

2026-2027 Participation Permission and Acknowledgment

I, _____, give permission for _____
(Parent/Guardian Name) (Teen's Name)

to participate in the programs, special events, and activities offered by Southside Parish Renewal's Journey youth ministry during the program year listed above.

I understand that activities may occur at various locations and are supervised by trained staff and screened volunteers following Archdiocesan youth protection policies. I acknowledge that participation may include transportation, physical activity, and engagement in community settings.

I understand that I remain responsible for my child's behavior and well-being. I also understand that, while reasonable care and supervision are provided, participation in youth programs can involve risks. On behalf of myself and my child, I agree to release and hold harmless Southside Parish Renewal, Journey, their staff, volunteers, affiliated partners from claims arising out of ordinary negligence related to participation in program activities, to the fullest extent permitted under Illinois law.

I understand that Journey does not provide medical insurance and is not responsible for medical costs. In the event of illness or injury, I authorize Journey staff to seek appropriate medical care, including emergency treatment, if I cannot be reached. I agree to be responsible for any resulting costs.

I understand that Journey may partner with third-party venues, transportation providers, or service organizations and is not responsible for the actions or performance of those third parties.

Youth Expectations and Community Agreement

Journey is committed to creating a safe, respectful, and welcoming environment for all participants. Youth are expected to treat others with dignity, use appropriate language and behavior, follow instructions from staff and volunteers, and remain in supervised areas. Clothing and conduct should reflect respect for self and others.

The use or possession of alcohol, drugs, tobacco, weapons, or harmful items is not permitted. If a participant does not meet these expectations, a parent or guardian will be notified. I understand that serious or repeated concerns may result in dismissal from an activity, and I may be responsible for arranging transportation home.

Annual Consent

By signing below, I confirm that I have read and understand this form and agree to its terms. I understand that this registration serves as a one-time annual permission for my child to participate in Journey activities through June 30, 2027 unless I provide written notice to withdraw.

Signatures

Youth Participant Name (printed): _____

Youth Signature: _____

Date: _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Date: _____

Please submit a copy of this signed form to: hello@chicagojourney.org

If you need assistance with this form, please contact: hello@chicagojourney.org or call **317-987-5619**