

# WELCOME TO SHWAY!

## GENERAL WAIVER REGISTRATION FORM (GWR)

# !!!STOP!!!

## Please read the

*Sts. Peter & Paul Honolulu SHWAY*

*Youth & Young Adult Ministries*

*2009 – 2010 Handbook*

*Or visit [www.shway.org](http://www.shway.org)*

*Handbook can be obtained from:*

*Sts. Peter & Paul*

*800 Kaheka Street*

*Honolulu, HI 96814-3728*

### **BEFORE filling out and submitting this form**

**What are some things to know about the General Waiver and Registration Form (GWR)?**

*Youth must submit a GWR in order to be present at a youth ministry event. This form is not a license for a youth to be on Church property whenever they please, as parents are allowed to withdraw their children at anytime. This form is applicable for the entire year for ALL EVENTS. GWR Forms also include a HANDBOOK TEST to ascertain that the Handbook was read. Additional forms will be given throughout the year for certain off site or overnight events.*

**This form serves the following purposes:**

- To seek permission for the young person to participate*
- To express the intention of the YM team to provide adequate and responsible supervision.*
- To get important information regarding where parents can be reached during activity.*
- To get important information regarding medical insurance coverage for the young person.*
- To get the parent's permission to obtain medical assistance in the event that parent cannot be contacted.*
- To protect the Church*

# Sts. Peter & Paul – Diocese of Honolulu

800 Kaheka Street Honolulu, Hawaii 96814-3728

Ph: (808) 941-0675 Fax: (808) 945-0689

Website: [www.shway.org](http://www.shway.org)



## Parents should know (Form Terminology):

### This form includes a medical release.

*This includes information for youth leaders in event that your child may need medical attention while parents aren't present.*

### This form includes a transportation waiver.

*Please indicate the mode of transportation to and from the youth ministry event. For example: some parents allow their children to walk home or catch the bus from an event while some parents don't allow their youth to leave church property unless it's by a legal guardian. Leaders are obligated to hold youth participants from leaving until parents arrive if other transportation conditions are not indicated on the waiver*

### This form includes a promotional release.

*Please indicate whether you allow you child's name or picture to be used for promotional purposes of the ministry. This may take the form of websites, newsletter articles or youth ministry presentations*

### This form includes an after hours communication waiver.

*Though youth are allowed to talk to adult leaders outside of youth ministry time, youth are encouraged to talk to leaders by calling the parish business phone and leave a message rather than calling cell phones. Please indicate which leaders and whether you allow your child to communicate with after youth ministry hours through the internet (MySpace.com), email, text message, cell phone or home phone. Youth Ministry Adult Leader must follow conditions when communicating with youth outside of ministry time. Adult leaders are restricted from meeting in person with youth ministry participants in person outside of ministry time at anytime.*

### This form includes a Dating/ Relationship Waiver.

*We reserve the right for parents to decide whether their children should date and also advocate the parents that don't wish their children to be in atmosphere where they are solicited by other teens to date. We recognize that **parents are the primary teachers of the Faith** to their children. We also recognize that different families have different views on "dating" young. **"Dating" and "picking up" other participants in the ministry is prohibited** especially without consent of both participants' families. Please indicate, whether you approve of your child dating at all. If they are found in a relationship, participants will be asked to tell parents immediately.*

### Additional forms throughout the year may include a Movie/Game waiver

*Throughout the year there maybe rated R movies such as the Passion of the Christ or secular films or games that maybe featured at a retreat or social. Please indicate whether you allow your child to watch such movies or games during retreats or certain socials. Forms will indicate what movies and games will be present.*

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## Parents should know (Ministry Geographic Perimeters):

Youth must abide by certain conditions to be present at youth ministry event perimeters.

- Youth must have submitted a GWR form beforehand that is filled out by a parent or legal guardian.
- Youth must always sign in when arriving on the perimeters of an event and on departure be signed out by parent, legal guardian or parent approved licensed driver who is taking the youth participant home.
- When youth is leaving youth event perimeters, youth must be picked up by a parent, legal guardian or parent approved licensed driver who is indicated on the General Waiver and Registration form.
- Parents, legal guardians and parent approved licensed drivers must be present by 9:00 pm (Standard Events) to pick up their child from a youth ministry event.
- Youth Participants once signed in are bound by the guidelines of a youth ministry.
- If youth cannot comply with these rules they will be withdrawn from the gathering and parents will be called for immediate pick up.

