

ST. CATHERINE OF SWEDEN APPALACHIA MISSION TRIP REGISTRATION FORM

The mission of the Appalachia Program is to demonstrate to our youth how to live a Catholic Christian life in our greater world community by performing corporal works of mercy for each other and, in particular those in need. The 2018 trip will occur in June, starting on the 10th, traveling to Terra Alta WV, returning back to St. Catherine of Sweden on June 16th.

Part A – GENERAL INFORMATION ****Please print or type****

Name _____

Address _____

City _____ State _____ Zip _____

Phone Numbers:

Home _____ Mobile _____ Work _____

Email Address: _____

Date of birth _____ Age _____ Male ___ Female ___

If over the age of 26, are you willing to drive your vehicle to Appalachia?

Yes ___ No ___

If yes, how many passengers can your car hold? _____

Health/accident insurance company _____

Policy No. _____

**ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD. IF THE
CAMPER HAS NO MEDICAL INSURANCE, STATE "NONE."**

In case of emergency, notify:

Name _____ Relationship _____

Address _____

Home phone _____ Business phone _____

Cell phone _____

E-Mail: _____

Alternate contact _____ Phone _____

Circle T-Shirt size: S M L XL XXL XXXL

Church Affiliation: _____

Year(s) I have been to Appalachia before: _____ This will be my first time: ___

Last/First Name:

DOB:

Do you have current CPR or First Aid Certification? CPR _____ First Aid _____

List allergies to any food, medication, animals, environmental, insect bites, etc.

List medically prescribed diet

List any site selection concerns (i.e. no ladders, no heights, no roofs)

Please check the following skill levels:

	Low/Limited Skill	Medium/Some Skill	High/Professional Carpentry
General Construction			
Room Addition			
Window Replacement			
Dry Wall			
Roofing			
Electrical			
Plumbing			
Painting			
Decks			
Underpinning			
Other (Specify)			

“Preach the Gospel to all the world and if necessary, use words.” St. Francis of Assisi

Last/First Name:

DOB:

I am interested in and can help with:

Send Off Mass: <ul style="list-style-type: none"> • Lector____ • Eucharistic Minister____ • Music Ministry____ • Altar Server____ • Gift Bearer____ 	Returning Mass: <ul style="list-style-type: none"> • Lector____ • Eucharistic Minister____ • Music Ministry____ • Altar Server____ • Gift Bearer____ 	Appalachia Masses: <ul style="list-style-type: none"> • Lector____ • Eucharistic Minister____ • Music Ministry____ • Altar Server____ • Gift Bearer____
Building Community Camp Activities	Building Community Preparation Meetings	Fund Raising

For minor:

Grade completed by June 2018 (youth only) _____

Father's Name: _____ Home Phone _____ Cell _____

Mother's Name: _____ Home Phone _____ Cell _____

Parents' email: _____

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Part B – PERMISSIONS INITIALS: _____

TOOL USAGE (to be completed by parents of campers under 18):

- Option #1 – I hereby grant permission for my child to use necessary hand tools only (no power tools of any kind) during the mission trip.
- Option #2 – I hereby grant permission for my child to use some power tools (e.g. drill) at the discretion of the adult site leaders during the mission trip. Please list acceptable tools.
- Option #3 – I hereby grant permission for my child to use any necessary power tools at the discretion and under the supervision of the adult site leaders during the mission trip.

PHOTOGRAPH /VIDEO / IMAGE RELEASE: I grant to St Catherine of Sweden Parish and the Diocese of Pittsburgh, the right to take photographs, videos or digital images (“Photos”) of me or my child in connection with the St Catherine of Sweden Appalachia Mission trip. I authorize St Catherine of Sweden Parish and the Diocese of Pittsburgh, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that St Catherine of Sweden Parish and the Diocese of Pittsburgh may use such photos of me or my child with or without their name and for any lawful purpose, including such purposes as publicity, illustration, advertising, and Web content.

