



Saint Catherine of Siena Catholic Church Permission Slip

Activity: Sleep Out of Solidarity

Location: St. Catherine of Siena Catholic Church

Date/Time: November 17th, 8:30PM-November 18th, 7:00AM

Participant's Full Name: _____ Gender: M/F
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Address: _____ Zip: _____

Parent Name(s): _____

Home Number: _____ Daytime number of Parent: _____

Emergency Contact (Other than parent): _____ Phone: _____

Any allergies or medical, physical, or dietary restrictions/requirements: _____

Medications presently taking (and the condition the medication is treating): _____

Medical Insurance Company: _____

Policy ID Number: _____

(Second half of form on reverse of this page)

(First half of form on reverse of this page)

If your child may participate in this event, please complete, sign and return the following statement of consent and release of liability. As parent/guardian, you remain fully responsible for any liability, which may result from personal actions taken by your son/daughter. **If your youth brings or uses any drugs, alcohol, weapons, or tobacco products or engages in reckless or violent behavior, you will be expected to retrieve your son/daughter from the event/trip immediately.**

I hereby consent to the participation of my child, _____, in the event described above. I further consent to the conditions stated above regarding participation in this event, including the method of transportation.

I release the Diocese of Raleigh, St. Catherine of Siena and their agents and volunteers from any injuries, which may be incurred by my youth.

I give permission for my child, in case of emergency, to be taken to a physician or hospital by either an adult youth leader, diocesan or parish personnel. I understand that every effort will be made to contact me. *If I cannot be reached*, however, I hereby give permission to the physician selected by the adult in charge, to hospitalize and secure proper treatment, including surgery, for my son/daughter.

I hereby grant permission to any staff person to provide the following over-the-counter drugs to my son/daughter if requested by my son/daughter (please check all that apply (Note: category of medicine and an example are listed, although a different brand may be used.) Doses are not to exceed manufacturer's recommended dosages.

Ibuprofen (Advil) Acetaminophen (Tylenol)
 Antibiotic Ointment (Neosporin) Antihistamine/Decongestant (Actifed/Sudafed/Benadryl)
 Antacids (Rolaids/Tums)

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Youth Apostolate Office or the Diocese of Raleigh. Participants would not be identified unless specific written consent is given. Parents/guardians who do not wish their children to be photographed or filmed should so notify the Office in writing.

Parent/Guardian
Signature _____ Date _____

SLEEP OUT of SOLIDARITY

CODE OF BEHAVIOR FOR YOUTH

Welcome to the Sleep Out of Solidarity! Remember that you are representatives of God's Holy Church during this event. We ask you to project an image of Christian consideration, sensitivity, and respect to everyone and to the property around you. We are confident you will display the maturity, responsible leadership, and character that have become the trademark qualities of Catholic youth. Thank you!

All adult chaperones are to help enforce the Code of Behavior (the Code) and to set an example for the youth.

Some rules:

- Participants must attend all Sleep Out activities.
- Participants will not be allowed to leave the premises of the Sleep Out during the event unless an emergency arises. A parent may pick up and remove their child from the Sleep Out at any point during the event only as long as Ed Snyder is aware of this.
- Socializing prior to quiet time (12am – 6am) should be done in the public areas of the Sleep Out where adults are present. During quiet time please remember to keep noise levels down while people are sleeping, especially being considerate of those homes nearby.
- The purchase, possession, or consumption of beer, wine, or other alcoholic beverages by minors and the possession or use of illegal drugs by an individual will not be tolerated. Failure to comply with these rules will mean immediate dismissal from the Sleep Out and a call to law enforcement.
- No weapon or explosive of any kind may be possessed by a Sleep Out participant. Failure to comply with this rule will mean immediate dismissal from the Sleep Out. (This includes fireworks.)
- Participants will not share boxes or sleeping gear with anyone. Each participant should have his/her own cardboard box and sleeping gear.

Youth Participant's Signature

Parent/Guardian Signature Date

Bring

1. A Cardboard Box (Prizes for best decorated box overall AND best decorated according to theme. NO SHARING.)
2. At least \$15 to go toward the night's charity.
3. Sleeping Bag (You may include pillows, blankets, etc.)
4. A Flashlight
5. A Rosary
6. Warm Clothing
7. Cards, board games, Frisbees, etc. (You are responsible for these items if you choose to bring them.)

Do NOT Bring

1. Video Games or other Electronics (ipods, etc.)
2. Food
3. An Air Mattress
4. Drugs/Alcohol/Weapons of any kind

Prizes:

Most Money Raised:

The individual participant who raises the most money (and brings that money with them to the event) will get a special prize during the night.

Best Decorated Box:

We will have prizes for the participants with the best decorated box and those best decorated according to our theme "The Beatitudes".

Friends:

Participants may bring as many friends as they wish, provided each friend registers with a permission slip and code of conduct by the deadline and follows the rules stated above. Non-Catholics are welcome!

Service Hours:

St. Catherine of Siena Confirmation students will receive FOUR service hours for participating in this event. Additional service hours will be awarded based on the amount of money that students raise. It is the student's responsibility to print, fill out and have the Youth Director sign the Service Hour form. This form is necessary to receive these hours.

Additional Hours are awarded based on the following table:

1 Hour	Raise \$50
3 Hours	Raise \$100
5 Hours	Raise \$200

Where Does the Money Go?

Great question! Where do you think it should go? Every participant will have a chance to vote on where the money we raise should go. You raised it, you should have a say in what it is used for! For the sake of efficiency, we are providing only a limited number of possibilities. Our list may expand as we come closer to the event date. So far, the following options are available:

Oak City Outreach Center: This group works with the poor and homeless to provide healthy and filling meals each week.

Catholic Charities: This group helps individuals and families with many different problems including: disaster relief, food pantries, counseling and more.

Catholic Parish Outreach: This group serves an average of 11,000 people per month by providing them with nutritious food. (\$25 feeds a family for a week)

Poor Box: Every parish has a poor box. At St. Catherine of Siena, this money helps members of the community who need help buying medicine, paying utility bills or otherwise need extra help during the month. If the Poor Box is selected, the money will be split among the parishes participating in the Sleep Out according to the number of youth present.