



REGISTRATION FORM for the **MIDDLE SCHOOL EXPEDITION**  
**JUNE 23**

**CATHOLIC YOUTH EXPEDITIONS**

Please send registration form and fee to:  
**Catholic Youth Expeditions, 3035 O'Brien Road, Baileys Harbor, WI 54202**  
Registration fee of \$45 can be made payable to: Catholic Youth Expeditions

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Year in school \_\_\_\_\_

Please indicate place of pick-up::  
**Appleton** \_\_\_\_\_ or **Green Bay** \_\_\_\_\_

Gender: M / F    DOB \_\_\_\_\_    AGE \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

**Parental/Guardian consent form and liability waiver**

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_ to travel in vehicles provided by Catholic Youth Expeditions to and from the expedition and to participate in the designated location. This expedition will take place under the guidance and direction of employees and/or volunteers from Catholic Youth Expeditions. As a parent and/or guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant")

I agree on behalf of myself, my child named herein, or out heirs, successors, and assigns, to hold harmless and defend Catholic Youth Expeditions, its officers, directors, employees and agents, and the Diocese of Green Bay, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connections with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Catholic Youth Expeditions, its officers, directors and agents, and the Diocese of Green Bay, its employees and agents and chaperons, or representatives associated with the event for reasonable attorney's fees and expenses which may occur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Catholic Youth Expeditions or the Diocese.

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

**Medical Matters:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the numbers(s) above, contact:

Name & relationship \_\_\_\_\_

Phone: \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

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

**Medications:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

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

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

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

**OR**

I hereby grant permission for non-prescription medications (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

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

**Specific Medical Information:** Catholic Youth Expeditions will take reasonable care to see the following information will be held in confidence:

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

Physical limitations: \_\_\_\_\_

Has child recently been exposed to contagious disease or condition such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition: \_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_

I understand that the expedition may involve camping in tents, hiking, canoeing, kayaking, swimming, water skiing and windsurfing. My child has my permission to participate in these activities, and I believe my child to be physically able to participate.

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

**GENERAL PERMISSION**

### **Videotaping and Still Photographs**

Video and still photographs may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape and/or still photographs, which may only be used for future promotional efforts, including the Catholic Youth Expedition website.

### **Code of Behavior for participants**

We are glad to have you on an expedition! During this expedition, we expect that you will display mature and responsible behavior, which for many years has been the trademark of Catholic youth and adults of our diocese.

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 and follow the CYE dress code. Writing on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or possession of any illegal drug is not permitted. St. Josephs Formation Center is a dry/chemically free campus
6. Smoking is no permitted.
7. Weapons and/or drug paraphernalia are not permitted.

8. If under the age of 18, prescription drugs need to be given to an adult staff member for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

**I understand and agree to this Code of Behavior. If under the age of 18, I also understand and agree that my parents or guardian 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.**

Signature of Minor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

#### Dress Code – Minors (under 18)

As human beings, we are made in the image and likeness of God and it is important for us to point one another to Heaven through our words, actions and even through what we wear. Our clothing speaks of who we are and what we represent. The catechism of the Catholic Church teaches that purity requires modesty. **Modesty protects the intimate center of the person.** It means refusing to unveil what should remain hidden. It guides how one looks at others and behaves towards them in conformity with the dignity of persons and their solidarity. **Modesty protects the mystery of the persons and their love** (CCC 2521,2).

- 1) I understand that when I am not engaged in a water/sport activity, I must be fully clothed. This includes an appropriate shirt on top and appropriate shorts or pants on bottom.
- 2) **Women:** I agree to refrain from wearing strapless or spaghetti strapped tank tops and shirts that are tight and revealing. I agree to not wear low-cut shirts, short shorts or short skirts. Four inches above the knee is an appropriate cut on top. I understand that my stomach must be covered and that bikinis are **NOT** allowed.
- 3) **Men:** I agree to wear loose fitting shirts and shorts that come to my knee. I agree to keep my boxer shorts covered up at all times. I understand that Speedo-type swimwear is **NOT** allowed.

*I understand that if I am dressed inappropriately, the Expedition Director or Women's Formation Advisor may approach me to discuss my attire and ask me to change.*

Signature of Minor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_