

Charlie's Angels
2017
Mexico Mission Trip

Teen Forms

Participants Name: _____

Date Received: _____

- These forms go to different locations. It is necessary to have the forms completed in ink with original signature.
- If you have any questions while completing the forms, please feel free to contact Kathy Lanza at 400-6930.
- Effective 2008, passports are now required to cross the Mexican border.



Individual Mission Trip Participation Form

3636 Camino Del Rio North, Suite 215,
San Diego, CA 92108
Phone: 619.662.1200 Fax: 619.512.4360
www.amor.org – missionservices@amor.org

First Name _____ M.I. _____ Last 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.

Please list all relatives that are on this trip (full name and relationship to you)

T-SHIRT SIZE	
Please check: <input checked="" type="radio"/>	
<input type="radio"/>	SMALL
<input type="radio"/>	MEDIUM
<input type="radio"/>	LARGE
<input type="radio"/>	X-LARGE
<input type="radio"/>	XX-LARGE
<input type="radio"/>	XXX-LARGE

Release of Liability/Consent

I have volunteered to participate with St. Charles Church
on a Mission Trip coordinated through Amor Ministries, 1664 Precision Park Lane, San Diego CA 92173 on 6/20/17.

This is NOT a Medical Release

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 619.512.4360. Notwithstanding the preceding, this release does not apply to claims arising out of Amor Ministries' gross negligence or intentional misconduct.

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 _____ Date _____ Signature _____

Parental Consent

Parent _____ Name _____

Parent _____ Date _____

Signature Required for participants under age 18

MTID#: 170181

THE ARCHDIOCESE OF SAN FRANCISCO

St. Charles Catholic Church; 880 Tamarack Ave
San Carlos, CA 94070 (650) 591-7349

Mexico Mission Trip (with Amor Ministries)

Vans driven by adult volunteers

I wish to participate in the activity described above, and as a condition of my being allowed to do so, I hereby, to the extent permitted by law, release and discharge the Archdiocese of San Francisco, its constituent organizations, including but not limited to St. Charles Catholic Church San Carlos, California, and their officers, agents, and employees, from any and all claims for personal injuries or property damage that I may suffer as a result of any participation in the activity described above, including but not limited to any transportation to and from the event, whether or not such injuries or damage are caused by the negligence (active or passive), of any of the entities or individuals named or described herein.

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 Catholic Church 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 participation in the event.

I hereby warrant and represent that I am physically fit and capable of taking part in such activity. I make this warranty and representation on the basis of advice given me by a duly licensed medical doctor within the last year, and I know of no change in my medical condition since receiving such advice that would affect the opinion of said medical doctor.

I agree to abide by the rules and regulations governing the above-described activity and to obey any instructions given by the person or persons having supervision and control over the activity.

I hereby authorize, without compensation, the making of photographs, motion pictures, video tapes, recordings, or other memorializing of said event and my participation therein, and the publication or other uses thereof.

I warrant and represent that I am eighteen (18) years of age, or over, and upon request will produce satisfactory proof of such fact.

Signed this _____ day of _____, 20____.

(Print Participant's Name)

(Participant's Signature)

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

St. Charles Mexico Mission Trip to Tijuana, Mexico

Transportation: vans (adult drivers)

St. Charles Catholic Church; 880 Tamarack Ave, San Carlos, CA 94070 (650) 591-7349

- 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.

Date _____

(Signature of Mother/Guardian)

Date _____

(Signature of Father/Guardian)

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

THE ARCHDIOCESE OF SAN FRANCISCO

PARENTAL PERMISSION FORM

St. Charles Mexico Mission Trip to Tijuana, Mexico

Transportation: vans (adult drivers)

St. Charles Catholic Church; 880 Tamarack Ave, San Carlos, CA 94070 (650) 591-7349

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

**Charlie's Angels
2017
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
2017
Mexico Mission Trip

**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 19th through June 25st, 2017**. In the event of illness, injury, or emergency, I give my permission for the group leaders, Carlos DeMarchena 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)

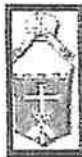
Participant's Signature

Parents Name (print)

Participant's Signature

Date

MMT Med Rel T



Emergency Health / Medical Information and Consent

In the event of an emergency, I, the undersigned parent/guardian of the child named on this form, hereby gives permission to the Roman Catholic Archbishop of San Francisco, the Pastor, employees, agents, representatives, Chaperons and adult volunteers (the Designated Person(s)) to arrange for and authorize emergency medical, dental, or surgical treatment for my child, as considered necessary by the attending physician or dentist. I wish to be advised prior to any further post-emergency treatment by the hospital, doctor or dentist.

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

Family Health Plan Carrier _____

Policy Number _____

I also agree to provide the Pastor, the designated Youth Ministry representatives, Chaperon or adult volunteer with current telephone numbers at which I can be reached, as well as the names and phone numbers of individuals who are likely to know where I am should an emergency arise. In the event of an emergency, if you are unable to reach me at the numbers listed above, please contact:

Name _____

Relationship _____

Home Phone Number _____

Work Phone Number _____

Cell Phone Number _____

Signature of Parent/Guardian

Date

- 1. If my child becomes ill with symptoms that do not indicate emergency medical treatment (e.g., headache, vomiting, sore throat, fever, diarrhea), I wish to be called to be informed of my child's condition.

