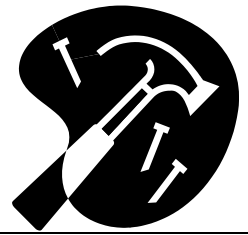


**St. Patrick Youth Ministry
APPALACHIA Help Weeks 2017
Registration Form for Youth**



HEALTH INFORMATION

First Name _____ M.I. ____ Last Name _____

E-mail (please read your emails): _____ Cell #: _____

Address _____ City/State/Zip _____

Name of Parent(s)/Guardian(s) _____

Parent/Guardian Home Telephone No. _____ and Work Telephone No. _____

Health Insurance Company _____ Policy No. _____ ID# _____

Address of Health Insurance Company _____

Grade ____ 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 Family 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 ____

The Appalachia Help Weeks 2017 are scheduled as follows:

- Trip 1: June 25-July 1 Trip 2: July 2-8 Trip 3 July 9-15

For Office Use Only:

Each trip is limited to 32 teens/college students but we must have 1 adult for every 2 teens.

If registering with an adult family member, you may mail in or drop off to the parish office by March 31. If registering without an adult family member, you must first secure a spot on the "cyber line" beginning March 31. Please see the Appalachia Registration Policy on the parish website for more details.

No registrations will be accepted without being filled out COMPLETELY and without the appropriate FEE

(\$175 registration fee + \$100 fundraising = **\$275**)

(PLEASE COMPLETE 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/Student

Signature of Participant/Student

Signature of Parent or Guardian (required if participant is under the age of 18)

Date: _____

IMPORTANT!

All Appalachia Volunteers are expected to help plan and facilitate our communal fundraisers. This year, each 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)

___ Golf Outing (May 15)

___ Car Wash (June 11)

Failure to follow through on your commitment will result in forfeiture of your spot on the trip

If registering early, please return this form to the parish office or mail to St. Patrick Youth Ministry—41 Oliver St.—Chatham, NJ 07928 with a \$275 deposit check made out to: *St. Patrick Youth Ministry.*

All Others: Get on the “Cyber Line” March 31 at 3 PM