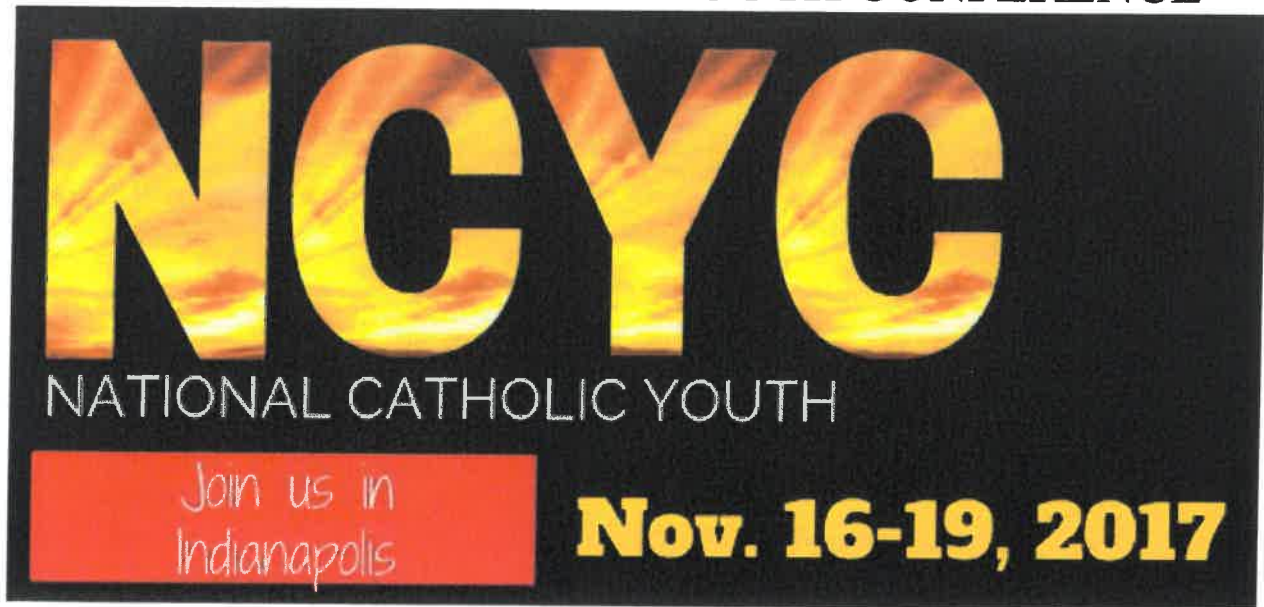


# NATIONAL CATHOLIC YOUTH CONFERENCE



**November 16:** 10:30AM leave from the Blanchett Center in Crest Hill by coach bus. Arrive in Indy (around 3:00pm), check into hotel and attend the opening session. Please bring sack lunch for bus; we will not be stopping for lunch.

**November 17:** Attend workshops and other parts of the conference all day long

**November 18:** Experience the last day of the conference, which closes with an evening Mass.

**November 19:** Leave at 9:00AM to head back to Crest Hill, arrive around 11:30am.

## **Cost:**

**Registration:** \$225.00 (includes diocesan items) \$275.00 after Sept 25 to Oct 26th  
**Transportation:** \$75.00 (by coach bus) once filled bus, waiting list will begin

**Hotel Room: (estimate)** \$528.00 (per room)  
(cost will be determined based on number of people in the room – up to five)  
With 5 per room = \$106.00, With 4 per room = \$132.00,  
With 3 per room = \$176.00, With 2 per room = \$264.00, With single room = \$528.00

Other than possible breakfast at the hotel no food is covered through registration.

- Registration is on a first come first serve basis; once hotel spots are filled we will start a waiting list for another hotel (not guaranteed to be downtown).
- To register send in \$250.00 non-refundable deposit with Registration form and proper youth or adult NCYC form. Youth Minister will also register them on-line. Balance will be due in November 2<sup>nd</sup>.
- Fill out all paper work and return with money by Deadlines.

More information can be found out about the conference at [www.nfcym.org](http://www.nfcym.org) or at our diocesan web-site at [www.dioceseofjoliet.org/ym](http://www.dioceseofjoliet.org/ym) under NCYC.



