

Diocese of Colorado Springs
MISSION POSSIBLE 2017



July 19-21

What: Mission Possible is about service. You will have the opportunity to grow in the Catholic Faith, be immersed in prayer, including daily Mass, Adoration and Reconciliation, learn more and engage in Catholic Social teachings, and witness to others about our faith.

Who: This event is open to middle and high school age young people in the Diocese of Colorado Springs. Adult to youth ratio meets diocesan requirements of 1:7. Adults stay with the team all day and overnight.

Where: Holy Apostles Catholic Church
4925 North Carefree Circle, C/S 80917

When: Check-in is on Wednesday, July 19th at 7:30am. Mission Possible will conclude on Friday, July 21st after the 5:30pm Mass. Parents and families are welcome to join us for Mass.

Registration: Contact your parish Youth Minister to register. Cost is \$95.00 for early registration and late registration is \$105.00. Early registration opens May 19 and closes on June 30. After June 30, you may still register, however, a t-shirt will not be guaranteed. Scholarships may be available. Contact your parish Youth Minister.

Location Name: _____

CONSENT FOR RELEASE

INTRODUCTION

This form is used to obtain written consent for use of a minor's name and/or audio/video depiction from the minor's parent or guardian. The use of any name or likeness is limited to the announcement, acknowledgment of achievement or participation, and information about or promotion of an applicable ministry or event.

CONSENT

Please mark **YES** on the line before any description that you authorize for release/use.
Please mark **NO** on the line before any description that you do NOT authorize for release/use.

Name:

- _____ Use of the minor's name in any publication intended for public distribution. (Social media, website, written work or artwork, television, newspapers, brochures, etc.)
- _____ Use of the minor's name in any publication intended for distribution within the parish, school, or diocese. (bulletin, newsletter, written work or artwork, internal streaming video, bulletin board, other related internal electronic communication, etc.)

Audio/ Video:

- _____ Use of the minor's likeness in any medium intended for public distribution. (Social media, website, written work or artwork, television, newspapers, brochures, etc.)
- _____ Use of the minor's likeness in any publication intended for distribution within the parish, school, or diocese. (bulletin, newsletter, written work or artwork, internal streaming video, bulletin board, other related internal electronic communication, etc.)

PLEASE NOTE: IF YOU WISH TO MAKE ANY CHANGES TO THE ABOVE AUTHORIZATIONS, YOU MUST NOTIFY THE PARISH OFFICE.

Please PRINT the names of all minors included in this Consent:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Printed name of parent/guardian

Signature of parent/guardian

Date

Colorado Springs Mission Possible

CODE OF BEHAVIOR

If you have ANY QUESTIONS!?!? Notify one of the youth ministers.

We are happy & excited that you are joining us for this great time of Social & Service Justice with *Mission Possible Colorado Springs*. The *Code of Behavior* has been developed as a way of helping participants understand what is expected of them during this time and making this a service-learning experience for all involved. Please read the *Code* carefully, as you will be expected to honor and uphold it throughout your time at Mission Possible.

- Success depends on people's willingness to work together for the common good. As necessary as rules are to maintain order, they can't and won't guarantee a successful *Mission Possible* experience. No Bullying, hitting, insulting, gossiping. **RESPECT EACH OTHER!**
- While away from Holy Apostle Catholic Church, youth participants must be accompanied at all times by an adult leader. Team members will travel to all program activities as a group. The adult leaders of each team maintain primary responsibility for the actions of their team. **RESPECT ALL ADULTS!**
- Participants take part in *Mission Possible* as part of a team. Parents and family assume responsibility for any damage done. **RESPECT THE LOCATION AND TOOLS YOU ARE USING. CLEAN UP AFTER YOURSELVES!!**
- Participants are expected to attend all sessions unless explicitly excused by the program director.
- Dress throughout the *Mission Possible* experience is casual; however shirts & **closed toe shoes** must be worn at all sessions & meals. Shorts must be fingertip length or longer. Shirts must have sleeves. **NO: Tank tops, spaghetti straps, mid-drifts, sagging shorts or pants or short shorts. Appropriate sleepwear required.** Leadership will ask you to go change clothes if necessary!
- Each day will be a busy one - making adequate sleep a necessity. Scheduled quiet & silent times must be honored. Only the Program Director can alter the timing of any other scheduled activity.
- Tobacco, drinking or drug use is NOT allowed. This is a major infraction of the *Code of Behavior* & will be dealt with accordingly.
- Cell phones or iPods can only be used during free time. Not responsible for lost or stolen items.
- NOT ALLOWED: Leaving the grounds of Holy Apostles Church without specific permission of the Program Director. Public Display of Affection, otherwise known as PDA; no members of the opposite gender in sleeping areas, INCLUDING siblings; **NO ENERGY DRINKS.**
- All prescription and otherwise approved medications must be distributed by a designated person. Prescriptions must be turned in at the beginning of Mission Possible.

I have read, understand & agree to the *Mission Possible Code of Behavior*. I also understand that my parent/guardian will be notified at the time of any infraction requiring my dismissal from the program & that I will be sent home at my own or my parent's expense.

Parent signature

Participant signature

DETACH & RETURN TO YOUR YOUTH MINISTER WHEN REGISTERING

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business phone: _____

I, _____ grant permission for my child, _____
Parent or guardian's name Child's name

to participate in this parish event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from _____
Name of parish

A brief description of the activity follows:

Type of event: _____

Date of event: _____

Destination of event: _____

Individual in charge: _____

Estimated time of departure and return: _____

Mode of transportation to and from event: _____

As parent and/or legal 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 our heirs, successors, and assigns, to hold harmless and defend _____, its officers, directors, employees
Name of Parish

and agents, and the Arch/Diocese of _____, 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 connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Arch/Diocese of _____, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/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 above numbers, contact:

Name & relationship: _____
Phone: _____ Family doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy #: _____
Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Arch/Diocese of _____, chaperons, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

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:

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: _____

I hereby grant permission for non-prescription medication (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: The parish will take reasonable care to see that 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? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, 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: _____
