

Charlie's Angels  
2010  
Mexico Mission Trip

Adult Forms

Participants Name: \_\_\_\_\_

Date Received: \_\_\_\_\_

- *Please complete all forms. You will find that there is more than one page of certain forms. These forms go to different locations. It is necessary to have the forms completed in ink and not photo copied. In the areas that refer to teens, please cross out and write the word adult and sign.*
- *Return all pages along with a copy of your driver's license.*
- *If you have any questions while completing the forms, please feel free to contact Kathy Lanza at 400-6930.*





1664 Precision Park Lane San Diego CA 92173  
 Phone: (619) 662-1200 Fax (619) 662-1295  
 www.amor.org - missionservices@amor.org

# Individual Mission Trip Participation Form

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Please indicate your age (check one box):  1-10 years  11-17 years  Adult

Check the following that apply:

- I am in High School and I will graduate in the year \_\_\_\_\_.
  - I am in College and I will graduate in the year \_\_\_\_\_.
- College Name: \_\_\_\_\_

How many previous Amor mission trips have you participated in? \_\_\_\_\_

- Please contact me about Volunteer or Intern opportunities (ages 18 and up).
- Please email me Amor's prayer requests and ministry updates each month.

<p><b>T-SHIRT SIZE</b></p> <p>Please circle:</p> <p>SMALL</p> <p>MEDIUM</p> <p>LARGE</p> <p>X-LARGE</p> <p>XX-LARGE</p> <p>XXX-LARGE</p>
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Please list all relatives that are on this trip (full name and relationship to you)

## Release of Liability/Consent

This is NOT a Medical Release

I have volunteered to participate with St. Charles Church, San Carlos on a Mission Trip coordinated through Amor Ministries, 1664 Precision Park Lane, San Diego CA 92173 on 6/15/2010.

I have recognized that participation on a trip of this nature may be hazardous or dangerous. Therefore, I am, for myself, my heirs, executor and/or administrator, remise and releasing and forever discharging Amor Ministries and all its officers, agents, servants and employees, acting officially or otherwise, from any and all reason of injury, damage (including property damage to any of my belongings), loss or death which may occur from any cause including, but not limited to any accident and/or occurrence while participating individually or with others while on this Mission Trip. I further understand that the release herein incorporates each and every provision of the "Statement of Commitment" signed by my group leader and/or the person(s) in charge of my group. In the event that said group leader and/or person(s) in charge does not readily have available a copy of said "Statement of Commitment", I further understand that I may obtain said copy by contacting any of the Amor representatives at 1664 Precision Park Lane, San Diego CA 92173, 619.662.1200 fax 619.662.1295.

In consideration of my participation on this Mission Trip, I hereby irrevocably consent to and authorize the use, publication, transmission and reproduction of my name, likeness and image, and any information listed above in any and all media worldwide, by Amor Ministries, or anyone authorized by or acting on behalf of Amor Ministries, for promotional, fund-raising, advertising, marketing and/or public relations purposes. The information may be used by Amor Ministries in the regular course of business, but will not be disseminated to others except if required by law.

Participant \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_

**Parental Consent**

Parent Name \_\_\_\_\_  
*Please Print*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Required for participants under age 18*

**THE ARCHDIOCESE OF SAN FRANCISCO**

St. Charles Catholic Church; 880 Tamarack Ave  
San Carlos, CA 94070 (650) 591-7349

Mexico Mission Trip (with Amor Ministries)  
June 14 – 20, 2010  
Vans driven by adult volunteers

I wish to participate in the activity described above, and as a condition of my being allowed to do so, I hereby, to the extent permitted by law, release and discharge the Archdiocese of San Francisco, its constituent organizations, including but not limited to St. Charles Catholic Church San Carlos, California, and their officers, agents, and employees, from any and all claims for personal injuries or property damage that I may suffer as a result of any participation in the activity described above, including but not limited to any transportation to and from the event, whether or not such injuries or damage are caused by the negligence (active or passive), of any of the entities or individuals named or described herein.

This Waiver and Release is intended to release and discharge in advance the promoters, sponsors, officials, leaders, and THE ROMAN CATHOLIC ARCHBISHOP OF SAN FRANCISCO, A CORPORATION SOLE, and St. Charles Catholic Church and their officers, agents, and employees (The Archdiocese) from any and all liability, except for that attributable to willful misconduct, arising out of or connected in any way with my participation in the event.

I hereby warrant and represent that I am physically fit and capable of taking part in such activity. I make this warranty and representation on the basis of advice given me by a duly licensed medical doctor within the last year, and I know of no change in my medical condition since receiving such advice that would affect the opinion of said medical doctor.

I agree to abide by the rules and regulations governing the above-described activity and to obey any instructions given by the person or persons having supervision and control over the activity.

I hereby authorize, without compensation, the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my participation therein, and the publication or other uses thereof.

I warrant and represent that I am eighteen (18) years of age, or over, and upon request will produce satisfactory proof of such fact.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(Print Participant's Name)

\_\_\_\_\_  
(Participant's Signature)

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MEDICAL RELEASE FORM - ADULT  
ST. CHARLES HIGH SCHOOL YOUTH GROUP  
(CHARLIE'S ANGEL'S)

I, \_\_\_\_\_ hereby agree to participate in all official activities during the Mexico Mission Trip, scheduled for **June 14th through June 20th 2010**. In the event of illness, injury, or emergency, I give my permission for the group leaders, Kevin Holden or Mike Shaw, to make a decision regarding treatment. I also authorize the physician selected by the group leaders to secure proper treatment, for hospitalization and / or injection, anesthesia or surgery as necessary.

I HAVE READ AND AGREE TO THIS RELEASE

\_\_\_\_\_  
Participant's Name (print)

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

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Charlie's Angels  
2010  
Mexico Mission Trip

MEDICAL INFORMATION SHEET - ADULT PARTICIPANT  
ST. CHARLES HIGH SCHOOL YOUTH GROUP  
(CHARLIE'S ANGEL'S)

Participant's Name (print) \_\_\_\_\_

Social Security # \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_ Plan # \_\_\_\_\_ ID # \_\_\_\_\_

Eligibility / Coverage Verification Phone # \_\_\_\_\_

Pre-Treatment Authorization Phone # \_\_\_\_\_

Family Physician or Medical Group \_\_\_\_\_

Phone # \_\_\_\_\_

Allergies \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_\_

Medical Conditions / Disorders  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications \_\_\_\_\_

Instructions / Dosages \_\_\_\_\_

Participant's Name (Print) \_\_\_\_\_

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Emergency contact phone numbers during trip:

Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

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2010 Mission Trip

PARENT PARTICIPATION SHEET  
ST. CHARLES HIGH SCHOOL YOUTH GROUP  
CHARLIE'S ANGEL'S

Participant's Name (print) \_\_\_\_\_

As the parent of a child going on the 2010 Mission Trip, I will participate in the following checked categories:

- I will help with the Fundraising Dinner – May 16<sup>th</sup> .
- I am interested in going on the Mission Trip as an adult chaperone.
- I am willing to carpool the van drivers to Belmont, so they may pick up their vans.
- I am willing to coordinate van return.
- I am willing to drive one of the vans back to Belmont.
- I am willing to carpool the return van drivers back to San Carlos.
- I am willing to help coordinate other fundraising events.
- Bake Sales
- Car Wash
- Other Suggestion \_\_\_\_\_
- I am willing to help coordinate the sponsor program & party.
- I am willing to write thank-you notes.

\_\_\_\_\_  
Parent's Name (print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Phone Number

\_\_\_\_\_  
Parents E-mail Address