

St. John Neumann - Appalachia 2019 Teen Registration Form

I. Participant Information

Name:		Please Check ✓ One: <input type="checkbox"/> Veteran <input type="checkbox"/> Rookie (First Year Missionary)	
Address:		City/State/Zip:	
Home Phone:		Cell Phone:	
Date of Birth:	Age:	Grade	
Email Address:			
T-Shirt Size (Please Check ✓ One) <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> XX-Large <input type="checkbox"/> V neck <input type="checkbox"/> Crew Neck			
Father's Name:		Mother's Name:	
Phone #1:		Phone #1:	
Phone #2:		Phone #2:	
Name/Phone of Emergency Contact (and relation) if parent/guardian is not available:			

II. Special Concerns

Date of last tetanus shot (must be less than 10 years to be current (list year only): _____

Any known allergies? No Yes (if yes, please list) _____

Any known physical limitations? No Yes (if yes, please list) _____

Special dietary needs prescribed or preference? No Yes (if yes, please list) _____

Wear contacts/glasses? ? No Yes

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting, etc. (or any other pertinent information) No Yes (if yes, please list) _____ Additional

Comments:

The total fee of \$300 is due May 12, 2019 Please make checks payable to SJN Appalachia

Please return this completed registration form to:

St. John Neumann Parish, Attn: Gary Fritsch, 2230 Rochester Road, Pittsburgh, PA 15237

I commit myself to a full week of faith-filled service to my Appalachian neighbors.

I understand that this is a drug free and alcohol free workcamp. I agree to abstain myself, speak up if I see anyone using banned substances and report infractions to Gary Fritsch.

Date _____

(Missionary signature) **OVER**

III. Permission

I/we the parent(s)/guardian(s) of the above-mentioned child, for myself/ourselves and for my/our child, give permission for my/our child to participate in the St. John Neumann 2019 SJN Appalachia Mission in Preston County, West Virginia. I understand that my child will be using power tools.

I/we the parent(s)/guardian(s) of the above-mentioned child, for myself/ourselves and for my/our child, give permission for my/our child's photograph to appear in promotional materials and social media platforms for the purpose of supporting the St. John Neumann Appalachia Mission and the Catholic Church of Preston County Summer Home Repair Program.

Medical Authorization

I, the undersigned parent or guardian of _____ (participant's name) a minor, do hereby authorize and consent to any examinations, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care for my child which is deemed advisable by a qualified physician or local hospital. I will assume responsibility for fees incurred by such an emergency and will not look to the parish of St. John Neumann of Franklin Park, the Catholic Church of Preston County, the Diocese of Wheeling/Charleston, or the Roman Catholic Diocese of Pittsburgh, for the payment of any medical costs or injury related expenses.

- Medications: My child is taking 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.
- I hereby grant permission for non-prescription medication (such as Tylenol, Tums, Benadryl, throat lozenges, cough syrup, etc.) to be administered to my child, if deemed advisable. I permit my child to carry and administer his/her own non-prescription medication (Please list all medications below).
- No medication of any type whether prescription or non-prescription may be administered to my child unless the situation is life threatening and emergency treatment is required.

Please list all medications (prescription and non-prescription) that you will have in your possession during the course of the week and if appropriate, dosage amount.

Parent/Guardian Signature

Date

***On a separate piece of paper, please attach a copy of the teen's driver's license or other ID and the front and back of your current medical insurance card.**