

PARTICIPANT CODE OF CONDUCT, MEDICAL CONSENT, & MEDIA RELEASE FORM:

Participant Name:	Status: <input type="checkbox"/> Child (Under 7) <input type="checkbox"/> Youth (age 7-18) <input type="checkbox"/> Adult (18+)	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth: MM / DD / YYYY	Phone:	Email:

Allergies, Dietary Restrictions or Serious Medical Conditions: (Please describe any conditions that should be known in case of emergency)

PARTICIPANT CODE OF CONDUCT, MEDICAL CONSENT, & MEDIA RELEASE STATEMENTS

I, the undersigned, hereby grant permission for the above named person (Participant) to participate in the 2022 Catholic Youth Coalition Kickball Tournament (Kickball) scheduled for Sunday, September 18 in Butte, MT, which may require transportation away from my home church. As a legal adult myself or the parent and/or legal guardian of Participant, I remain legally responsible for any personal actions taken by Participant. I agree on behalf of myself/my child named herein, or our heirs, successors, and assigns, to hold harmless and defend my parish/school and the Roman Catholic Bishop of Helena, Diocese of Helena (Diocese), adult chaperones, and representatives associated with Kickball, arising from or in connection with me/my child attending Kickball or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its directors and agents, and the Diocese, chaperones or its representatives for reasonable attorney's fees and expenses arising in connection therewith.

I hereby warrant that to the best of my knowledge, I/my child is in good health, and I assume all responsibility for the health of me/my child. In the event of an emergency, I hereby give permission to transport me/my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital/doctor.

I/my child agrees to abide by all rules attached to Kickball. Specific behaviors that are not permitted include, but are not limited to: fighting, obscene language, offensive or revealing clothing, and the use/possession of tobacco, vaping products, alcohol, illegal drugs, and weapons. I also understand that if Participant violates any of the rules, Participant may be required to leave the activity at his/her own expense.

Event directors have the authority to prohibit video camera or other forms of image-recording devices, as appropriate, to prevent distractions or to protect against violating the privacy of participants. Violation of this policy may result in confiscation of such equipment for the duration of Kickball and/or dismissal from the event.

By signing this form I understand that a picture of myself/my child and/or work or projects created by myself/my child (e.g. still pictures, audio/video recording, etc.) may be published in print or online by my parish, school, Legendary Lodge, Diocese, The Foundation for the Diocese of Helena, Carroll College, or their agents to advance the mission and purpose of the Catholic Church. I also grant Diocese permission to share the information on this registration form with these or other individuals or entities to advance the mission and purpose of the Catholic Church.

Participant (Youth/Adult) Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

ADULT CHAPERONE POLICY STATEMENT (Required of all Adult Chaperones):

Are you serving as an Adult Chaperone of minors from a parish/school of the Diocese of Helena? (Check One): Yes No
Adult Chaperones from parishes/schools of the Diocese of Helena must be VIRTUS-certified. Adult Chaperones not from Diocese of Helena parishes/schools are expected to follow the safe environment/chaperoning policies of their respective church/group.

By signing below, I understand and agree to abide by all rules and policies of the 2022 Kickball Tournament and the respective Safe Environment/chaperoning responsibilities of the church/group for which I am serving as an Adult Chaperone.

Adult Chaperone Signature _____ Date _____