

# First Eucharist Family Retreat Teen Helper

*March 9<sup>th</sup>*

*April 6<sup>th</sup>*

*April 13<sup>th</sup>*

*(Please circle the retreats at which you would like to serve)*

*10:00am -2:30 pm*

*Please arrive at 9:00 am. You are free to leave at 1:00 pm*

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

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

Parent Phone #: \_\_\_\_\_

Parent Email: \_\_\_\_\_

## Code of Conduct

You are representing St. Jude in our community during this event and we expect you will represent us well. We expect that you will display mature, safe, and responsible behavior.

### 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/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. If under the age of 18, prescription drugs need to be given to an adult from your parish for storage and distribution.
9. Infraction of these rules can mean immediate dismissal. Participants will be responsible to local authorities as well.

*I understand and agree to this 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 the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.*

Teen Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Allergies/ Medical Conditions/Special Needs

Please indicate all food allergies for each participant. In addition, please list any medical conditions, special needs or special assistance needs for any participant.

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Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Permission, Videotaping & Photography

I give my permission for the child(ren) listed above to participate in this activity and in the videotaping and/or photographs which may be taken during the program. They may be used for future promotional efforts.

Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

First Aid & Parental Consent

I grant permission for the administration of First Aid to my child(ren) listed above by the people in charge of this program. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed necessary for my child.

Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please bring this completed permission slip with you on Saturday or return it to the Faith Formation before your retreat.