INITIALS: _____

ENROLLMENT AND PERMISSION: I/we, parents or guardian of the above-mentioned child, for ourselves and for our child, together with the Saint Catherine of Sweden Parish Charitable Trust, its officers and agents agree to cooperatively form the Saint Catherine of Sweden Parish Appalachia Mission trip, a common enterprise in which we join to aid impoverished people of the Appalachia region by providing labor to repair their homes. As a result, I/we hereby give our permission for our/my child to participate in the Appalachia Mission trip.

INITIALS: _____

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Last/First Name:

DOB:

MEDICAL AUTHORIZATION: In the event of injury or illness to our child during the above trip, we hereby give our permission for the necessary medical treatment to be given to our child. We further authorize the representative of St. Catherine of Sweden Parish Charitable Trust who accompanies our child on said trip to sign consents, releases or other documents or hospital forms in the event of illness or of injury to our child in order that medical or hospital care can be obtained with the same power and authority as if we were present to act. We, for ourselves, for our child, our respective heirs, and our respective legal representatives, do hereby indemnify and hold harmless any representative of St. Catherine of Sweden Parish Charitable Trust from any and all claims, demands, and causes of action of whatever kind and nature for their actions taken pursuant to this authority.

INITIALS: _____

Personal Insurance Agreement: I agree that in case of injury to my child, I will apply my personal hospitalization and/or accident insurance toward the payment of the expenses incurred and will not look to St. Catherine of Sweden Parish Charitable Trust, or the Roman Catholic Diocese of Pittsburgh for the payment of any medical costs or injury related costs.

INITIALS: _____

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****Please read and check the following****

- I am committed to attending all preparatory meetings and training sessions. I understand that missing these mandatory meetings may place my eligibility to attend in jeopardy. I understand my commitment to the week begins at 8 am Sunday and ends after 4 pm mass on the Saturday I return.
- I understand that as a participant I am representing the St. Catherine of Sweden Parish and that my behavior will be respectful of all people.
- Attached is my \$50 deposit (balance of \$325 is due by May 20, 2018). This deposit is non-refundable, non-transferable and establishes your position in the queue.

If you have a **financial hardship**, please contact the Appalachia Committee Chair or Pastor. All financial hardship requests are handled confidentially.

Please **make checks payable** to “St. Catherine of Sweden”. In the **memo section** write “Appalachia Mission Trip”.

ST. CATHERINE OF SWEDEN PARISH C/O APPALACHIAN HOME REPAIR PROGRAM 2554 WILDWOOD ROAD ALLISON PARK, PA 15101

FAX: (412) 486-6004 Questions: Call the Parish Office at (412) 486-6001

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity. I have read and understand; and agree to articles in this registration.

<i>Camper's Name (print)</i>	<i>Camper's Signature</i>	<i>Date:</i>
<i>Father's Name (print)</i>	<i>Father's Signature</i>	<i>Date:</i>
<i>Mother's Name (print)</i>	<i>Mother's Signature</i>	<i>Date:</i>
<i>Guardian's Name (print)</i>	<i>Guardian's Signature</i>	<i>Date:</i>

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Part C - Clearances

I understand that all Clearances must be completed and turned in by March 12, 2018.

If you are an adult (18 years or older) who has gone to Appalachia before or are involved with a youth ministry at St. Catherine's Parish, please be sure your clearances are up to date.

If you are an adult and this is the first time you are involved with a youth ministry or you are a camper who is turning 18 prior to going to Appalachia, you must complete the clearances process. You need to go to the Diocese of Pittsburgh website (<http://www.diopitt.org>) and under Protecting God's Children click on Safe Environment Database. Access code: protect. Follow the instructions. When you have completed all of your clearances, please notify St. Catherine's Safety Officer, Joanne Giovannini to find out when the Protecting God's Children classes are scheduled. This class is now available on-line.

The Diocese of Wheeling-Charleston clearances will be issued at a later Appalachia General Meeting. If you are over 18 fill out both sides. If you are under 18, fill out only the Volunteer information, you and a parent must sign. Return this form to the Appalachia Secretary as soon as possible.

