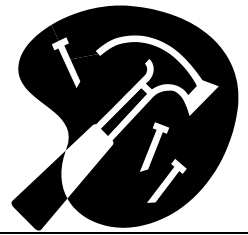


**St. Patrick Youth Ministry
APPALACHIA Help Weeks 2017
Registration Form for Adults**



HEALTH INFORMATION

First Name _____ M.I. _____ Last Name _____
 E-mail: _____ Cell #: _____
 Address _____ City/State/Zip _____
 Health Insurance Company _____ Policy No. _____ ID# _____
 Address of Health Insurance Company _____
 Birth Date _____ Male/Female ____ Blood Type (if known) _____
 Parish _____ Parish City _____
 Are you currently under the care of a physician? _____ (If yes, please explain with an addendum.)
 Name of Primary Physician _____ Telephone No. _____
Last Tetanus Shot: Month _____ Year _____ (Tetanus shots are effective for ten years)
 Allergies to Drugs and/or Foods _____ Special dietary needs or restrictions? _____
 Special medications, or pertinent medical information: _____

This will be the _____ summer that I have participated in the Appalachia Help Week.

T-Shirt Size (Adult Sizes) S ___ M ___ L ___ XL ___ 2X ___

Please mark the trip you wish to attend:

Trip 1: June 25—July 1 Trip 2: July 2-8 Trip 3: July 9-13

We require that there be one chaperone-capable adult for every 2 young people/college students on the trip. If you are flexible concerning the week(s) that you can attend, please inquire with Fred before registering in order to find out which trips need more adults.

IMPORTANT!

All adult volunteers must complete “Protecting God’s Children” training and the background check form. If you have not already done this, we will provide an opportunity before the summer.

Completed “Protecting God’s Children?” Yes ___ No ___ Completed Background check? Yes ___ No ___
 If yes: Date completed _____
 Place completed _____

(PLEASE CONTINUE ON OTHER SIDE)

CONSENT TO TREAT

I/we request that my/our son/daughter attend the **Appalachia Help Week 2017** under the auspices of St. Patrick Church to be held during June and July of 2017. I/we have read the foregoing **Health Information/Release of Liability/Consent to Treat Form**, and the answers are all correct. I/we can be reached at the telephone numbers referred to above, but if emergency medical care or treatment shall be necessary, and I/we cannot be contacted, I/we authorize the delegated agents of St. Patrick Youth Ministry to act on my/our behalf and approve appropriate treatment.

RELEASE OF LIABILITY:

The undersigned intends to participate in the **Appalachia Help Weeks** during June and July of 2017, organized by St. Patrick Church. The undersigned hereby agrees to forfeit any and all claims against the Parish, the Bishop, the Diocese of Paterson, and its agents, servants, volunteers, and employees arising during or as a result of the aforementioned activity. The undersigned hereby releases the Bishop, the Parish, the Diocese of Paterson, and its agents, servants, volunteers and employees from any and all liability, loss, cost, expense or damage, including suits, claims, and demands of every kind and nature, including punitive damages, arising out of or based upon any accident, injury, or damage, however occurring, which may happen on or off the St. Patrick Church premises, which in any way relates to or arises from the undersigned's participation in such off-Parish activity. The undersigned expressly releases St. Patrick Church, the Bishop, the Diocese of Paterson, and its agents, servants, volunteers, and employees from any and all liability, damage, or loss which may be occasioned by reason of any defect in any vehicle, or through the acts of default of any person or company engaged in conveying passengers, or in carrying out the arrangements of the event, including losses due to delays or changes in means of transportation.

Please Print Name of Participant

Signature of Participant

Date: _____

IMPORTANT!

All Appalachia Volunteers are expected to help plan and facilitate our communal fundraisers. This year, each adult volunteer is being asked to commit to at least one fundraiser; however, the commitment is more than just working a shift at the day of the event. It involves planning meetings, taking on personal assignments and working the WHOLE event. Please check off the fundraiser(s) that you would like to work on:

Envelope Stuffing for Total Parish Mailing (February 19)

Joint Parish Golf Outing (Planning begins in January—Event is May 15)

Car Wash (June 11)

**Please return this form to the parish offices with a \$175 deposit check made out to:
*St. Patrick Youth Ministry, 41 Oliver St., Chatham, NJ 07928***

Note that registration is \$175 for adults and \$275 for teens/college students