

**SUMMER SERVICE PROJECT
HEALTH INFORMATION/RELEASE OF LIABILITY/CONSENT TO TREAT**

FIRST NAME _____ LAST NAME _____

ADDRESS _____ CITY/STATE/ZIP _____

Name of Parent/Guardian _____

Home Phone # _____ Parent Cell # _____

Health Insurance Co. _____ Policy # _____

Grade 9/2010 _____ Birth Date _____ Male/Female _____

Parish **Assumption Parish** Parish City **Morristown**

Are you currently under the care of a doctor, psychologist or psychiatrist? _____

Name of Family Physician _____ Phone _____

Last Tetanus Shot _____ Allergies to Food or Drugs(please list) _____

Any special dietary needs or restrictions?

Special medications, blood type or pertinent medical information _____

Date _____ Applicant's Signature _____

I/we request that my/our son/daughter attend the **Appalachia Trip** under the auspices of **Assumption Parish** to be held in **Preston County, West Virginia** on **7/4/10-7/10/10**. I/we have read the foregoing Health Information/Release of Liability/Consent to Treat Form and the above information is 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 if I/we cannot be contact3ed, I/we authorize the delegated agents of **Assumption Parish** to act on my/our behalf and approve appropriate treatment.

Release of Liability: In consideration of **Assumption Parish** accepting my/our son/s/daughter's registration for this event, I/we release, hold harmless and discharge **Assumption Parish**, its officers, Trustees, employees, agents and affiliates, of and from any and all liability, claim, loss, damage, cost or expense and waive any such claims against any such person or organization arising directly or indirectly from or attributable to any action or omission to act of any such person or organization in connection with this event and I/we further agree to indemnify and hold harmless the parish and its aforesaid affiliated personnel from any such liability, claim, loss, damage, cost or expense.

Date _____ Parent/Guardian Signature _____

Applicant's Signature if 18 Years of Age or Over _____

PARTICIPANT GUIDELINES/CODE OF BEHAVIOR

Thank you for participating in our annual gathering of teens and adults to serve the impoverished living conditions of families in the Appalachia region of Preston County, West Virginia. The following guidelines/code of behavior was drawn from “Living and Working with Integrity: Code of Pastoral Conduct of the Diocese of Paterson,” and national guidelines.

- You are reminded that while in West Virginia your actions represent all Catholics.
- There will be a night curfew that must be adhered to.
- There will be zero tolerance for disrespectful, violent, or abusive behavior of any type.
- There will be zero tolerance of harassment of any kind, including, but not limited to, verbal harassment, gender bias, threats, sexual harassment, and foul language.
- There will be zero tolerance for substance abuse of any kind, including, but not limited to drugs, inhalants, alcohol, and tobacco.
- You are asked to be mindful of the citizens of Preston County. They should be treated with the utmost kindness and respect.
- Please be attentive to the work environment by picking up trash and all building supplies at the end of each work day.
- Please be attentive to the environment in the VFW and the shower facility by keeping your sleeping area/clothing pile/shower stall free from all items that might impede the comfort level of others on the trip.

We look forward to your cooperation and trust you will have little trouble adhering to the guidelines/Code of Behavior. If we need to ask you to leave West Virginia, you must coordinate a ride home with your parents.

The most important thing to remember is that you represent Assumption Church and we ask you to project an image of Christian consideration, sensitivity, and respect to all others and to the property around you.

Participant’s Name (print)

Date

Participant’s Signature

Parent/Guardian Signature