

ST. AGATHA PARISH YOUTH MINISTRY

CODE OF CONDUCT/PERMISSION SLIP

I, _____, give permission for my son/daughter, _____
(Parent's Name) *(Child's name)*
to participate in the _____ on _____.
(Event Name) *(Event Date)*

I give my permission to the youth minister or assigned adult supervisor to secure proper necessary medical treatment for my son/daughter by a licensed physician in the event of any minor or emergency medical treatment which may be necessary in the event of an accident or sudden illness.

I give permission for my child to be transported by bus to the youth ministry event that has been arranged by the youth minister.

I further realize as a parent/guardian that any infraction of the following rules or behaviors inconsistent with the basic teachings of the Catholic Faith will result in my being contacted immediately and I will be required to pick up my son/daughter regardless of the time of day or night.

- I will refrain from involving myself with the use of any alcoholic beverage or drug paraphernalia regardless of my age or local jurisdiction.
- I will not engage in any improper advances, sexual acts or language, suggestive comments or gestures that will in any way impinge on the privacy or dignity of anyone regardless if they are in our group or outside of our group.
- I will not participate in any activity which will deface or destroy any property. I will not use abusive language or gestures toward any other person.
- I will not encourage any sort of violence, fighting, or name calling even if provoked.

It is my understanding that any infraction of any of these standards will result in immediate disciplinary action up to and including my parents being required to pick me up immediately. In the event that this request is unreasonable, I will be required to remain in the company of the youth minister or another adult supervisor assigned by the youth minister until our arrival home. Any such behavior will be grounds for temporary suspension from future activities depending on the nature of the infraction.

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Thank you for your understanding and cooperation. If you have any further questions, please call Helen Bornhorst at 617-696-8978 or email at hbornhorst@stagathaparish.org.