***Federal Back Ground Checks for anyone over the 18 is mandatory. More information will be available at the first General Meeting.*

INITIALS: _____

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Last/First Name:

DOB:

Part D - Medical Information

(To be completed by adult camper or parent/legal guardian of campers under 18 and returned to St. Catherine's before 4/22/2018. Please make a copy of this section to discuss during your physical exam and submit the original with your registration)

MEDICAL HISTORY

Allergies or Reaction to: (If the conditions listed do not apply, please write NONE in the blank space)

Medication(s): _____

Food(s): _____

Plants, Insect Bites, environmental, animals etc: _____

Medically Prescribed Diet: _____

Immunizations:

Tetanus shots must have been received within the past 10 years.

DATE OF LAST TETANUS SHOT: _____

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Medical Conditions:

Are you now, or have you ever been treated for any of the following (use additional sheet, if necessary):

Condition	Yes/No	Date
Asthma		
Diabetes		
Hypertension (high blood pressure)		
Heart disease (i.e., CHF, CAD, MI)		
COPD		
Ear/sinus problems		
Stroke/TIA		
Muscular/skeletal condition		
Menstrual problems (women only)		
Psychiatric, psychological, Autism Spectrum Disorders, emotional difficulties		
Learning disorders (i.e., ADHD, ADD)		
Bleeding disorders		
Fainting Spells		
Thyroid disease		
Kidney disease		
Sickle cell disease		
Seizures		
Sleep disorders (i.e., sleep apnea)		
GI problems (i.e., abdominal, digestive)		

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MEDICATIONS:

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and Epi-Pen information must be included, even if they are for occasional or emergency use only. Please include over-the-counter medications.

Medication _____ Strength _____ Frequency _____

Approximate date started _____ Reason for medication _____

Distribution approved by: _____ / _____

(Parent signature MD/DO, NP, or PA Signature)

Medication _____ Strength _____ Frequency _____

Approximate date started _____ Reason for medication _____

Distribution approved by: _____ / _____

(Parent signature MD/DO, NP, or PA Signature)

Medication _____ Strength _____ Frequency _____

Approximate date started _____ Reason for medication _____

Distribution approved by: _____ / _____

(Parent signature MD/DO, NP, or PA Signature)

Medication _____ Strength _____ Frequency _____

Approximate date started _____ Reason for medication _____

Distribution approved by: _____ / _____

(Parent signature MD/DO, NP, or PA Signature)

Medication _____ Strength _____ Frequency _____

Approximate date started _____ Reason for medication _____

Distribution approved by: _____ / _____

(Parent signature MD/DO, NP, or PA Signature)

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Last/First Name:

DOB:

Medication policy:

- My child is taking prescribed medication at present. My child will bring all such medications necessary, and such medications will be well labeled. My child will administer his/her own medication. Please list under medications in Part E.
- I permit my child to carry and administer non-prescription medication. Please list permitted medications in Part D.
- No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is life threatening and emergency treatment is required.

INITIALS: _____

NOTE:

- **Be sure to bring medications in the appropriate containers, and make sure that they are NOT EXPIRED, including inhalers and Epi-Pens.**
- **You SHOULD NOT STOP taking any maintenance medication.**

Please list any restrictions:

Physician Signature: _____ **Date:** _____

Physician's Phone: _____

Physician's Address: _____

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Part E – PHYSICAL EXAMINATION

(To be completed and signed by physician)

(A signed, physical examination completed after 4/1/2017 is valid and may be attached to this form)

Height_____ Weight_____ Blood pressure_____ Pulse_____

Please Explain any abnormalities: Eyes, Ears, Nose, Throat, Lungs, Heart, Abdomen, Spine, Skin, Knees, Ankles, Emotional, or any other situation that would restrict the camper from participating in the trip.

***PHYSICIAN: PLEASE REVIEW PARTS D OF THIS FORM WITH CAMPER AND BE SURE TETANUS IMMUNIZATION IS CURRENT.**

Please list any restrictions:

Physician Signature: _____ ***Date:*** _____

Physician’s Phone: _____

Physician’s Address: _____

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