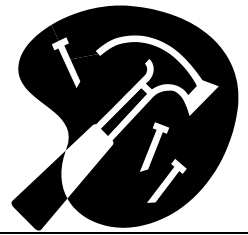


**St. Patrick Youth Ministry  
APPALACHIA Help Weeks 2018  
Registration Form for Adults**



**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 24-30       Trip 2: July 1-7       Trip 3: July 8-14
- Trip 4: July 15-21       Trip 5: July 22-28       Trip 6: July 29-August 4

*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 2018** under the auspices of St. Patrick Church to be held during June and July of 2018. 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 2018, 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 adults who sign up with a youth family member (i.e. parents, aunts/uncles, older siblings, etc.) are required to work the Car Wash Fundraiser (both the ticket sales at Masses the week prior and the event itself). We have had trouble staffing this fundraiser in the past; therefore, we are hoping that this will ensure that we have enough help/supervision for the Car Wash.

All adults who are not going with a youth family member are required to choose one of the following:
 Envelope Stuffing (March 11 at 10 AM in St. Vincent YM Center)
 Golf Outing Committee      Car Wash

**Please return this form to the parish offices with a \$200 deposit check made out to: St. Patrick Youth Ministry, 41 Oliver St., Chatham, NJ 07928 by March 11, 2018**

**Note that registration is \$200 for adults and \$275 for teens/college students**