# NCYC Youth Code of Conduct

(excerpted from *Safeguarding God's Children: NFCYM Policies for Protecting Young People*)

## Youth participants will:

- Project an image of Christian consideration, sensitivity, and respect to everyone and to the property around them through language, dress, and behavior
- Refrain from inappropriate touching and verbal harassment
- Respect other persons and/or property
- Refrain from actions that could result in injury and/or damage to property
- Adhere to stated curfew
- Wear appropriate credentials in order to gain and maintain access to NFCYM events and activities
- Keep their personal belongings with them at all times
- Attend all scheduled activities, arriving promptly, and staying for the entire event
- Be aware of noise levels in lobbies, hallways, and sleeping areas, especially later in the evenings
- Maintain the spirit of the event
- Report problems of any kind to a trusted adult

## Youth participants will not:

- Possess weapons of any kind
- Purchase, possess, consume, or distribute alcohol
- Purchase, possess, consume, or distribute illegal drugs
- Engage in any form of sexual activity or peer sexual harassment
- Purchase, download, possess, or distribute pornography
- Visit or gather in hotel rooms with the opposite gender

Youth participants will be aware of what are and *are not* appropriate behaviors in terms of relationships between adults and youth, and with their peers:

The following behaviors are generally considered appropriate at an NFCYM event:

- Side hugs
- Shoulder to shoulder or "temple" hugs
- Handshakes
- "High-fives" and hand slapping
- Verbal praise for a job well-done (not regarding physical attributes)
- Touching hands, faces (usually in context of a blessing), shoulders, and arms of minors
- Arms around shoulders
- Holding hands while walking with younger minors
- Sitting beside younger minors
- Kneeling or bending down for hugs with younger minors
- Holding hands during prayer
- Pats on the head when culturally appropriate

The following behaviors are generally considered inappropriate at an NFCYM event:

- Inappropriate or lengthy embraces
- Kisses on the mouth
- Holding children on the lap who are capable of sitting on their own
- Touching bottoms, chests, or genital areas
- Showing affection in isolated areas of a facility such as bedrooms, restrooms, bathrooms, closets, staff-only areas, or other private rooms
- Being in or on a bed with an adult
- Touching knees or legs of minors
- Wrestling with minors
- Tickling minors
- Piggyback rides
- Any type of massage given by minor to adult or another minor
- Any type of massage given by adult to minor
- Any form of unwanted affection or peer sexual harassment
- Compliments or put downs that relate to physique or body development
- Going to an isolated area away from the group, or being taken to an isolated area by an adult or peer

**If a problem of any kind occurs during an NFCYM-sponsored youth event, young people will immediately go to a trusted adult to discuss the matter.**

Youth and parents understand that failure to agree to and abide by the Youth Code of Conduct will bar youth from participation in any NFCYM-sponsored youth event.

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## **Youth Participant Sanctions for Non-Compliance**

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For the most part NFCYM never has direct responsibility for chaperoning the conduct of youth participants in its programming and events. NFCYM relies on group leaders from participants' home dioceses or other chaperones to ensure that every young person attending an NFCYM-sponsored event is aware of the Youth Code of Conduct and the sanctions for non-compliance. Group leaders, chaperones, and/or parents bear the responsibility for sharing this information with youth participants. Their failure to do so does not excuse any inappropriate behavior on the part of youth participants nor does it affect NFCYM's ability to levy sanctions. Youth participants are held to the Youth Code of Conduct regardless.

If a young person violates the Youth Code of Conduct, any or all of the following sanctions may be implemented:

- Reporting of misconduct to local authorities, if the violation in any way violates local ordinances or laws.
- Dismissal of the youth from the NFCYM event or program by requesting that the group leader remove the youth from the event (whereby it would become the responsibility of the group leader/chaperone/parent to ensure timely, accompanied, and safe transportation home).

**NFCYM/NCYC****GENERAL RELEASE, COVENANT NOT TO SUE, LIABILITY WAIVER, AND PERMISSION AGREEMENT****YOUTH PARTICIPANT****(Arch)Diocese of** Joliet**Parish/School** \_\_\_\_\_

**Instructions:** A separate copy of this Legal Agreement must be completed for *each* child traveling to the Conference. Each child must submit a signed copy of this Agreement *signed by both the child and a parent/guardian*, or the child will not be permitted to attend the National Catholic Youth Conference (the "Conference") sponsored by the National Federation for Catholic Youth Ministry, Inc. ("NFCYM"). Because it contains emergency contact information, it is advisable to keep a copy of this signed Agreement in the child's name badge at all times during the Conference. **By signing this Agreement, you freely and voluntarily agree that you may be giving up legal rights and remedies available to yourself and your family. Read and complete this Agreement carefully. If you have questions, contact an attorney. No changes can or will be made to this document.**

