _____