

St. Mary's Episcopal Church
Sr High Mission Trip 2019 Registration Form
June 23 – 29, 2019

Youth or Adult Participant Name _____

Address _____
Street

City _____ State _____ Zip Code _____

Telephone number(s) (_____) _____ (_____) _____
Home YOUTH or adult participant cell phone (not parent)

(Youth) E-mail _____ T-shirt size _____

Birth date of youth participant _____ Current grade _____
(or adult attending Mission trip)

Dietary needs/restrictions _____

***If you have special dietary needs, please do let us know! We will try to accommodate all requests!*

Parent/Guardian Information: if parents live at different addresses, list both, and indicate the primary residence
Adult Participants, please fill out information for your emergency contact

THIS PART MUST BE FILLED OUT, IT'S HOW WE REACH YOU IN AN EMERGENCY!

*****If there are special custodial arrangements, please notify the Youth Minister.***

Name _____ Name _____

Address(es) _____

Home phone(s) _____

Work phones _____

Cell phones _____

Parent e-mail _____

Person to notify IN CASE Parent/Guardian CANNOT BE REACHED!

Name _____ relationship _____

Home phone _____ cell or work phone _____

The following is a list of medications that my child, _____, will need to take while attending _____. (Please attach a list if additional room is needed.) All prescription medication must be properly labeled in its original pharmacy container. Over the counter medication must also have the youth's name written clearly on the container.

NAME OF MEDICATION	DOSE	WHEN TAKEN
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following medication will be available for your child to take with your permission. I, (signature) _____
_____ Date _____ the parent/guardian of _____ give
permission for my child to take:

Please check yes or no for each of the listed medications.

Cough Drops	Yes _____	No _____	Motrin	Yes _____	No _____
Mylanta	Yes _____	No _____	Tylenol	Yes _____	No _____

Required Signatures & Parent/Guardian Authorization

PARENTAL CONSENT:

I give full permission for my child to attend all St. Mary's youth Mission trips and events including but not limited to: **The St. Mary's Mission Trip to Appalachia, The St. Mary's Mission trip to Washington, DC, The St. Mary's Jr High Outreach Camp, St. Mary's Youth Group meetings, Youth Council meetings, Lock-ins, Mission Trips, Field trips, Shopping Mall Visits, Second Sundays @6, Rebounderz, Flight Trampoline, Ice or Roller skating, Amusement Park trips, Shrine Mont PYM and parish events, Laser Tag, and any other event named here:** _____

PHOTO/VIDEO RELEASE:

I give my permission for photographs or video footage of my child to be used by St. Mary's Episcopal Church for promotional purposes. (brochures, **website photos**, online photo albums of the event, etc.) No names are used.

MEDICAL RELEASE:

I also give permission to the leaders of this trip to secure emergency medical or surgical treatment for my child if there is insufficient time to contact me, and to secure routine, non-surgical medical care as needed.

I authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, or hospital care, to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above-named youth pursuant to this authorization, and

I understand that St. Mary's does not carry accident or medical insurance on participating volunteers. I agree that my insurance company will be used for such medical care expenses and I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance. I understand that if I do not have medical insurance coverage that I am responsible for the payment of any medical bills.

TRANSPORTATION RELEASE:

I give full permission for my child/children to be transported to the Mission Trip sites, and other events in conjunction with the trip, including airplanes, public transportation, trains, vans, riding in approved vehicles, with approved drivers. I give full permission for my child/children to be transported to youth activities in conjunction with any above mentioned events, away from our meeting site, in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in this event.

WAIVER OF LIABILITY:

I agree to hold St. Mary's Episcopal Church, the Diocese of Virginia, The Episcopal Diocese of Texas, and all associated agencies and persons free and waive any claims for payment for accident, injury, disability or damages to the person or property of the aforementioned child arising out of or connected with his/her participation in any activity related to his/her participation in the aforementioned activity.

Parent/Guardian Signature _____ date _____

****Please return with a \$100 deposit to the Youth Ministry office at St. Mary's to reserve your spot!
(checks payable to "St Mary's Episcopal Church") - DEADLINE : November 19, 2018
We need both your deposit check AND this form in order to reserve your space on the trip!**



VOLUNTEER STATEMENT AND REGISTRATION FORM

Give to center staff upon arrival.

Must be received by staff prior to volunteer participation in ASP activity

Appalachia Service Project (ASP) is a Christian ministry engaged in home repair and home building for the people of Appalachia. ASP operates in rural areas that are often far from professional medical care, and ASP cannot guarantee the safety or sanitation of its work sites, accommodations, or facilities. Volunteers will be participating in home repair and home building activities including, but not limited to: roofing, carpentry, framing, dry wall installation, building steps, plumbing, glasswork, insulating, painting, flooring, masonry, electrical wiring and other home repair, remodeling and renovation. These activities may include the use of a variety of hand tools such as ladders, hammers, shovels, rakes, and saws, and power tools such as saws and drills. The foregoing activities may also require climbing with and without supplies, tools and materials as well as working in high places such as on roofs and ladders. Volunteers will be traveling in vehicles on roads of varying conditions and possibly in adverse weather conditions. Volunteers may also engage in non-sponsored activities including, but not limited to: hiking, swimming, basketball, volleyball, baseball, football, Frisbee, or other sports activities of their choosing. Planned evening activities may include, but are not limited to: visiting strip mines, traveling to visit places or people of regional interest. Volunteers are not required to engage in any work or recreational activity in which they feel they are not able to safely participate. All volunteers understand that there are risks inherent in construction repair work, travel, and sporting activities, including risks of serious bodily harm or death, that cannot be eliminated. Accordingly, all volunteers acknowledge these risks and voluntarily choose to assume the risks of all activities with ASP. All volunteers, as well as these volunteers and their parent(s)/legal guardian(s), must have read, be familiar with, and abide by ASP's Safety Manual and Expectations, Rules and Regulations. JR HIGH PROGRAM (6th - 9th grade completion required) ALL OTHER ASP PROGRAMS, minimum age requirement is 14 (or 8th grade completion required).

