



Revolution of Change – Parish/School Registration Form

CONTACT _____ POSITION _____

NAME OF PARISH/SCHOOL _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

WORK PHONE _____ HOME PHONE _____

WORK FAX () _____ CELL PHONE _____

WORK E-MAIL _____ PERSONAL E-MAIL _____

PLEASE INITIAL

- I know deposits are not refundable and I am registering the number of spaces I intend to fill. _____
- I understand that the full fee (youth and adult) is \$375/person. _____
- I understand that my deposit will reserve space at the site selected by our team until MAY 1. _____
- I understand that final payment is due June 1, 2018. _____
- I have read and understand the registration, cancellation and substitution policies. _____
- I understand that we will have to provide our own transportation to/from CYFM and worksites _____

Our team will include: _____ YOUTH _____ ADULTS (21 or older*) _____ TOTAL TEAM

Note: You must have one adult for every four young people on your team. Groups with more than four youth must have at least two adults. Mixed-gender groups of five or more must have BOTH male and female adults.

* Each parish or school must have one adult 23 years of age or older serve as team leader.

Please indicate your 1st and 2nd choices of program site:

1st Choice: Site _____

2nd Choice: Site _____

MY DEPOSIT IS ENCLOSED / ATTACHED

Check # _____ (payable to Archdiocese of New York) for \$ _____ (\$100 x total number on team)

MAIL your form with your check to: Office of Youth Ministry, 201 Seminary Avenue, Yonkers, NY 10704.

I HAVE PAID BY CREDIT CARD OVER THE PHONE

Name printed on card: _____

Billing address for card: _____

REGISTER BY PHONE with your VISA/MC by calling Daniel Genn at 914-367-8329.



Parental/Guardian Consent Form and Liability Waiver

Description of Activity or Event

Event: Revolution of Change – Summer Service Week
Date: August 5-10, 2018
Locations: Capuchin Youth and Family Ministries – 781 Route 9D, Garrison, NY
Various service sites in Dutchess, Orange, and Putnam counties
Activities involved: Visiting elderly patients in nursing facilities, assisting at a soup kitchen and day shelter, and manual labor such as demolition, insulating, painting, and landscaping.
Sponsored by: Office of Youth Ministry, Archdiocese of New York
Program supervision: Capuchin Youth and Family Ministries and Archdiocese of New York
Primary parish supervisor:
Mode of transportation: Parish provides transportation to/from event as well as to/from service sites

Participant Information

Participant's name: _____
Birth date: _____ Age: _____ Sex: _____
Parent/Guardian's name(s): _____
Home address: _____
Home Phone: _____ Work Phone: _____
Mobile Phone(s): _____

Permission to Participate

I, _____ grant permission for my child, _____ to
Parent or guardian's name Child's name
participate in this event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of a parish employees and/or volunteers from _____, Office of Youth Ministry of the
Name of parish
Archdiocese of New York and Capuchin Youth and Family Ministries of Garrison, NY.

Signature: _____
Date: _____



By initialing _____, **I CONSENT** for my child to be photographed or recorded on video during the course of the event nor for his/her image to be used without compensation in either print, electronic, or video form for the promotional purpose of future activities by the Archdiocese of New York and its agents.

Hold Harmless Agreement

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

To the fullest extent permitted by law, I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless, indemnify, and defend _____, the Archdiocese of New York, Capuchin Youth and Family

Name of Parish

Ministries and their respective officers, directors, employees, agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents and chaperons, the Archdiocese of New York, its employees and agents and chaperons, Capuchin Youth and Family Ministries, its employees and agents or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the sole negligence of the parish, Archdiocese, or ministry.

Signature: _____ Date: _____

Medical Consent and Permission to Treat

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Of the following statements pertaining to medical matters, sign only those that are applicable.

Insurance Information:

Family Health Plan Carrier: _____ Policy Number: _____

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

Signature of Parent/Guardian: _____ Date: _____

In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____ Relationship: _____ Phone: _____

My son/daughter is under the care of a medical provider: _____ Yes _____ No

Provider Name: _____ Phone: _____



Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of New York, chaperons, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called. I understand that at this point, I can give verbal permission for my child to receive non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, Pepto-Bismol).

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: _____

Signature: _____ Date: _____

Specific Medical Information: The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is your child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?

Has your child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition:

You should be aware of these special medical conditions of my child: _____

DRIVER INFORMATION SHEET

Driver

Name _____ Date of Birth _____
Address _____ Driver's License # _____
Phone # _____ Date of Expiration _____

Vehicle That Will Be Used

Name of Owner _____ Model of Vehicle _____
Address of Owner _____ Make of Vehicle _____
License Plate # _____ Year of Vehicle _____
Registration Expiration Date _____ Date of Expiration _____

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

Insurance Information

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company _____ Policy # _____

Date of Policy Expiration _____ Liability Limits of Policy* _____

(*Please note: The minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000)

In order to provide for the safety of our students or other members of the parish and those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the past five years:

Please be aware that as a volunteer driver, your insurance is primary. There is a policy that would offer additional liability protection should a claim exceed the limits of your policy.

Certification

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Signature

Date