## Parents should know (YM Adult Leader Responsibilities):

Youth Ministry Adult Leaders (YM Adult Leaders) are obligated to the following rules during youth ministry events.

- YM Adult leaders are not allowed to leave the perimeters of a youth ministry event if youth participants are still on church property. Please be present to pick up your child no later than 9:00 pm (Standard Events).
- YM Adult leaders should release youth participants whose parents arrive earlier if parents, legal guardians or parent approved licensed drivers wish to pick up youth ahead of time.
- Youth Participants aren't permitted to show up late without permission of the youth coordinator beforehand.
- YM Adult leaders cannot allow youth participants to ride home with no one other than those that are indicated on the General Waiver and Registration Form.
- Please make sure to sign out your youth before leaving or leaders will have cause to believe that participants are still at youth ministry event.
- If you are a parent approved licensed driver, please remember to sign out other youth that you are taking home. YM Adult Leaders are required to be able to give an account whether departing youth participants under their charged get home safely with those that are approved to take them home.

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## Parents should know (Leader Communication with your Child):

There are strict conditions for YM ADULT LEADERS regarding communication with your child outside of ministry.

- **Condition 1:** Participant must have submitted a properly filled out GWR by the parent or legal guardian clearly indicating that the youth is able to communicate with that adult leader.
- **Condition 2:** The Coordinator must have full knowledge of any type of communication every time.
- **Condition 3:** The parents/ legal guardians must have full knowledge of the communication.
- **Condition 4:** The YM Adult Leader must be a member of the **SHWAY CORPS**.
- **Condition 5:** The YM Adult Leader and youth participants must be in the same Order (all participants are placed in a designated small group in SYYAM led by a trained complied leader).
- **Condition 6:** The YM Adult leaders must have taken initial Compliance Classes of Recognizing Child Abuse and Safe Environment and renew it yearly.
- **Condition 7:** All communication (including internet, email, text messaging, cell and home phone) must be pertaining to ministry and happen no later then 9:00 pm. If text messaging is used, it must be done outside of school hours.

If one of these 7 conditions is absent, YM Adult Leader maybe downgraded to tasks that do not involve youth or be dismissed from ministry altogether at the discretion of the Coordinator and/or the Pastor.

## Parents should know (Form Applicability):

The waiver and releases are only applicable to the events below.

EVENT	DESCRIPTION OF EVENT
LEADERSHIP outings	Friday and Saturdays (3:00 – 10:00 pm), this gathering trains youth and young leaders in the SYYAM form of leadership, also allowing newcomers to experience the ministry by travelling to neighbor parishes.
YOUTH Community	Thursday Nights (3:00 – 9:00 pm), this gathering is a time to pray with other youth and young adults while reflecting the works of mercy
SPECIAL EVENT	DESCRIPTION OF SPECIAL EVENT
YOUTH NIGHT (sleep over)	Friday September 18 <sup>th</sup> 6 pm – Saturday September 19 <sup>th</sup> 7 am 2009 Friday November 27 <sup>th</sup> 6 pm – Saturday November 28 <sup>th</sup> 7 am 2009 Friday January 22 <sup>nd</sup> 8:30 pm – Saturday January 23 <sup>rd</sup> 7 am 2010 Friday February 19 <sup>th</sup> 6 pm – Saturday February 20 <sup>th</sup> 7 am 2010

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## SHWAY Youth General Waiver and Registration Form JULY 2009- JULY 2010

Please print neatly. This information will be kept *confidential* at all times. Youth Ministry is intended for all youth from 7<sup>th</sup>-12<sup>th</sup> grade. This form is remains in effect for one year from date of parent/guardian signature and is intended for all regular events such as those listed below.