I give permission for treatment by competent medical personnel as a result of accident or medical emergency while I am a volunteer for ASP. Consent is given to accompanying adult volunteers or ASP staff to hospitalize, secure proper treatment and to order injections, anesthesia, or surgery by qualified medical personnel. If possible, the adult contact will make the final decision in cooperation with medical personnel. As ASP does not carry accident or medical insurance for volunteers, I agree that my insurance company will be used for such medical care expenses and I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance. I understand that if I do not have medical insurance coverage that I am responsible for the payment of any medical bills.

By signing below, I acknowledge that I have read the foregoing statement of activities and the information and guidelines provided by ASP (specifically ASP's Expectations, Rules, and Regulations and ASP's Safety Manual) and I understand the extent and nature of the activities in which I or my youth will participate. If this Release is for a volunteer under the age of 18, the parent/legal guardian's signature below demonstrates that the parent/legal guardian has read this release, the ASP guidelines and manuals, and hereby gives his/her consent to allow the volunteer to participate in the activities outlined above. I understand that as a volunteer, I am not an employee of ASP and I am not entitled to compensation or any other employment benefits of ASP.

By signing below, I and/or I and my youth release and discharge Appalachia Service Project, Inc. its agents, employees, and any and all persons connected therewith, from any and all liability claims, and causes of action of any type whatsoever arising out of or in any way connected with participation in the activities of the Appalachia Service Project, Inc. My signature below demonstrates my understanding that I am voluntarily waiving any claims I (and/or and my youth) may now or in the future have against ASP based on any events occurring during my time as a volunteer for ASP.

I agree that this release and waiver shall be governed by the laws of the State of North Carolina because ASP operates in multiple states, including North Carolina. I also agree that if I pursue any legal action against ASP, such suit must be filed in the Tennessee State Courts in Washington County, Tennessee, or the United States District Court for the Eastern District of Tennessee.

Media Release and Waiver

The Volunteer and the Guardian grant and convey to ASP all right, title and interest in any and all photographic images and video or audio records made during the Participant's participation with Appalachia Service Project. The Volunteer and Guardian also hereby grant permission for ASP to use photographs, videos, audio recordings, or to otherwise document Volunteer participation in ASP programs, solely for the purpose of marketing, research and/or education. ASP will not identify by name any minors in either print or web-based images.

Volunteers 18 years of age or older:

Participated with ASP before? Yes No

Printed name of participant

Signature Date

Volunteers under age 18 years of age:

Participated with ASP before? Yes No

Printed name of participant

Signature Date

Parent/Legal Guardian Signature Date

NOTARY REQUIRED: SIGN ABOVE IN PRESENCE OF NOTARY

Name of participant (18 years & older) OR name of parent/guardian of minor participant, appeared before me

Name of participant (18 years & older) OR name of parent/guardian of minor participant

Notary Public of County in the State of

the person whose signature appears above and with whom I am personally acquainted or proved to me on the basis of satisfactory evidence and acknowledge that he/she executed the instrument for the purposes therein contained.

Witness my hand and official seal this day of, 201

My commission expires:

(Notary Public)

**ASP VOLUNTEER
MEDICAL INFO FORM**

VOLUNTEER INFORMATION

Vol. Last Name _____
First Name _____ MI _____
Nickname _____
Address _____
City, State, Zip _____
Phone _____

I have completed [ASP Required Reading](#) Yes ___ No ___

I'm 19 years of age or older and my background check is current (within past 3 yrs). Yes ___ No ___ NA ___

Birthdate _____ (mon/day/year)
Gender Male Female
Occupation _____
Email address _____

EMERGENCY MEDICAL INFORMATION

Medical information on this form will only be used if medical treatment is needed. It will be used for no other purpose.

Social Security # _____ (optional)* Date of last Tetanus shot _____

Medication(s) you currently take (prescribed & over-the-counter – please list all – this is extremely important!!)

Medication(s) you **CANNOT** take or allergies/special health problems or concerns _____

Medical insurance information:

Company name _____
Phone _____
Address _____
City, State, Zip _____

Policy # _____
Policy Holder's ID # _____
Relationship to policyholder _____

PLEASE INCLUDE A COPY OF YOUR INSURANCE CARD WITH THIS DOCUMENT

In an emergency, please contact:

Name _____
Relationship _____
Address _____
City, State, Zip _____
Day Phone _____
Evening Phone _____
Cell Phone _____
On this ASP trip? Yes ___ No ___

Name _____
Relationship _____
Address _____
City, State, Zip _____
Day Phone _____
Evening Phone _____
Cell Phone _____
On this ASP trip? Yes ___ No ___

Physician information:

Physician name _____ Phone _____

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with Appalachia Service Project, Inc., every reasonable effort will be made to contact the persons listed above. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

*SS # not required if copy of medical insurance card provided