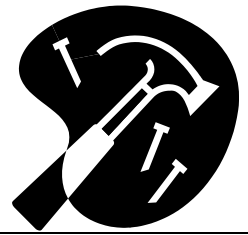


**St. Patrick Youth Ministry  
APPALACHIA Help Weeks 2018  
Registration Form for Youth**



**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 2018 are scheduled as follows:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Trip 1: June 24-30 | <input type="checkbox"/> Trip 2: July 1-7   | <input type="checkbox"/> Trip 3: July 8-14        |
| <input type="checkbox"/> Trip 4: July 15-21 | <input type="checkbox"/> Trip 5: July 22-28 | <input type="checkbox"/> Trip 6: July 29-August 4 |

**For Office Use Only:**

*Each trip is limited to 16teens/college students (except Trip 1 which has 32 spots) 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 11 . If registering without an adult family member, you must secure a spot by physically getting in line on Registration Day (Sunday, March 11 in St. Vincent's YM Center). Doors open at 8 AM. All in attendance will celebrate Mass and stuff envelopes for a parish mailing fundraiser. After that, we will accept registrations)*

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

**\$275**

**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/Student

\_\_\_\_\_  
Signature of Participant/Student

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

Date: \_\_\_\_\_

**IMPORTANT!**

**Email is how we communicate. You MUST read and respond to the frequent emails that we send. No Excuses!**

All who pre-register (those going with an adult family member) are required to work the Car Wash (both ticket sales after Masses the week prior and the Car Wash itself)

All who register on Registration Day will do the Envelope Stuffing Fundraiser on that day.

All youth are required to raise at least \$25 through a Go-Fund-Me page. The person who acquires the most amount of total donors (who donate at least \$10) will receive a \$500 Amazon Gift Card.

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: Register in person March 11 in SVMYM Center. Doors open at 8 AM**