ROCK THE UNIVERSE

UNIVERSAL STUDIOS

WORSHIP NIGHT

SATURDAY 01.23.2027

4 PM - 1 AM

OPEN TO 7TH GRADERS THROUGH HIGH SCHOOL SENIORS

PERFORMANCES BY:

- JOSIAH QUEEN
- KATY NICHOLE
- FRANNI CASH
- CAIN

AND MANY MORE!



Chaperones are needed and must be fingerprinted

Transportation depends on interest

Payment and packet due December 7, 2026

$100
PER STUDENT

$60
PER CHAPERONE

FOR MORE INFORMATION EMAIL
DECUBAM@DIVINEMERCYCHURCH.ORG
OR VISIT OUR WEBSITE
WWW.DIVINEMERCYCHURCH.ORG

SCAN THIS QR CODE TO MAKE A PAYMENT

Divine Mercy Catholic Church

1940 North Courtenay Pkwy, Merritt Island, FL 32953

(321) 452-5955

ROCK THE UNIVERSE – YOUTH GROUP FIELD TRIP

I would like my child _____ to attend the

Rock The Universe trip on **Saturday, January 23, 2027**.

I acknowledge that I will need to sign the official Diocesan release form once the transportation is decided. _____ (Initial)

Checklist:

- ☐ My child has signed the *Code of Conduct Form*
- ☐ I have signed the *Parental/Guardian Medical Information & Consent Form*
- ☐ I have completed the *Image Release Form*
- ☐ I would like to be a *Chaperone* – Name(s) of Chaperone(s): _____
- ☐ I have signed the *Adult Consent Form & Liability Waiver* – **Only** if you are a chaperone
- ☐ Payment is enclosed: **$100** Per Student (Non-Refundable)
  $60 Per Chaperone (Non-Refundable)

Signature: _____ Date: _____

Youth Group Trip Code of Conduct Contract

We are excited that you are joining us for this upcoming church youth group trip!

To ensure that everyone has a positive and safe experience, we ask that you agree to the following Code of Conduct. By signing this contract, you acknowledge your commitment to uphold these expectations and respect both your fellow participants and the leaders of the group.

I. RESPECT FOR OTHERS

- Respect for Authority: You agree to follow the guidance of the youth group leaders, chaperones, and any other adults supervising the trip. This includes following instructions and attending all scheduled activities.
- Respect for Peers: Treat all participants, both youth and adults, with kindness, respect, and consideration. Bullying, name-calling, or any form of disrespectful behavior will not be tolerated.
- Respect for Property: Take care of the property, including hotels, buses, and any venues we visit. Damage or vandalism will be addressed with consequences.

II. BEHAVIOR EXPECTATIONS

- Appropriate Behavior: Maintain a positive, Christ-like attitude throughout the trip. Avoid inappropriate language, gestures, or actions.
- Group Integrity: Stay with the group during all scheduled activities. No one should leave the designated group areas without permission from a leader.
- Curfew: Follow all curfew times set by the leaders. No loitering or gathering in unsupervised areas after curfew.

III. SAFETY GUIDELINES

- Substance-Free: The possession or use of alcohol, drugs, or tobacco is strictly prohibited during the trip. Any violation of this rule will result in immediate consequences, including possible return home at the parent's expense.
- Travel Safety: Always wear your seatbelt when in a vehicle and follow any travel-related safety instructions given by leaders or chaperones.
- Emergency Contact: In case of an emergency, you must immediately inform a leader. You should also provide your leaders with any important medical information.

IV. DIGITAL ETIQUETTE

- Phone Use: Use phones only during designated times (unless for emergencies). Be respectful of others and refrain from inappropriate photos, videos, or social media posts related to the trip. Always get permission before taking pictures of others.
- Social media: Post positively and with care. Respect people's privacy and avoid anything that could hurt or embarrass someone else.

V. DRESS CODE

- Appropriate Attire: Dress modestly and appropriately for all activities. Please refrain from wearing clothing with offensive language or images.

VI. CHRISTIAN CONDUCT

- Faith and Worship: Participate in worship, devotionals, and group activities with a positive, open heart. Treat the spiritual aspects of the trip with the seriousness they deserve.
- Encourage One Another: Be a source of encouragement to your fellow group members and make efforts to uplift others throughout the trip.

VII. CONSEQUENCES FOR MISBEHAVIOR

If you choose to disregard the rules outlined in this contract, the following consequences may occur:

- Verbal warning from a leader
- Removal from certain activities or privileges
- Contacting your parents or guardians
- Possible return home early at the parents' expense, if necessary

By Signing Below, I Acknowledge That I Have Read, Understood, and Agree to Abide by the Code of Conduct:

Event Name: _____

Participant's Name: _____

Participant's Signature: _____ **Date:** _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ **Date:** _____

Parental/Guardian Medical Information & Consent Form

Applicant Information

Participant's Name:			Date of Birth:	
Address:	City:	State:	Zip:	Phone:
Father's Name:	Phone:			
Mother's Name:	Phone:			
Emergency Contact:	Languages Spoken by Emergency Contact:			

Medical Matters

I hereby warrant to the best of my knowledge, all the information provided is true and correct and I assume all responsibility for the health of my child. I understand it is my responsibility to update the Medical Information & Consent Form if there are any changes to my child's health. (*Please initial)* _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment. (*Please initial)* _____

Family Doctor:	Phone:

Medications: I hereby **Grant Permission** for my child to be given the following provided medications. All medications must be well labeled. [NOTE: Any/all prescription medications must be in original pharmacy container with young person's name on the prescription label. Non-prescription/over-the-counter medications must be in original container with young person's name on the container.] I release and hold harmless (entity name) _____, the Diocese of Orlando and any other religious, employees, volunteers, agents and representatives from any injury or harm resulting from administering the medication. (*Please initial)* _____

Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency, are as follows:

Medication:	Dosage:	Administer:
Medication:	Dosage:	Administer:
Medication:	Dosage:	Administer:

Medical Conditions Information: (Reasonable steps will be taken to keep this information confidential, but it will be shared with Diocesan personnel and others, as warranted.) My son/daughter:

- Is allergic to the following medications _____
- Has had an episode of the following or has been diagnosed with: ☐ Seizures ☐ Asthma ☐ Diabetic
- Has had allergic reactions to the following (foods, dyes, latex, etc.) _____
- Has had a medical surgery within the last six months? ☐ Yes ☐ No Still under doctor's care? ☐ Yes ☐ No
- Has a medically prescribed diet (*please explain*) _____
- Has the following physical limitations _____
- Immunizations current and up to date? ☐ Yes ☐ No Date of last tetanus/diphtheria immunization _____
- You should also be aware of these special medical conditions of my child: _____

Insurance Information

☐ No, I do not carry medical insurance at this time. ☐ I do carry medical insurance at this time.	Insurance Carrier:
Name of Insured:	Insurance Policy Number:

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the participant's parent/guardian.

_____ _____

Parent/Guardian Signature Date

(must sign for any participant under 18 or 18 or older & in high school)

Image Release Form

(Photography and Image Assignment Waiver, and Release)

I_____,
for valuable consideration received, and for being allowed access to Diocesan property, activities, or events, expressly assign to Divine Mercy Catholic Church and the Diocese of Orlando, and to all of their current, former, and future agents and related entities (collectively, "the Diocese"), all rights, title and interest in, and to, the use of my and my child/ward's image or likeness, including, but not limited to all videotape recordings, photographs, or audio recordings of, or made by, me and/or my child/ward on Diocesan property, during a Diocesan-sponsored event, or for any other Diocesan purpose ("the Property"). The Diocese shall have, without my consent, the right to assign its rights in the Property, in whole or in part, to any entity, parish, or school within the Diocese of Orlando.

I hereby irrevocably grant the Diocese perpetually and exclusively, the right to use and incorporate (alone or together with other materials), in whole or in part, the Property, in any Diocesan publication, news release, or for any other purpose. Further, I hereby authorize the reproduction, sale, lease, copyright, exhibition, broadcast and/or distribution of the Property without limitation for any purpose whatsoever, and I further waive all rights to any compensation for my and/or my child/ward's appearance or participation in the Property. I understand and have been advised that photographs or videotape of participants may be used in publications, websites or other materials produced from time to time by the Diocese. Participants' names would not be identified, however, without specific written consent. I further understand that the Diocese has no control over the use of photographs or film taken by media that may be covering the event in which my child(ren)/ward(s) participate(s).

I hereby waive any claims against and release the Diocese, its current, former, and future religious, employees, volunteers, agents, and successors and assigns from and against any and all claims, demands, actions, causes of actions, suits, costs, expenses, liabilities, and damages whatsoever that I and/or my child/ward may have against the Diocese in connection with the Property or the use of the Property.

This release shall not obligate the Diocese to use the Property or to use any of the rights granted hereunder, or to exhibit, distribute, or exploit the Property. I acknowledge that the Diocese cannot control all photographic access to its properties, and that my child/ward's name may be printed with photos/images in various publications, including non-Diocesan publications.

I represent that I am eighteen years of age or older, and that I have read and understand the terms of this Assignment, Waiver, and Release.

_____ _____

Signature Date

_____

Witness

If applicable, name(s) of minor children/wards:

_____

_____

Adult Consent Form & Liability Waiver

(This form is required for chaperones or adult participants to attend an off property event or trip).

This form is to be completed by individuals 18 years of age and older (not in high school). For individuals 18 years of age or older and in high school, the Parental/Guardian Consent Form & Liability Waiver must be completed.

Applicant Information

Participant's Name & E-mail Address:			
Address:	City	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:	
Physician's Name:	Phone:		
Adult's E-mail Address:	Last 4 Digits of Social Security Number:		
Event & Location:	Date & Time:		
☐ Transportation Not Provided ☐ Transportation Provided	Method of Transportation:		

I hereby waive any claims against, and RELEASE AND HOLD HARMLESS AND INDEMNIFY, (name of entity) _____, the Diocese of Orlando, and any of their religious, employees, staff, volunteers, agents and representatives from any liability, claim, loss, damage, cost or expense arising from my participation in this event. I waive such claims against such organization or any such person, arising directly or indirectly from or attributable in any legal way, to any action or omission to act of any such organization or person in connection with execution of this event. I authorize treatment by a licensed medical physician or licensed medical team in case of any accident or illness that may so arise, or any hospitalization necessary.

The following request is pertinent information is you are rendered unconscious

Date of Birth (including year):	Age:	Date of Last Tetanus shot:
Please list **ALL** medical conditions/allergies/special health information:		
Please list **ANY** medications (prescription or non-prescription) you would like us to be aware of:		

Insurance Information

Do you have medical insurance? ☐ No ☐ Yes	If yes, please provide the following information:	
Insurance Company:		
Policy in the name of:	Policy Number:	
Name of Emergency Contact:	Phone number:	Language Spoken by Emergency Contact:

In the event the participant does not have insurance, payment in full for medical care becomes the responsibility of the patient.

Signature _____ Date _____

In signing the line above, I certify all the information on the trip form is complete and accurate, I also agree to abide by any/all policies established for this event/activity. Should I not be able to maintain the guidelines and expectations for this event, I understand there will be consequences for my actions which could include my being asked to leave the event.