

# APPALACHIA 2008 REGISTRATION FORM

## I. PARTICIPANT CONTACT INFORMATION

(PLEASE PRINT NEATLY)

NAME:		Veteran <input type="checkbox"/>		Rookie <input type="checkbox"/>	
ADDRESS:					
CITY:			STATE:		ZIP CODE:
HOME PHONE:			CELL PHONE:		
DATE OF BIRTH (XX/XX/XX):		AGE (as of 6-15-08):		GRADE:	
E-MAIL ADDRESS:					
CHURCH AFFILIATION:					
T-SHIRT SIZE (mark box): <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"/> XXX-Large					
FATHER'S NAME:			MOTHER'S NAME:		
PHONE #1:			PHONE #1:		
PHONE #2:			PHONE #2:		
Name/Phone Number of person if parent/guardian is not available:					

## II. PERMISSION

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 the above-mentioned event on the above written date.

### MEDICAL AUTHORIZATION

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.

INSURANCE COMPANY:	POLICY NUMBER:
--------------------	----------------

### TOOL USAGE:

- 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. *List acceptable power tools at the bottom of this page.*
- 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.

PARENT/GUARDIAN SIGNATURE:	DATE:
----------------------------	-------

# APPALACHIA 2008 REGISTRATION FORM

## III. CONSENT TO TREAT

I/we the undersigned parent(s)/guardian of a minor, do hereby authorize treatment of my/our child by a licensed medical physician in case of any accident or illness that may so arise, or any hospitalization necessary.

### MEDICAL MATTERS:

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 in accordance with your wishes.

- 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 nonprescription medication (such as Tylenol, Tums, throat lozenges, cough syrup, etc.) to be given to my child, if deemed advisable. I permit my child to carry and administer his/her own nonprescription medication...*please list permitted medications.*
- No medication of any type whether prescription or nonprescription may be administered to my child unless the situation if life threatening and emergency treatment is required.

Please list all medications (prescription/nonprescription) that you will have on your person during the course of the week and if appropriate list the dosage amount:

<b>PARENT/GUARDIAN SIGNATURE:</b>		<b>DATE:</b>	
-----------------------------------	--	--------------	--

## IV. SPECIAL CONCERNS

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

Any known allergies? <i>Please list...</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any known physical limitations? <i>Please list...</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any medically prescribed dietary needs? <i>Please list...</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting, etc.?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you certified in emergency medical procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Additional Comments:</b>	

Attached is my \$50 deposit (balance of \$300 is due by June 1, 2008). *This deposit is non-refundable and non-transferable*  
Please make checks payable to "St. Catherine of Sweden Appalachia"

### PLEASE RETURN THIS REGISTRATION FORM TO:

Questions?  
(412) 486-6001 x18

**ST. CATHERINE OF SWEDEN PARISH**  
**C/O APPALACHIAN SUMMER HOME REPAIR PROGRAM**  
**P.O. BOX 246**  
**2554 WILDWOOD ROAD @ VITULLO DRIVE**  
**WILDWOOD, PA 15091**  
**FAX: (412) 486-6004**

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

<b>SIGNATURE OF WORKCAMPER:</b>		<b>DATE:</b>	
---------------------------------	--	--------------	--