### PERSONAL INFORMATION

Participant #1 Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex:  Male  Female School: \_\_\_\_\_

Home Number: \_\_\_\_\_ Participant's Mobile Number: \_\_\_\_\_ Participant's Email Address: \_\_\_\_\_

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Any physical limitations: \_\_\_\_\_

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed wetting, fainting? \_\_\_\_\_

Special Medication Conditions: \_\_\_\_\_

Participant #2 Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex:  Male  Female School: \_\_\_\_\_

Home Number: \_\_\_\_\_ Participant's Mobile Number: \_\_\_\_\_ Participant's Email Address: \_\_\_\_\_

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Any physical limitations: \_\_\_\_\_

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed wetting, fainting? \_\_\_\_\_

Special Medication Conditions: \_\_\_\_\_

### IN CASE OF EMERGENCY, PLEASE CONTACT:

#### FIRST CONTACT:

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

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

#### SECOND CONTACT:

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

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

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Please INITIAL the following events in which you allow your child to attend on either a regular or occasional basis:

What am I initialing? --- YOU ARE INITIALING IN THE BOXES BESIDE THE EVENTS COLUMN INDICATING THAT YOU ALLOW YOUR CHILD TO ATTEND ON A REGULAR OR OCCASIONAL BASIS AND THAT THE INFORMATION ON THIS FORM IN TERMS OF TRANSPORTATION, AFTER HOURS COMMUNICATION, MEDICAL CONSENT, PROMOTIONAL RELEASE YOU SIGN APPLY FOR JULY 2009 – JULY 2010 for all events listed. YOU, THE PARENT(S) MAY CANCEL or SUSPEND YOUR CHILD'S PARTICIPATION IN ANY OF THE EVENTS ANYTIME OF THE YEAR THROUGH COMMUNICATION WITH THE CYAM BY CALLING THE OFFICE (808-672-8669) ON BUSINESS HOURS

INITIALS	EVENT	DESCRIPTION OF EVENT
	LEADERSHIP outings	Friday and Saturdays(3:00 – 10:00 pm), this gathering trains youth and young leaders in the SYAM form of leadership, also allowing newcomers to experience the ministry by travelling to neighbor parishes
	YOUTH Community	Thursday Nights (7:00 – 10:00 pm), this gathering is a time to pray with other youth and young adults while reflecting the works of mercy
INITIALS	SPECIAL EVENT	DESCRIPTION OF SPECIAL EVENT
	YOUTH NIGHT (sleep over)	Friday September 18 <sup>th</sup> 6 pm – Saturday September 19 <sup>th</sup> 7 am 2009 Friday November 27 <sup>th</sup> 6 pm – Saturday November 28 <sup>th</sup> 7 am 2009 Friday January 22 <sup>nd</sup> 8:30 pm – Saturday January 23 <sup>rd</sup> 7 am 2010 Friday February 19 <sup>th</sup> 6 pm – Saturday February 20 <sup>th</sup> 7 am 2010

I, (name of parent/guardian) \_\_\_\_\_, grant permission for my child \_\_\_\_\_ to participate in the Youth Ministry sponsored by Sts. Peter and Paul Honolulu and the diocese of Honolulu.

## Please indicate that you read the 09-10 HANDBOOK with your child

Please INITIAL in the appropriate small box and FILL OUT EITHER A OR B BELOW:

A. I (We) \_\_\_\_\_ have read and gone over with the 09-10 SYAM handbook with \_\_\_\_\_  
(Parent/Guardian Name) (Name of participant)

B. I (We) \_\_\_\_\_ have not read and gone over the 09-10 SYAM handbook \_\_\_\_\_  
(Parent/Guardian Name) (Name of Participant)

\_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## MEDICAL CONSENT

Please **INITIAL** in the small box and **FILL OUT EITHER A OR B BELOW:**

A. I (We) \_\_\_\_\_ consent to and authorize any medical doctor or dentist and others working under their  
(Parent/Guardian Name)

supervision to treat \_\_\_\_\_ for any illness or injury. I (We) further agree to pay any and all such dental and medical  
(Name of participant)

costs expenses, and charges and to release and discharge and hold harmless **Sts. Peter & Paul Honolulu SYAM**, its staff, volunteers, and agents from and against any liability or any claim or demand arising from or connected with such medical treatment or care.

