

Charlie's Angels
2010
Mexico Mission Trip

Teen 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.
- 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.

T-SHIRT SIZE Please circle: SMALL MEDIUM LARGE X-LARGE XX-LARGE XXX-LARGE

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 Signature _____ Date _____

Parental Consent

Parent Name _____
Please Print

Parent Signature _____ Date _____
Required for participants under age 18

THE ARCHDIOCESE OF SAN FRANCISCO

PARENTAL PERMISSION FORM

This permission slip pertains to the **St. Charles Mexico Mission Trip (with Amor Ministries);**
June 14-20, 2010; Vans driven by adult drivers

CHILD'S NAME: _____ PARISH: _____

ADDRESS (Street, City, Zip) _____

PHONE: (_____) _____ EMAIL: _____

SCHOOL: _____ GRADE: _____ BIRTH DATE _____

PARENT/GUARDIAN'S NAME: _____

ADDRESS (Street, City, Zip) _____

HOME PHONE: (_____) _____ WORK (_____) _____ CELL (_____) _____

PERSON(S) (OTHER THAN PARENT/GUARDIAN) TO NOTIFY IN CASE OF EMERGENCY:

NAME: _____ PHONE: (_____) _____

I, the parent/guardian of the above-named child, hereby give my permission for his/her participation in the activity named above. I agree to direct my child to cooperate and conform with the directions and instructions of the parish, school, or Archdiocesan personnel responsible for the activity.

I agree, to the extent permitted by law, that in the event my child is injured as a result of his/her participation in the above-named activity, including but not limited to transportation to and from the activity, whether or not caused by the negligence (active or passive) of Charles Parish, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse.

I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.

I hereby give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

Further, I hereby waive any and all rights to, or compensation for, any photographs, videotapes, motion pictures, recordings, or any other record of this event or activity which may be made by St. Charles Parish and affiliate organizations.

PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____

OTHER PARENT/GUARDIAN'S SIGNATURE: _____ DATE: _____

While being sensitive to single-parent situations and possible embarrassment to the children, signature of both parents should be obtained when possible.

Both Sides of This Form Must Be Completed & Signed

THE ARCHDIOCESE OF SAN FRANCISCO

WAIVER AND RELEASE FORM RELATING TO MINORS

In consideration of the acceptance of my child's application for participation in the event described herein, I hereby grant permission for my child to participate in the event and, to the extent permitted by law, waive, release, and discharge any and all claims for damages for death, personal injury, loss, or property damage which I may have or which may hereafter accrue to me or my child, as a result of my child's participation in the event or activity described herein, including but not limited to transportation to and from the event or activity, whether or not caused by the negligence (active or passive) of the Archdiocese. 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 Parish 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 child's participation in

**This waiver and release pertains to the St. Charles Mexico Mission Trip (with Amor Ministries);
June 14-20, 2010; Vans driven by adult drivers**

- It is further understood and agreed that this Agreement, Waiver, and Release is to be binding on my heirs and assigns.
- Also, I hereby attest and verify that my child is physically fit and capable of participation in this event, and further, my child's physical condition for safe participation in this above-described event or activity has been verified by a licensed medical doctor during the last year, and that my child is under the age of 18.
- I agree to inform my child to abide by the rules established by the promoters, sponsors, officials, or leaders of the event or activity, and to obey the directions given by any of them.
- Further, I hereby waive any and all rights to, or compensation for, any photographs, videotapes, motion pictures, recordings, or any other record of this event or activity which may be made by St. Charles Parish and affiliate organizations.
- Further, I hereby attest that my child's participation in this event or these activities will be conducted on his/her own time and not on his/her employer's time, that this is for his/her own personal benefit, and any injury sustained will not be considered by myself or my heirs or assigns as a work-incurred injury.
- This Waiver and Release form is signed in order to participate in this event or activity for my child's own personal enjoyment and benefit, and is done so freely with full knowledge of the risks and dangers incident thereto.

(Signature of Mother/Guardian)

Date _____

(Signature of Father/Guardian)

Date _____

I have read and/or discussed with my parents this Waiver and Release form concerning participation in the event. I understand it and agree that the Waiver and Release shall apply to me also.

Date _____

(Print Student Participant's Name)

(Signature of Student Participant)

Both Sides of This Form Must Be Completed & Signed

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2010
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MEDICAL RELEASE FORM - TEEN
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

Parents Name (print)

Participant's Signature

Date

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Mexico Mission Trip

MEDICAL INFORMATION SHEET - TEEN 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) _____

Parents Name (Print) _____

Parent's Signature _____ Date _____

Emergency contact phone numbers during trip:

Day _____ Evening _____ Cell _____

Charlie's Angels
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 16th .

_____ 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