

# SALESIAN YOUTH LEADERSHIP CONFERENCE 2006 Code of Behavior

We are happy and excited that you are joining us as part of **SALESIAN YOUTH LEADERSHIP CONFERENCE (SYLC)**. The *Code of Behavior* is a way of helping you understand what is expected of you during the week, making the learning experience a healthy and fulfilling one for all involved. Please read through the *Code* carefully, as you will be expected to honor and uphold it throughout your time with us.

As necessary as rules are to maintain order, they can't and won't guarantee a successful **SYLC** experience. Success depends on people's willingness to work together for the common good.

Participants take part in **SYLC** as part of a parish, center, or school team. The adult leader of each group maintains primary responsibility for the actions of his or her group members. The sponsoring parish, center, or school, and the families of group members assume responsibility for any damage done to the facilities.

Participants are expected to attend all sessions unless explicitly excused by the Program Director.

Dress throughout the **SYLC** experience is casual; however, shirts and shoes must be worn at all sessions and meals. Name badges should be worn during all program activities.

Socializing should take place only in designated areas. No visiting is allowed in sleeping areas occupied by the opposite sex.

Each day will be a busy one - making adequate sleep a necessity. Participants must be in their respective cabins by curfew time. The noise level in the sleeping areas should be kept at a minimum. Scheduled quiet and silent times must be honored. Only the Program Director can alter curfew times or the timing of any other scheduled activity.

Smoking is not allowed.

The purchase, possession or consumption of alcohol or drugs by participants will result in immediate dismissal from the program. Major infractions of the *Code of Behavior* will meet with the same consequences.

**Parent or Guardian:** I agree that my child shall abide by the rules and regulations outlined in the **SYLC Code of Behavior**. I have reviewed it and discussed the *Code* with my child prior to signing this form. I agree that if my child fails to consistently abide by the *Code* or engages in a serious infraction of the *Code*, he or she may be immediately dismissed from the **SYLC** program and sent home at my expense.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Youth Participant:** I understand and agree to the **SYLC Code of Behavior**. I also understand that my parent(s) or guardian will be notified at the time of any infractions requiring my dismissal from the program and that I will be sent home at our expense. (Your signature must appear below in order to participate in the **SYLC** program.)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# SALESIAN YOUTH LEADERSHIP CONFERENCE 2006 Combined Consent & Health Form

Parents/Guardians: Your signature at the end indicates your consent and acceptance of the provisions included in this document. Please list any special dietary needs on an attached sheet.

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

Parish/ Center /School: \_\_\_\_\_ City & State: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: Father (\_\_\_\_) \_\_\_\_\_ Mother (\_\_\_\_) \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

**PARTICIPATION CONSENT:**

(Name of Parent or Guardian) \_\_\_\_\_ grant permission for my son/daughter to participate in the **SALESIAN YOUTH LEADERSHIP CONFERENCE (SYLC)** program.

**LIABILITY WAIVER:** I will not hold the Salesian Society in the San Francisco Province, the Center for Ministry Development, or the program facility responsible in the event of any injury or accident to my son or daughter while participating in the **SYLC** program and/or traveling to and from the program.

**STATEMENT OF HEALTH:** I hereby warrant that, to the best of my knowledge, my child is in good health and able to participate in all program activities. (Please submit a statement indicating limitations and/or conditions of which we should be aware.)

**INSURANCE INFORMATION**

Family Health Insurance Co.: \_\_\_\_\_ Policy No.: \_\_\_\_\_

**MOST RECENT PHYSICAL EXAMINATION** (Provide information on your child's most recent examination)

Date of Examination: \_\_\_\_\_ Physician or Clinic: \_\_\_\_\_

Physician/Clinic Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

**IMMUNIZATIONS:** (Please provide date of latest tetanus immunization): \_\_\_\_\_

**MEDICATIONS:** Any medications brought to the program should be clearly labeled and in their original container. Please list any prescription or approved non-prescription drugs your child is presently taking. Include product name and physician's instructions on dosage and frequency: \_\_\_\_\_

I understand that all prescription medication will remain in the possession of the Conference Nurse and be dispensed as prescribed. I grant permission for non-prescription medication (such as ibuprofen, Tylenol, throat lozenges, cough syrup) to be given to my child, if deemed advisable. **If there are any non-prescription drugs you do not want administered to your child please list them:**

**ALLERGIES** Please attach a statement noting all known allergies, including how the child has been treated and with what medication. If medications are needed occasionally or regularly, please send them with your child in case of need. If your child has special dietary needs or restrictions, please attach a statement listing these dietary concerns.

**OPERATIONS OR SERIOUS INJURIES** (Within the past 18 months)  
**Operation/Injury:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**COMMUNICABLE DISEASES:** Please notify your **SYLC** Team Leader immediately if your child has been exposed to any communicable disease (mumps, measles, chicken pox, etc.) within three weeks prior to attending the **SYLC** program.

**MEDICAL EMERGENCY**

In case of medical emergency, I understand that a reasonable effort will be made to contact parents or guardian of participants. In the event that I cannot be reached, I hereby give permission to the physician selected by the **SYLC** program director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child, as named herein.

**MODEL RELEASE**

I grant permission for my son/daughter's image to be used from photos taken during **SYLC**. Use of photographs/video: The Salesian Society in the San Francisco Province and the Salesian Youth Ministry Office assure the signed guardian that the use of the images of your son/daughter will be for very limited purposes of publication in office communications and on province and Salesian youth ministry websites, and for promotion of similar kinds of events or for new reports on this or similar future events. No matter of manipulation will be employed in the use of these images nor will they be made available for public use beyond the limitations set in these documents.

**SIGNATURE OF PARENT OR GUARDIAN**

I certify that the above information is correct and give permission for my child to be transported in privately owned vehicles and/or via public transportation for approved **SYLC** program activities; and for the release of medical records to an attending physician in case of illness.

I fully understand the consequences of the foregoing statements and sign this form knowingly, freely, and willingly. (Your signature must appear below or your child will not be permitted to participate in the **SYLC** program.)

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_