

**St. Peter Chanel Catholic Church
2017 Catholic Heart Work Camp
10th - 12th Grade Only
Knoxville, TN
Parental / Guardian Consent Form**

Name of Participant: _____

Female: ___ Male: ___ Birthdate: _____ Age: ___ Grade: ___ T-Shirt Size: _____

Parent / Guardian Name: _____

Address: _____

Home Phone: _____ Work #: _____ Parent Cell #: _____

Parent Email Address: _____

I, (Parent/Guardian above), grant permission for my child, (Participant above), to participate in this parish event that will take place at Knoxville Catholic High School in Knoxville, TN. This activity will take place under the guidance and direction of parish employees and /or volunteers from the parish. A brief description of the activity follows:

Type of Event: Mission Trip

Destination of Event: Knoxville Catholic High School
9245 Fox Lonas Road
Knoxville, TN 37923



Individual in Charge: Colleen Pittroff

Transportation: Bus

Date/Time of Event: Sunday, June 4, 2017 - Friday, June 10, 2017

Cost: \$675

(Please read the refund guidelines on the back side of this form)
Deposit and completed SPC permission slip must be received in order to claim a spot

As a parent and / or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Peter Chanel, its officers, directors, and agents and the **ARCHDIOCESE OF ATLANTA**, Georgia, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Atlanta, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Initial below:

_____ All Teen participants must attend a minimum of 4 Youth Ministry and 2 Team Building events prior to May 2016 in order to attend CHWC.

_____ I can chaperone. Best number to contact me: _____

I attended this Youth Ministry event _____ Team Building event _____

- I understand that attendance at one of each event type must occur prior to submitting this application.

Signature of Parent / Guardian _____ Date _____



Please read and complete all four sides of this form.

Fax or Scanned copies of this form cannot be accepted

Catholic Heart Work Camp 2017 Payment Schedule

\$225.00 Deposit (payment 1) due with completed SPC permission forms (4 pages) to secure a spot.

Payment 2: February 1, 2017 through February 8, 2017 amount due \$225.00 (After February 8, 2017 amount due \$250.00)

Payment 3: April 1, 2017 through April 8, 2017 amount due \$225.00 (After April 8, 2017 amount due \$250.00)

- Regardless of the date when your form was turned in, ALL YM and TB activities must be completed by April 1, 2017. (you must have attended 4 Youth Ministry/ 2 team building events)
- Please understand that should we have more applicants than spaces available, spots will be confirmed based on the date of completion of all the YM and Team Building events.

Catholic Heart Work Camp 2017 Paperwork **ALL PAPERWORK DUE MARCH 15, 2017**

St. Peter Chanel Permission Slip - *Available Now*

St. Peter Chanel Medical Release - *Available Now*

Copy of Insurance Card (**both sides**) - *Can be submitted Now*

CHWC Code of Conduct - *Available in February 2017*

CHWC Medical Release (***Must be Notarized***) - *Available in February 2017*

CHWC Worksite Application (***Must be done online***) - *Available in February 2017*

* If paperwork is 100% completed and handed in by March 15, 2017 your final payment will be \$200.

* If paperwork is not received by April 1, 2017, an *additional* \$25.00 late paperwork processing fee will be added to your final payment.

REFUND POLICY

\$150.00 is **non-refundable**

Refunds will be issued if your spot can be filled by another participant (minus the \$150)

Your final payment may be reduced to \$200 if your paperwork was 100% completed and handed in by March 15, 2016 and your full payment was received prior to the final payment date.

_____: I have read and agree to the Payment Schedule, Paperwork
(Parent Signature) Schedule and Refund Policy.

CHWC Teen Communication Permission Slip

We place great importance on effective, timely, and most importantly, safe and secure communication regarding programs and events conducted and supervised by the Parish School Religion (PSR). In order to ensure proper use of electronic communication in relation to our minors, the PSR department requires parental consent to communicate with your minor through phone, email, and social media sites. We ask that you take a moment to review the following policy points, complete, sign, and return this original copy to us. Our entire protocol for communication with minors can be found in the Religious Education section of our website (www.stpeterchanel.org).

St. Peter Chanel PSR Staff will communicate all information regarding our programs and events for high school youth through the family contact information (primary phone number; family email) that is on file with the parish. In addition, with written permission from parents / guardians, we will contact high school minors using their personal contact information. This is entirely optional and this communication will duplicate what has already been sent to the parents / guardians.

Below is a summary for PSR Staff Communications using the minor's contact information for our regular and/or weekly programs and events:

- Without written consent from the parent/guardian, no phone, email, or social media communication will be made directly to the minor's contact information.
- When written permission is granted, any communication that is sent to the minor's contact information will also be sent to the parent. This is Archdiocesan policy.
- Without written permission, no PSR staff member will respond to or acknowledge any email from the minor's contact information, except for emergency situations (i.e. fire, weather, intruder, etc.).
- The PSR staff will not invite or accept any requests from the minor to be included in their private social networking sites other than the official, public networking sites that are administered by approved staff.
- This permission may be revoked by the parent at any time and is to be renewed yearly. It extends only to the PSR staff and programs and events directly attributed to PSR. It does not extend to PSR volunteers or other ministries who utilize 9th – 12th graders for service.

Photograph/Video Permission

I agree that photographs, images and/or video of my child may be used for any publications, including personal and parish based social networking sites.

I agree that photographs and/or video of my child may **only** be used in parish based publications and social networking sites.

NO, I do not want my child's photograph, image or video used in any way.

Please indicate below whether the SPC PSR Department has permission to contact your teen via social media

I agree that the SPC PSR Department may use parish based social media to communicate with my child.

NO, I do not want the SPC PSR Department to communicate with my child via parish based social media.

Parent consent to contact your child through phone and/or email

I/We hereby grant permission for the 2016-2017 year for St. Peter Chanel PSR Staff to contact my child through the following:

Teen Home Phone _____

Teen Cell Phone _____

Teen Email _____

I/We **only** grant permission for SPC PSR staff to contact my child through parent phone and/or email.

Name of Parent/Guardian

Name of Minor

Email of Parent/Guardian

Signature of Parent/Guardian

Date