Child's Name: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Complete Home Address: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**A) Parent/Guardian Emergency Contact Name and Telephone Numbers:**

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

Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_

**B) If "A" Unavailable, Alternate Emergency Contact Name and Telephone Numbers:**

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

Cell Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_

**Nature of the Conference Event:** I understand that the nature of this private Conference event sponsored by NFCYM and its member Roman Catholic Dioceses is: It will be held at the Indiana Convention Center and Lucas Oil Stadium ("Facilities"), in Indianapolis, Indiana, from November 16 to 19, 2017, some 25,000 youth and adults will attend over three days, and as a condition of using the Facilities, the Facilities require the Conference to retain security and medical personnel whose actions are beyond NFCYM's control. The Conference will be in session from noon-10:30 PM on day one and 7:30 AM-10:30 PM on days two and three, excluding breaks for meals and/or recreational activities.

**Nature of Risks:** I understand that voluntarily traveling to and attending a Conference of this nature may involve certain risks beyond the reasonable control of NFCYM, its officers, directors, volunteers, and agents in connection with the Conference ("NFCYM et al.") and the Diocese and all parishes within it, and their respective officers, directors, volunteers and agents, and chaperons or representatives associated with the Conference ("Diocese et al."), including but not limited to accidents, emergencies, exposure to reckless conduct of other persons, and/or negligence of security and medical personnel, and that NFCYM et al. and the Diocese et al. disclaim any and all responsibility for any such risks. I understand that my child will sometimes be at the Facilities, and at other times may be at other places such as hotels or on tourist excursions in or about Indianapolis. If during any break in the Conference there may be an opportunity to participate in recreational or other activities away from the Facilities, participants do so at their own risk and subject to all terms and conditions set by any recreational or other provider.

**General Release & Waiver of Liability/Covenant Not to Sue & Hold Harmless:** By signing this Agreement, I agree and acknowledge that I may be giving up important legal rights and remedies available to myself, my family, my heirs, successors, and assigns. This is a "General Release" which means that I am giving up and releasing important legal rights described below, and it is to be construed in the broadest possible manner.

For value received, I agree on behalf of myself, my child's other parent if known or living, my child named herein, and our heirs, successors, and assigns ("Our Behalf") that I assume all risks and waive any liability of any nature whatsoever against and agree to hold harmless NFCYM et al. and the Diocese et al. with respect to any and all actions, claims or demands that may be made or brought on Our Behalf against NFCYM et al. and/or the Diocese et al. arising out of or in connection with my child's travel to or attendance at the Conference, or any other activity my child may engage in while in the Indianapolis area. In addition, and not by way of limitation, I further agree to abide by any terms and conditions imposed by name badges or credentials, e.g., permission to photograph.

A "Covenant Not to Sue" is a legal term that means a person promises not to file a lawsuit. It is different from the General Release of claims above. Besides waiving and releasing the claims covered above, I covenant on Our Behalf not to sue and promise never to file or prosecute any legal claim of any kind against NFCYM et al. and the Diocese et al. in any federal, state or municipal court, asserting any claims that are released by this Agreement. I am also waiving on Our Behalf any right to monetary recovery.

**OVER--THIS FORM CONTINUES ON THE NEXT PAGE.**

**NFCYM/NCYC GENERAL RELEASE, COVENANT NOT TO SUE, LIABILITY WAIVER, AND PERMISSION AGREEMENT (YOUTH) - continued**

Further, for value received, for any injury to third parties that may arise because of my child's actions or omissions, I agree on Our Behalf to hold harmless and defend NFCYM et al. and the Diocese et al. with respect to any and all actions, claims, expenses, or demands arising therefrom that may be made or brought against NFCYM et al. and/or the Diocese et al., including but not limited to reasonable attorneys' fees and expenses arising in connection therewith.

**Medical Permissions (Limited):** As a condition attending the Conference at the Facilities, on Our Behalf, I grant permission in the event of an emergency or accident for emergency medical care to be administered to my child within the Facilities and/or during or after transportation to a hospital or doctor for emergency medical care. I understand that in Indiana a person may claim Good Samaritan defenses for providing in good faith gratuitous emergency care at the scene of any emergency or accident. I further understand that it is not the responsibility of NFCYM et al. to attempt to reach my child's emergency contacts and that I remain responsible for my child's medical expenses. In the event it comes to the attention of the medical personnel or the Diocese et al. that my child complains of illness, I grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child by medical personnel or the Diocese et al.

