

Saint Agnes Youth Group Code of Conduct

The success of any event depends on your willingness to work together as a group. Please review the following with your Parent/Guardian and return to the Saint Agnes Youth Group Office.

YOUTH:

- I will not be late
- I will respect peers, my adult chaperones, and myself by being helpful and courteous
- I will actively participate in the program I am attending
- I will respect confidentiality, emotional and personal boundaries of others
- I will not bring the following items to the event:
 - Knives
 - Guns
 - Alcohol
 - Drugs or associated paraphernalia
 - Pornography
- I will use the vocal beauty and intonation that God intended, e.g., NO PROFANITY, NO SHOUTING
- I will leave the group ONLY WITH PERMISSION, and only when accompanied by an adult chaperone
- I will not engage in any public displays of affection or sexual activities
- I understand there is NO SMOKING
- ***I understand this group activity is designed for Christian fellowship and interaction***

I understand that it is a privilege to participate and I agree to honor all guidelines given me while participating.

NO EXCEPTIONS!

By signing on the reverse, I indicate that I have read and understand the Code of Conduct Guidelines. I agree to follow them and understand that if any of the rules are broken, my parent/guardian WILL be called immediately to pick me up, or arrangements will be made **at their expense** to have me sent home.

**Guardians: read & sign the reverse side with your teen.
Keep the top & return the bottom part of this form to the Youth Office.**

PARENT/GUARDIAN: PLEASE READ THE FOLLOWING, THEN PRINT, SIGN, AND DATE BELOW NEXT TO YOUR YOUTH.

Per diocesan policy, over-the-counter medications, (Tylenol, Advil/ibuprofen, Benedryl, aspirin) and prescriptions must be provided by the youth's parent(s) in a labeled humidity-proof container with the exact instructions as prescribed and with the youth's full name.

ALL PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS WILL BE KEPT WITH A CHAPERONE AT ALL TIMES AND THE YOUTH IS RESPONSIBLE FOR TAKING MEDICATION IN THE PRESENCE OF THE TRIP'S DESIGNATED ADULT AT THE TIME/S IT IS PRESCRIBED. THE YOUTH IS RESPONSIBLE FOR NOTIFYING THE ADULT OF THE CORRECT TIME.

I understand that my teen will not be permitted to leave the premises at any time for any reason other than a medical emergency or release to the parent/guardian.

I agree that if my teen fails to consistently abide by the guidelines or engages in a serious infraction, he or she may be dismissed from the event and I, along with the proper authorities will be contacted.

I understand that if my teen is found with (or is under the influence of) drugs or alcohol, the police will be called and I will be notified.

I understand that I may be responsible for any damage caused to any equipment or the facility if the damage is intentional or caused by neglect.

If I am called at ANY time throughout the event I must pick up my teen immediately, or be responsible for the expenses for transportation to send him/her back to me.



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Parent/Guardian

Youth

Print Name: _____ ** Print Name: _____

Signature: _____ ** Signature: _____

Date: _____ ** Date: _____