B. I (We) \_\_\_\_\_ **DO NOT** consent to treat or authorize any medical doctor, dentist, or others working  
(Parent/Guardian Name)

under their supervision to treat \_\_\_\_\_ for any illness or injury. I (We) therefore agree to assume the risk of  
(Name of Participant)

any injury or damages relating to and outside of or in connection with said failure to provide any medical treatment or care. I (We) therefore agree to

assume the risk of any injury or damages to \_\_\_\_\_ from the lack of any medical treatment and further agree to  
(Name of Participant)

release and discharge and hold harmless **Sts. Peter & Paul Honolulu SYAM** employees, and agents from and against any liability and any claim or demand arising out of or in connection with said failure to provide any medical care and treatment.

## MEDICATION

Please **INITIAL** in the appropriate small boxes and **FILL OUT all that you give permission to:**

My child is taking medications at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for taking such medications, including dosage and frequency of dosage are as follows:

\_\_\_\_\_  
\_\_\_\_\_

and I give permission to the chaperone supplied by Youth Ministry to administer these medications.

I hereby grant permission for nonprescription medication (such as non-aspirin pain relievers, throat lozenges, cough syrup to be given to my child if deemed advisable by the chaperone supplied by Youth Ministry.

No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

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## TRANSPORTATION

Please INITIAL inside appropriate small boxes and FILL OUT THE APPROPRIATE LETTERS (A – E) THAT FIT YOUR CHILD'S TRANSPORTATION NEEDS BELOW.

A.  We, the parent(s)/guardian(s) of \_\_\_\_\_ do hereby give consent for our son/daughter to drive to and/or from any of the youth ministry calendar events.

B.  We, the parent(s)/guardian(s) of \_\_\_\_\_ do hereby give consent for our son/daughter to ride in a designated vehicle driven by an adult chaperone or leader to and/or from the youth ministry calendar events.

Please write the names of the adult chaperones you approved to drive/ ride with your child around in the event that you can't drive them to and/or from youth ministry calendar events with your signature by the names:

1. <u>Keith Febrero</u> Adult 1	_____	_____
	Parent Signature	Contact Number
2. _____ Adult 2	_____	_____
	Parent Signature	Contact Number
3. _____ Adult 3	_____	_____
	Parent Signature	Contact Number

C.  We, the parent(s)/guardian(s) of \_\_\_\_\_ do hereby give consent for our son/daughter to ride The Bus OR Buses Sts. Peter & Paul Honolulu SYAM (when applicable) to and/or from youth ministry calendar events.

D.  We, the parent(s)/guardian(s) of \_\_\_\_\_ do hereby give consent for our son/daughter to travel on foot to and/or from home and/or from other locations to youth ministry calendar events.

E.  We, the parent(s)/guardian(s) of \_\_\_\_\_ do not give consent for our son/daughter to either drive or ride in a designated vehicle, or catch The Bus, or walk to and/or from youth ministry calendar events. Instead, we will be dropping off our son/daughter at Sts. Peter & Paul Honolulu SYAM at the designated times indicated for the various events which I indicated my child could attend and pick him/her up on the designated times the events end.

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

## LIABILITY WAIVER

For value received, I represent that I am a custodial parent of my child and agree on behalf of myself, my child's other parent \_\_\_\_\_ (if known or living), my child named herein, our heirs, successors, and assigns, to forever release, \_\_\_\_\_ (Name of Parent)

discharge and hold harmless, Sts. Peter & Paul Honolulu SYAM its staff, officers, directors, employees, agents, volunteers, sponsors, promoters, and affiliates, from any and all liability, claim, loss, damage, cost or expense that may be made or brought on my behalf or on my child's other parent's behalf, or on my child's behalf against Sts. Peter & Paul Honolulu SYAM, its staff, officers, directors, employees, agents, volunteers, sponsors, promoters, and affiliates. I forever waive any such claims against any such person or organization arising directly or indirectly from, or attributable in any legal way, to any action or omission to act of any such person or organization named above.

I fully understand the consequence of the foregoing statements and sign this PARENTAL / GUARDIAN CONSENT FORM / MEDICAL/TRANSPORTATION / LIABILITY WAIVER/ PROMOTIONAL RELEASE/ AFTER HOURS COMMUNICATION CONSENT knowingly, freely, and willingly. (Your signature must appear below or your child will not be permitted to participate in the Youth Ministry.)