Signature of Parent/Guardian

Date

2. My child is currently taking the following medication(s), which he/she will be bringing on this activity in well-labeled containers that include clear directions for dosage and frequency of usage. I hereby give permission the Designated Person (s) to administer the following medication(s):

Signature of Parent/Guardian

Date

3. No medication of any type (prescription or nonprescription) may be administered to my child unless his/her condition is life threatening and emergency treatment is required, as considered necessary by the attending physician.

Signature of Parent/Guardian

Date

4. I hereby grant permission for nonprescription medication (e.g., non-aspirin pain relievers, throat lozenges, cough syrup) to be given to my child, if deemed advisable by the Designated Person(s).

Signature of Parent/Guardian

Date

Specific Medical Information / Conditions

Allergic reactions (to medications, foods, plants, insects, etc.)?

Immunizations (date of last tetanus/diphtheria immunization):

Current medications being taken by child:

Medically-prescribed dietary restrictions?

Physical limitations?

History of severe homesickness, emotional reactions to new situations, sleepwalking, bed wetting, fainting?

Any recent exposure to contagious disease/condition, such as mumps, measles, chicken pox? If so, specify the date and the condition exposed to:

Any other special medical issues to be aware of?



Annual Youth Registration and Promise

Youth Registration and Promise

Participant Name: _____ Date of Birth: _____

Parents / Guardians Names: _____

Street Address: _____

City / State / Zip Code: _____

Phone: Home: _____ Work: _____ Cell: _____

Parish / School: _____

Event/Activity: _____

_____ (herein "Activity")

Date: _____

I agree to uphold and exemplify positive Catholic values, and I understand that my participation in an Activity requires compliance with rules and regulations regarding my conduct. Specifically, I agree that during my participation in the Activity:

- I will not use, bring, or be under the influence of illegal drugs or alcohol;
- I will not smoke or use tobacco products;
- I will politely obey the requests and directions of the adult leaders;
- I will stay with my assigned group or buddy at all times;
- I will participate in the approved activity at all times;
- I will dress appropriately at all times;
- I will be on time to activities and will observe all check in rules;
- I will treat adult leaders, other participants, and community members with respect and will not engage in behavior that reflects poorly on me or the group such as: stealing, swearing, fighting, being physically or verbally abusive, being dishonest, damaging property, threatening others, or engaging in disrupt-

tive behavior;

- I will only use cell phones and other personal devices at appropriate times and places when allowed by adult supervisors;
- I will not participate in hazing, teasing, or other similar activities;
- I will not engage in inappropriate sexual behavior;
- I will not be in the possession of or use firearms, knives, lighters, explosives, or weapons of any kind;
- I will not engage in acts of violence; and
- I will respect the physical property of the facility used by us and others and will not engage in acts of vandalism.

I agree to abide by these rules and the supervision of adult leaders, and understand that violations will be dealt with in an immediate and appropriate manner. If I should be dismissed from participation in the Activity, I understand that my parents will be contacted to arrange for my immediate transportation home.

Signature of Participant: _____ Date: _____



SUGGESTED FORMAT FOR A YOUTH BEHAVIOR CONTRACT

To be read and signed by youth and parents or guardian. Parish/School contact person should retain these upon completion.

Everyone who attends [event] is encouraged to participate actively and to behave appropriately so that all will have the chance to safely enjoy this special day of ministry!

1. **There will be respect for property** - Property of the [facility to be used] and surrounding areas should not be damaged, marked or vandalized in any way. Personal property should not be damaged or borrowed without permission.
2. **There will be respect for the law** - There will be no non-prescription drugs or alcohol consumed or in any student's possession. There will be no physical abuse of others or inappropriate language. Fighting of any kind will not be permitted.
3. **There will be cooperation and participation** - Attending [event] is a special privilege. We expect that all participants will take advantage of the opportunities of the day and participate fully in the activities. We also expect that all participants cooperate with the directions of the adult chaperones/leaders to promote a safe and enjoyable day.

Please remember that you are representing your parish and school by participating in this event. You are encouraged to take this responsibility seriously - your actions reflect the adults who sponsored you for this event and upon all of the participants of your parish or school.

If these guidelines are not adhered to, appropriate action will be taken. One possible action will be that the student(s) involved will have his/her parents or guardian called and will make arrangements for transportation home as soon as possible. In addition, there may be further consequences (for example: destruction of property would require repayment of damages.)

I have read and understand these guidelines.

