

Registration Form

2017 Sheboygan County At Home Mission Week (10am-7pm)

General Information

Student Name: _____ Grade: _____

Parish: _____ T-shirt Size (Men's): S M L XL XXL 3X

Parent Names: _____

Email (required): _____ Phone Number: _____

Commitment of Presence

The Sheboygan County At Home Mission Week is a fun, Christ-centered opportunity for teens to serve their local community. While we recognize that the location of this event makes it hard for teens to unplug from their normal activities, we do expect the same level of commitment for this program that a teen would give a regular out-of-state mission trip. Conflicts with work, sports and other commitments should be handled ahead of time. That being said, teens will **NOT** be allowed leave early except in the case of an emergency.

Commitment for teen to be present all 3 days (please sign): _____

If teen cannot be present all 3 days, which day will s/he be absent: _____

Emergency Contact Information (if parent is **NOT** available-we will always call you first)

Name of Emergency Contact Person: _____

Relationship: _____ Phone Number: _____

Medical Information

Medical Insurance Carrier: _____ Group #: _____

List any work limitations: _____

List any medical concerns/allergies : _____

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Signature: _____ Date: _____

Photography Consent and Authorization

I hereby consent that one or more photographs may be taken of my child for use on a parish website or to promote the Sheboygan County At Home Mission Week. I understand and agree that the use of these pictures is not an invasion of privacy.

Signature: _____ Date: _____

Parent Consent to Participate and Indemnity Agreement:

In consideration for my child/ward's participation, I agree to reimburse and indemnify the parish/school for all reasonable legal and court fees incurred by parish/school in defending a lawsuit that I or my child/ward may bring against the parish/school which relates to the above named activity if the parish/school is found not legally liable by the courts and prevails in the lawsuit. If the parish/school is found legally liable for injuries sustained by child/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the parish/school to clarify any concerns or questions about the activity or this agreement that I may have had.

I have read the information above and give consent for my child to participate in all aspects of this event:

Signature: _____ Date: _____

Chaperones

We are in need of adult volunteers to lead small worksite groups, take photos, and help with meals. If you can help us out, please indicate what you would like to do below:

_____ I can be a small group leader on _____ Tuesday _____ Wednesday _____ Thursday

_____ I can help take photos on _____ Tuesday _____ Wednesday _____ Thursday

_____ I can help with supper on _____ Tuesday _____ Wednesday _____ Thursday

Registration Fees

Before June 1st: \$20

After June 1st: \$30

Checks can be made out to your parish. Please add At Home Mission Week in the memo line.