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

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## PROMOTIONAL RELEASE

Please INITIAL in the appropriate small box and FILL OUT EITHER A OR B BELOW:

A. I (We) \_\_\_\_\_ consent pictures taken of \_\_\_\_\_  
(Parent/Guardian Name) (Name of participant)

to be used for promotional purposes of Sts. Peter & Paul Honolulu SYIAM. I (We) further agree to release and discharge and hold harmless Sts. Peter & Paul Honolulu SYIAM its staff, volunteers, and agents from and against any liability or any claim or demand arising from or connected with any promotions via websites or newsletters.

B. I (We) \_\_\_\_\_ DO NOT consent pictures taken of \_\_\_\_\_  
(Parent/Guardian Name) (Name of Participant)

To be used for promotional purposes of St. Jude Youth Ministry.

\_\_\_\_\_  
Signature of Parent/Guardian Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## AFTER HOURS COMMUNICATION CONSENT

Please INITIAL in the appropriate small box and FILL OUT EITHER A OR B BELOW:

A. We, the parent(s)/guardian(s) of \_\_\_\_\_ do hereby give consent for our son/daughter to communicate with the following Sts. Peter & Paul Honolulu SYIAM Leaders and Mentors outside of youth ministry hours via instant messaging, email or phone. We understand that our son/ daughter may have issues that he/she may need to communicate to the leaders privately.

Please write the names of Sts. Peter & Paul Honolulu SYIAM Youth Ministry Leaders and/ or Mentors you approved to communicate with your child via cell phone, internet, instant message, outside of youth ministry hours with your signature by the names:

1. <u>Keith Febrero</u> Leader 1	_____ Parent Signature	_____ Contact Number
2. _____ Leader 2	_____ Parent Signature	_____ Contact Number
3. _____ Leader 3	_____ Parent Signature	_____ Contact Number

\_\_\_\_\_  
Signature of Parent/Guardian Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

B. I (We) \_\_\_\_\_ DO NOT consent for \_\_\_\_\_  
(Parent/Guardian Name) (Name of Participant)

to communicate with Sts. Peter & Paul Honolulu SYIAM Youth Ministry Leaders and/or Mentors outside of youth ministry hours. Instead we wish for St. Jude Youth Ministry leaders and/ or Mentors to talk us directly before talking to our child.

\_\_\_\_\_  
Signature of Parent/Guardian Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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## Dating/ Exclusive Relationship Waiver

Please **INITIAL** in the appropriate small box and **FILL OUT EITHER A OR B BELOW:**

A. I (We) \_\_\_\_\_ approve of \_\_\_\_\_  
(Parent/Guardian Name) (Name of participant)

to "date" people in ministry without us knowing. We understand that there are possibilities that my daughter/son may be approached by other teens. We understand that though **Sts. Peter & Paul Honolulu SYYAM** teaches an inclusive atmosphere of faith hope and love, it prohibits 'dating' without parent consent of both parties. We understand that **Sts. Peter & Paul Honolulu SYYAM** upholds that exclusive relationships should only occur when keeping in mind the possibility of marriage and is an advocate of chastity, purity and obedience to parents. We understand that they will be asked to refrain from acting as a 'couple' during Ministry events in order to maintain a Christ centered atmosphere.

B. I (We) \_\_\_\_\_ **DO NOT** approve of \_\_\_\_\_  
(Parent/Guardian Name) (Name of Participant)

dating people, flirting, be flirted with other ministry participants. We desire to be notified if it is occurring. We understand if we weren't notified in event of the relationship starting, it was because it was done on our child's own time outside of ministry.

\_\_\_\_\_  
Signature of Parent/Guardian

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### HAND BOOK TEST (parents, please initial by your answer)

1. Why is dating without parent consent prohibited in ministry?

- a. \_\_\_\_ Dating is evil
- b. \_\_\_\_ Dating is illegal
- c. \_\_\_\_ We reserve the right for parents to decide whether their children should date and also advocate the parents that don't wish their children to be in atmosphere where they are solicited by other teens to date.
- d. \_\_\_\_ All of the above.

2. What must my child do first when arriving at a Ministry event?

- a. \_\_\_\_ Go to the Chapel.
- b. \_\_\_\_ Sign in
- c. \_\_\_\_ hangout with friends
- d. \_\_\_\_ jump in a friend's car.

