



# NATIONAL JUNIOR AMERICAN CARPATHO-RUSSIAN YOUTH

## JUNIOR YOUTH ORGANIZATION OF THE AMERICAN CARPATHO-RUSSIAN ORTHODOX DIOCESE

### TO THE PARENT(S) OR GUARDIAN OF JUNIORS:

**EVENT:** 74<sup>TH</sup> National ACRY Convention  
**DATES:** August 31 – September 3, 2018  
**HOSTED BY:** Holy Ghost ACRY Chapter #30, Phoenixville PA

#### Instructions

To better provide for and protect Junior members (18 years and under) and any other minor attending a National Event, the National ACRY organization, the Host Chapter and Parish, their officers and member, and our Diocese, the following Forms **MUST** be completed by the parent/guardians of ALL Jr. ACRY members AND other minors attending National ACRY sponsored events such as Conventions, Bowling Tournaments and Retreats.

1. Code of Conduct Form – To be signed by Junior in attendance and Parent
2. Parental Consent Form (3 Pages) – Includes medical history and emergency medical treatment authorization

Both forms must be signed and returned to the designated Diocesan Youth Protection Liaison Officer or the child will not be permitted to participate in the **74th National ACRY Convention**, or any related events.

#### MAIL ORIGINAL FORMS TO:

Rachel Pribish  
Junior Advisor  
668 South Broad Street  
Elizabeth, NJ 07202



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### NATIONAL ACRY CODE OF CONDUCT

The primary purpose of the ACRY Code of Conduct is to ensure the safety and well-being of all participants at events and activities hosted by the National ACRY, the national youth group of ACROD. It applies to all participants who are ages 20 and under

**I understand that my child** is expected and has been instructed by me as a participant in this program to:

- Conduct his/herself in a Christ centered and courteous manner and treat participants, parents, volunteers, staff, and others with respect. Appropriate language and behavior are expected at all times.
- Respect and adhere to the rules and guidelines of the program including all those specific to the event and its activities.
- Obey local, state and federal laws.
- Any participant failing to abide by the following rules will be sent home immediately at personal/family expense.
  - No use of illicit drugs or alcohol
  - Smoking and the use of tobacco products by minors are not permitted.
  - No possession of a weapon of any kind.
  - No possession of firework or any other explosives.
  - No sexual misconduct of any kind.
  - Refrain from any rough behavior or "horse play" during the course of the Convention that could result in injury to anyone or damages to property.

**My child and I** both understand that the Host Chapter, together with the National Junior Spiritual Advisor, reserve the right to remove any member from attendance whose behavior violates the teachings of the Orthodox Church and/or the rules and regulations of the ACRY, Crowne Plaza Hotel, Commonwealth of PA, Borough of Phoenixville, PA or Township of Upper Merion, PA

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

**Junior Member/Attendee  
Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This form must be signed and returned to the designated Diocesan Youth Protection Liaison Officer or the child will not be permitted to participate in the **74th National ACRY Convention**, or any related events.

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### PARENTAL CONSENT FORM

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Junior Name: \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Chapter/Parish or Chapter Attending With: \_\_\_\_\_

Participant's Chaperone (over the age of 21) if parents are not attending this event:

Name: \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Chaperone's Signature: \_\_\_\_\_

I hereby give consent and permission for \_\_\_\_\_ (Junior's Name) to attend the **74th National ACRY Convention** hosted by **Holy Ghost ACRY Chapter #30, Phoenixville PA August 31 – September 3, 2018**. I take full responsibility for the action and behavior of my child at this event.

**I agree to release, indemnify, defend and hold harmless:** The American Carpatho-Russian Orthodox Greek Catholic Diocese of North America; the National Senior and Junior American Carpatho Russian Youth organizations; Holy Ghost ACRY Chapter #30, Holy Ghost Orthodox Church, Phoenixville, PA and the officers, directors and members of each of the above organizations from any and all liability, claims and damages arising from the conduct of my child.

My child and I understand the usual risk of injury associated with this event (including transportation to and from), and by participating we voluntarily choose to accept those risks of injury and loss. To the full extent allowed by law, we release, indemnify, agree to defend and hold harmless the entities listed above from any negligence claim that we might have, or which arises from a claim involving our child.

WE, THE UNDERSIGNED, UNDERSTAND AND AGREE TO BE BOUND BY THE TERMS AND CONDITIONS SET FORTH.

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

Junior Member/Attendee  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be signed and returned to the designated Diocesan Youth Protection Liaison Officer or the child will not be permitted to participate in the **74th National ACRY Convention** or any related events.

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### PARENTAL CONSENT FORM – HEALTH HISTORY FORM

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Junior Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Parish: \_\_\_\_\_ City & State: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check any conditions your child has had:

Measles       Chicken Pox       German Measles       Mumps

Hepatitis A       Hepatitis B       Hepatitis C

Please list any other medical condition: \_\_\_\_\_

\_\_\_\_\_

Restricted Activities: \_\_\_\_\_

\_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

\_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

My child, has my permission to engage in all prescribed activities, except as noted by me above.

This is to certify that all above information is correct to the best of my knowledge and that my child is in Good Health and has no known recent exposure to any contagious disease.

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

PARENTAL CONSENT FORM – EMERGENCY MEDICAL CARE FORM



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**Part I or Part II must be completed**

**Junior Name:** \_\_\_\_\_

### **Part I: To Grant Consent**

IN THE EVENT REASONABLE ATTEMPTS TO CONTACT ME AT (\_\_\_\_)\_\_\_\_-\_\_\_\_ OR (\_\_\_\_)

\_\_\_\_-\_\_\_\_ OR \_\_\_\_\_(name of relative or other person to contact) AT

(\_\_\_\_)\_\_\_\_-\_\_\_\_ HAVE BEEN UNSUCCESSFUL, I HEREBY GIVE MY CONSENT FOR THE ADMINISTRATION OF ANY TREATMENT DEEMED NECESSARY BY THE ATTENDING PHYSICIAN AND/OR DENTIST.

Note: This authorization does not cover major medical surgery unless the medical opinions of two (2) other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted are listed below:

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

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

Insurance Company and Number: \_\_\_\_\_

### **Part II: Refusal To Grant Consent (Do not complete if you completed Part I)**

I DO NOT GIVE MY CONSENT FOR EMERGENCY TREATMENT OF MY CHILD IN THE EVENT OF ILLNESS OR INJURY REQUIRING MEDICAL TREATMENT. I WISH THE AUTHORITIES TO TAKE NO ACTION AND TO:

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

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