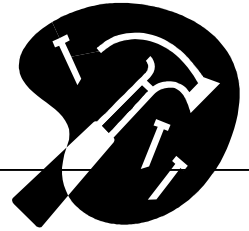


St. Patrick Youth Ministry APPALACHIA 2010



Registration Form for Adults and Youth

HEALTH INFORMATION

First Name _____ M.I. _____ Last Name _____ E-mail: _____
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 _____
Youth ___ Adult ___ 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 on the reverse side.)
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 ___

Please mark the trip you wish to attend with a "1". Indicate a 2nd choice with a "2".

Trip 1: July 11th-July 17th

Trip 3: July 25th-July 31st

Trip 2: July 18th-July 24th

Trip 4: August 1st-7th

We will be partnering with St. Vincent's Parish for these 4 trips. In order to keep a fair ratio from each parish of adult chaperones and teens, 2 teens from a parish will be put on a trip list for each adult chaperone from that parish. The more parish adult chaperones, the more teens that will be allowed on that trip.

Each trip is limited to 20 teens/college students and 10 adults. First come, first on

Registrations are received on a first-come/first-on basis. The trips do fill and so suggest you get your registrations in ASAP. No registrations will be accepted without the appropriate fee.

(PLEASE COMPLETE OTHER SIDE)

CONSENT TO TREAT

I/we request that my/our son/daughter attend the **Appalachia Help Week 2010** under the auspices of St. Patrick Church to be held during July and August of 2010. 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 July and August of 2010, 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!

If you are an adult or a teen who will be 18 years old by your trip date, you need to have completed "Protecting God's Children" training and fingerprinting. If you have not already done this, we will provide an opportunity sometime before the summer.

'Protecting God's Children' Yes ___ No ___

Fingerprinting Yes ___ No ___

**Please return this form to the parish offices with a \$150 deposit check made out to:
St. Patrick Youth Ministry, 41 Oliver St., Chatham, NJ 07928**