3. What will happen if we don't pick up our child by time designated to pick them up?

- a. \_\_\_\_ Leaders will call the Police
- b. \_\_\_\_ Leaders will leave your child to wait by themselves
- c. \_\_\_\_ Leaders cannot go home until you do come and pick them up.
- d. \_\_\_\_ None of the above.

4. Is it alright for a child to walk to Church?

- a. \_\_\_\_ It's never allowed for a child to walk to church because a parent or guardian should drop them off.
- b. \_\_\_\_ As long as it is indicated by a parent on the transportation waiver for a child to walk then it is ok.
- c. \_\_\_\_ Its is always allowed for a child to walk because children need exercise.
- d. \_\_\_\_ as long as they are accompanied by a good buddy.

5. Why does ministry ask parent to submit this form?

- a. \_\_\_\_ We wish to express our most sincere intent of giving the safest experience for your child.
- b. \_\_\_\_ We wish to obtain information that may allow us to be the best advocates to the children in the parents' absence.
- c. \_\_\_\_ We wish to know what parents want for their children.
- d. \_\_\_\_ All of the Above

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## Strike System:

1. General Public Warning to group of Impending strike
2. Strike 1 – private warning
3. Strike 2 – parent notification
4. Strike 3 – Parent notification and suspension from calendar events until further notice by Pastor and Youth Coordinator

## Do NOT:

- Act irreverent in worship area, by using cellphone/ portable electronic device, eating or drinking, talking idle talk or wearing glasses/hats.\* \_\_\_\_\_ <=====child's initial
- Throw any ice or liquids\*
- Display PDA\* (Prolonged embraces, cuddling, sitting on people, lying on people, holding hands, leaning on people, kissing or anything that wouldn't do with a sibling)
- Play, listen, and/or watch vulgar movies or music\*
- Being tardy for calendar events when already on church property\*
- Swear\*
- Spread rumors to defame the character of anyone\*
- Show disrespect to leaders by word or deed\*
- Act irreverent in Mass or prayer either by talking unnecessarily, making faces, playing with things, making other people laugh, touching others, etc. \*
- Flirt or initiate exclusive relationships that lead to 'dating'\* \_\_\_\_\_ <===== child's initial
- Limit yourself by staying around one person or one group person, in a clique \* \_\_\_\_\_ <==== child's initial
  
- Strip (in front of people)\*\*
- Wear suggestive attire (i.e. words on inappropriate places, nudity on shirts, etc.)\*\*
- Play games that lead to immodesty such as truth or dare, spin the bottle, etc.\*\*
- Look at inappropriate locations on people\*\*
- Leer inappropriately at people\*\*
- Play with Ouija boards, tarots or any form of black arts\*\*
- "Date" anyone in ministry, persist in checking out and/or act as if being in exclusive relationship.\*\* \_\_\_\_\_ <== Child's initial
- Exchange or solicit contact data (cell/home numbers/ email) without expressed consent of parents\*\* \_\_\_\_\_ <==== Child's initial
  
- Physically fight with anyone\*\*\*
- Physically harm oneself\*\*\*
- Engage in sexual actions and/or sexual harassments\*\*\*
- Use or bring drugs or cigarettes\*\*\*
- Vandalize or destroy parish property\*\*\*
- Steal or rob\*\*\*
- Show insubordination with defiance in the face of reproof\*\*\*
- Engage in terrorist threatening\*\*\*

I understand and agree that my parent(s) or guardian will be notified at the time of infractions requiring my dismissal from any Youth Ministry program, event, or activity and that I will be sent home at my own or my parent or guardian's expense. I have read the attached strike system and understand that if I do not follow the rules set forth by the strike system I will be dismissed from **Sts. Peter & Paul Honolulu SYYAM** for as long as the Youth Minister states. I also understand that disobeying any of the numbers on the strike list is cause for automatic dismissal from any Youth Ministry event. I agree to uphold and exemplify positive Catholic values and morality at all Youth Ministry programs, events, and activities.

**(Your signature must appear below or you will not be permitted to participate in the Youth Ministry.)**

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

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Parent Signature