



**St. Michael Youth United
presents ...**

The Cereal Bowl

Drop-off: Friday, May 27, midnight

Pick-up: Saturday, May 28, 6AM

The Brunswick Zone 170 W. North Ave, Carol Stream

Youth United wants to celebrate your Confirmation in style! Bring your friends and join us for arcade games, rides, laser tag, pool tables, bowling, unlimited pizza & soda, raffles & prizes, donuts & juice, and a chance to make new friends in the high school crowd *before* your freshman year begins!

There is absolutely no sleeping during this event!

COST: \$20 and a box of cereal! All food donations will be given to the Peoples Resource Center. You will be given a raffle ticket for every box of cereal you bring! Raffle tickets = great prizes!

Permission form deadline is May 15th

Questions?

Contact Leslie Stopka at 630-462-5047 or at stmccyu@yahoo.com

St. Michael Parish

Youth United
317 W. Willow Avenue
Wheaton, IL 60187

Leslie Stopka
630-462-5047

PERMISSION FORM FOR YOUTH UNITED DAYTRIPS SPRING 2011

GENERAL PERMISSION FORM

I request that my child, _____, be allowed to participate in the following Youth United events:

THE CEREAL BOWL event at the Brunswick Zone, 170 W. North Avenue, Carol Stream IL on May 27 - 28, 2011.

I hereby release and indemnify my parish, St. Michael of Wheaton, IL, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

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 be used for future promotional efforts, including the Diocese of Joliet website.

Code of Behavior

You are representing Youth Ministry in our diocese during this event and we expect you will represent us well. 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. 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 with no refund. 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: _____

Parent Signature: _____

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child, _____, by the people in charge of the 2010 Fall Youth United events, and those transporting my child to and from the event as their judgement deems advisable, and to make the necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalise, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Participant's Name: _____

Birth Date: _____

Parent's Home Phone: _____

Parent's Cell Phone: _____

Allergic to medication/other? NO YES (circle one)
If YES, please describe:

Medication(s) presently taking: _____

Insurance Information

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____

Authorized Physician: _____

Phone #: _____

If parent(s) can't be reached

In case of Emergency, contact: _____

Phone #: _____