**NFCYM Conference Code of Behavior for Children: Parent/Guardian:** I agree to instruct my child to abide by all rules and regulations as outlined in the NFCYM Youth Participant Code of Conduct (the "Code") ([www.nfcym.org/youthprotection/index.htm](http://www.nfcym.org/youthprotection/index.htm)). I understand that if I have not heretofore seen the Code, it is my duty to seek a copy of the Code and to have reviewed it and explained it to my child prior to signing this Agreement. I agree that if my child fails to abide in any way by the Code, that my child can be dismissed from the Conference and sent home immediately at my expense for the immediate transportation home with no right of reimbursement or refund for any amount in connection therewith from NFCYM et al.

Initials of Parent/Guardian \_\_\_\_\_

**Youth:** As a participant in the Conference, I understand and agree to conform to the NFCYM Youth Participant Code of Conduct ([www.nfcym.org/youthprotection/index.htm](http://www.nfcym.org/youthprotection/index.htm)). I also understand and agree that my parent/guardian will be notified at the time of any infractions requiring my dismissal from the Conference and that I will be sent home at my parent's/guardian's expense. Among other things, being found with any alcoholic beverages, drugs, or weapons is cause for automatic dismissal from the Conference.

Initials of Youth \_\_\_\_\_

**Conference Fee Nonrefundable:** I agree that if my child suffers an illness requiring dismissal from the Conference, there is accident or emergency requiring dismissal of my child from the Conference, my child commits an infraction of the Code, or if the Conference must be discontinued in event of accident or emergency, my child must return home at my expense, and I assume the risk of any loss of any nonrefundable or additional costs associated with travel and fees for the Conference, with no right of reimbursement or refund for any amount in connection with therewith from NFCYM et al. or the Diocese et al.

**Insurance:** Please visit the *Allianz Global Assistance* website ([www.allianztravelinsurance.com](http://www.allianztravelinsurance.com)) or call them directly (866-884-3556) for a description of the travel insurance benefits and assistance services offered. Please indicate below:

- YES, I have purchased a travel insurance package from *Allianz Global Assistance* and have paid the fee for this directly to *Allianz Global Assistance* in order to manage any risks I may experience by attending the Conference.
- NO, I declined to purchase a travel insurance package, but acknowledge that I was offered and declined this risk management opportunity.

I fully understand the consequences of and sign this **GENERAL RELEASE, COVENANT NOT TO SUE, LIABILITY WAIVER, AND PERMISSION AGREEMENT** knowingly, freely, and willingly. *I understand that this form must be printed and signed by hand. A typed name does not constitute a signature.*

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Youth \_\_\_\_\_ Date \_\_\_\_\_

**NOTARY (Optional – Mandatory only if required by diocesan policy)**

City/County of \_\_\_\_\_; State of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 2017, before me personally appeared the adult named hereinabove, who is personally known to me or produced positive identification, and who executed the foregoing GENERAL RELEASE, COVENANT NOT TO SUE, LIABILITY WAIVER, AND PERMISSION AGREEMENT, and acknowledged that he/she executed the same as his/her free act and deed.

Signature of Notary Public: \_\_\_\_\_

[NOTARIAL SEAL] My commission expires: \_\_\_\_\_

**Participant Name:** \_\_\_\_\_ **Gender:** Male/Female

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Parent Phone:** \_\_\_\_\_ **Youth Phone:** \_\_\_\_\_

**Parent's Name(s)** \_\_\_\_\_

**Parent's E-Mail Address:** \_\_\_\_\_

**Parish Name/City:** \_\_\_\_\_

**School Attending (include city)** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **High School Graduation Year:** 2017 2018 2019 2020

**Conference T-Shirt Size:** S M L XL 2XL 3XL

**GENERAL PERMISSION FORM**

I request that my child, \_\_\_\_\_, be allowed to participate in the National Catholic Youth Conference (NCYC) event, located in Indianapolis, IN on the following day(s): from Thursday, November 16, 2016 to Sunday, November 19, 2016. I hereby release and indemnify my parish, \_\_\_\_\_, 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 cost involved.*

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

**Parent Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**MEDICAL PERMISSION FORM**

I grant permission for the administration of First Aid to my child, \_\_\_\_\_, by the people in charge of the National Catholic Youth Conference (NCYC) event, and those transporting my child to and from the event as their judgment 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 hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

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 #'s: \_\_\_\_\_

