

APPALACHIAN SUMMER HOME REPAIR PROGRAM
June 20-26, 2010

Appalachia Registration 2010

January 15, 2010:

REGISTRATION A

(Open to Adult Workcampers ONLY – Ages 25 & over)

January 29, 2010:

REGISTRATION B

(Open to Parishioners ONLY – Grade 9* to Age 24)

February 12, 2010:

REGISTRATION C

(Open to non-Parishioners – Grade 9* to Age 24)

(*Workcampers who are completing Grade 8 in June of 2010 must be accompanied by an adult to Workcamp)

Registration must include an initial DEPOSIT of \$50.00 (non-refundable, non-transferable) along with a completed REGISTRATION FORM PART A** (Part B is due 5/1/10).

Please make checks payable to
"St. Catherine of Sweden Appalachia"

Registration A, B, & C will be closed on February 21, 2009

Attention: There is a mandatory Orientation Meeting for all *first-time workcampers* on Sunday night, January 24th at 7:15PM in the Church Hall. All workcampers 18 and under MUST be accompanied by a parent or designated adult.

Please note that all information submitted in these documents remains strictly confidential and will be destroyed upon the completion of camp.

Last/First name: _____ DOB: _____
Emergency Contact No.: _____ Allergies: _____

St. Catherine of Sweden Parish

APPALACHIA 2010 REGISTRATION FORM

Part A

GENERAL INFORMATION

Name _____ Veteran _____ First-Year _____

Date of birth _____ Age _____ Male / Female

Grade completed by June 2010 (youth only) _____ Circle T-Shirt size: **S M L XL XXL XXXL**

Address _____

City _____

State _____ Zip _____

Phone Numbers:

Home _____ Mobile _____ Work _____

Email Address: _____

For minor:

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

Parents' email: _____

Church Affiliation: _____

Social Security No. (include if required by medical facilities for treatment) _____

Health/accident insurance company _____

Policy No. _____

***ATTACH A PHOTOCOPY OF BOTH SIDES OF INSURANCE CARD.
IF WORKCAMPER HAS NO MEDICAL INSURANCE, STATE "NONE."**

In case of emergency, notify:

Name _____ Relationship _____

Address _____

Home phone _____ Business phone _____

Cell phone _____

Alternate contact _____ Phone _____

TOOL USAGE (to be completed by parents of workcampers under 18):

Option #1 – I hereby grant permission for my child to use necessary hand tools only (no power tools of any kind) for the work at the Appalachia Workcamp.

Option #2 – I hereby grant permission for my child to use some power tools (e.g. drill) at the discretion of the adult site leaders at the Appalachia Workcamp. *Please list acceptable tools.*

Option #3 – I hereby grant permission for my child to use any necessary power tools at the discretion and under the supervision of the adult site leaders at the Appalachia Workcamp.

Do you have current CPR or First Aid Certification? CPR _____ First Aid _____

GENERAL AUTHORIZATION TO PARTICIPATE / MEDICAL AUTHORIZATION (For all Campers)

I/we, the parents or guardians of the above-mentioned child, for myself/ourselves and for my/our child, give permission for my/our child to participate in St. Catherine of Sweden's 2010 Appalachia Home Repair Program.

In the event of any injury or illness to my/our child during his/her participation in our Appalachia Workcamp, I/we hereby give my/our permission for the necessary medical treatment to be given to my/our child. I/we agree that in case of injury to my/our child, I/we will apply my/our hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to the St. Catherine of Sweden Parish, 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 costs.

I understand that, if any information I/we have provided is found to be inaccurate, it may limit and/or eliminate the opportunity for participation in any event or activity.

Participant's name _____

Participant's signature _____

Parent/Guardian's name _____
(if under the age of 18)

Parent/Guardian's signature _____
(if under the age of 18)

Date _____

Please read and check the following:

I am committed to attending all preparatory meetings and training sessions. I understand that missing these mandatory meetings may place my eligibility to attend Workcamp in jeopardy. I understand my commitment to Workcamp week begins 8AM Sunday June 20th and ends 5PM Saturday June 26th after Mass at St. Catherine's.

Attached is my \$50 deposit (balance of \$300 is due by June 13, 2010).

**This deposit is non-refundable, non-transferable and establishes your position in the queue.*

Please make checks payable to "St. Catherine of Sweden Appalachia"

ST. CATHERINE OF SWEDEN PARISH
C/O APPALACHIAN HOME REPAIR PROGRAM
P.O. BOX 246
2554 WILDWOOD ROAD at VITULLO DRIVE
WILDWOOD, PA 15091

FAX: (412) 486-6004 Questions: Call Tom Franzak at (412) 486-6001 x18

Last/First name: _____ DOB: _____

Part B (To be returned to St. Catherine's before 5/1/2010)

MEDICAL HISTORY

Allergies or Reaction to:

Medication(s): _____

Plants, Insect Bites, Food/Dietary needs: _____

Immunizations:

Tetanus immunization must have been received within the last 10 years. List the date of last Tetanus.

Date: _____

Medication policy:

- My child is taking prescribed 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. They are listed under medications in Part B.
- I permit my child to carry and administer the following non-prescription medication...*please list permitted medications.*
- No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is threatening and emergency treatment is required.

Are you now, or have you ever been treated for any of the following (use additional sheet, if necessary):

Yes	No	Condition	Explanation (include dates, if applicable)
		Asthma	
		Diabetes	
		Hypertension (high blood pressure)	
		Heart disease (i.e., CHF, CAD, MI)	
		COPD	
		Ear/sinus problems	
		Stroke/TIA	
		Muscular/skeletal condition	
		Menstrual problems (women only)	
		Psychiatric/psychological and emotional difficulties	
		Learning disorders (i.e., ADHD, ADD)	
		Bleeding disorders	
		Fainting spells	
		Thyroid disease	
		Kidney disease	
		Sickle cell disease	
		Seizures	
		Sleep disorders (i.e., sleep apnea)	
		GI problems (i.e., abdominal, digestive)	
		Surgery	
		Serious injury / Other	

Last/First name: _____ DOB: _____

MEDICATIONS

List all medications currently used. (If additional space is needed, please photocopy this part of the health form.) Inhalers and EpiPen information must be included, even if they are for occasional or emergency use only.

Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ <hr/> Distribution approved by: _____ / _____ Parent signature MD/DO, NP, or PA Signature _____	Medication _____ Strength _____ Frequency _____ Approximate date started _____ Reason for medication _____ <hr/> Distribution approved by: _____ / _____ Parent signature MD/DO, NP, or PA Signature _____
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NOTE: Be sure to bring medications in the appropriate containers, and make sure that they are NOT EXPIRED, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication.

PHYSICAL EXAMINATION

(A signed, physical examination completed after 7/1/09 is valid and may be attached to this form)

Height _____ Weight _____ Blood pressure _____ Pulse _____

	Normal	Abnormal	Explain any abnormalities
Eyes			
Ears			
Nose			
Throat			
Lungs			
Heart			
Abdomen			
Spine			
Skin			
Knees			
Ankles			
Emotional			
<i>(other)</i>			

*(*Physician: Please review entire form with camper and be sure tetanus immunization is current.)*

Physician signature: _____ Date: _____

Physician's Phone: _____