Participant's Signature:	Date:
Parent or Guardian's Signature:	Date:



Archdiocese of San Francisco

Annual Youth Registration and Promise: Parental Agreement / Consent, Release and Waiver of Liability

Parental Agreement / Consent

I/we, the undersigned parent or guardian of the Participant named on this form give permission for my/our child's participation in the Activity referred to on this form, and:

- I/we agree to direct my/our child to cooperate and comply with all reasonable directions and instructions from Children/Youth Ministry staff or adult leaders and Chaperons.
- I/we will immediately and at my own cost retrieve my child(ren) from this Activity if my child(ren) does not comply with the Code of Conduct to the satisfaction of the adult leaders.
- I/we give permission for my/our child to be transported to and/or from Children/Youth Ministry programs, events, and Activities in vehicles driven by adult leaders selected by the parish Children/Youth Ministry coordinator or Parish Pastor, in accordance with diocesan and/or Parish guidelines.
- I/we agree to be responsible for all medical expenses relating to injury of my/our child as a result of his/her participation in any Children/Youth Ministry activity or other Activity, whether or not caused by the negligence of the parish, school, diocesan, or Children/Youth Ministry program employees, Chaperons, agents, or volunteers or other participants.
- I/we understand that in the course of participating in Children/Youth Ministry activities or other Activity, my/our child may engage in activity that carries a risk of injury to the body, psyche, or property of themselves and others. Such injuries can be caused by other persons, may be accidental or self-inflicted, or may arise from faulty equipment or facilities, existing conditions of recreational facilities, vehicle accidents while in transport during an activity, or through the activity itself.
- I/we are not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.

I/we, hereby, give permission to the physician or dentist selected by the Activities supervisory personnel then present to render medical or dental treatment deemed necessary and appropriate by the physician or dentist

Release and Waiver of Liability

In consideration of my or my child/children's participation in the activity described, and my consent thereto, and on behalf of my heirs, executors, administrators and next of kin, I hereby release, covenant not to sue and forever discharge the Released Parties (as defined below) of and from all liabilities, claims, actions, damages, costs and expenses of any nature arising out of or related to, or in any way connected with my or my child/children's participation in the Activity and/or any such related or associated activities, and further agree

to indemnify and hold each of the released parties harmless from and against any and all liabilities, claims, actions, damages, costs and expenses including by way of example, but not limited to, all attorneys' fees,

costs of court and the cost and expense of other professionals and disbursements up through and including any appeal. I, for myself, understand that this release and indemnity includes any claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury, including, without limitation, death, property damage, and the loss by theft or otherwise, whether suffered by me or my child(ren) during or after such participation. For the purposes hereof, the "RELEASED PARTIES" are:

The Roman Catholic Archbishop of San Francisco, a Corporation sole

St Charles Parish
(Parish/School/Organization)
San Carlos, CA

their respective parent, subsidiary, affiliated or related companies and the officers, directors, employees, agents, representatives, successors, assigns, and volunteers for each of the foregoing entities.

I am not aware of any medical condition I have which would render it inappropriate for me to participate in any such activity.

This Release and Waiver shall be governed by the laws of the State of California and any legal action related to or arising out of this Release and Waiver shall be commenced exclusively in the Superior Court in and for San Francisco County, California, and I specifically waive the right of trial by jury for myself. I certify I am eighteen (18) years of age or older.

Photograph and Video Consent

From time to time, we take picture and video of Religious Education and Youth Ministry events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and the ministry website. To do this, we need both the students' and parent's consent. We will not use the last names of any individual whose photos or videos are posted. If there are concerns about pictures or videos posted on the website, please contact the Director of Religious Education or Youth Ministry Coordinator and they will promptly be removed.

I/We, the parent/guardian(s) of this youth, authorize and give full consent, without limitation or reservation, to publish any photographs or videos in which the above named student and/or pictures or videos of his/her parent(s) or grandparent(s) appears while participating in any program within the parish. There will be no compensation for use of any photographs at the time of publication or in the future.

I HAVE READ, UNDERSTOOD AND ACCEPT THE CONDITIONS OF THIS RELEASE AND WAIVER FORM, INDEMNITY AND PROMISE NOT TO SUE.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

**Charlie's Angels
2017 Mission Trip**

**PARENT AGREEMENT
ST. CHARLES HIGH SCHOOL YOUTH GROUP
CHARLIE'S ANGEL'S**

Participant's Name (print) _____

As the parent of a child going on the 2017 Mission Trip, I will attend each meeting and participate in the following checked categories:

___ I will help with the Fundraising Dinner – May 20th.

___ 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

Archdiocese Requirements for Participants under the age of 18

~ Shield the Vulnerable course for the grade they just completed:

Freshman - Teen Safety

Sophomores -- Dating Abuse

Juniors -- Cyber Safety

Senior's if under 18 during the trip -- You're, Now What?

Go to <http://www.shieldthevulnerable.com> if you are a first time user complete the registration as follows:

- a. Use your legal name
- b. Please be sure than when you log in you register yourself as from the "St. Charles SMC" parish **NOT** the "St. Charles Borromeo" parish (this one is a San Francisco church -- not our church). If you choose the wrong parish code you will not appear in our database.

After completing your age appropriate training please print and turn in certificate to Diana Bradley at the Parish Center.

~ Parental Permission form

~ Waiver and Release form Relating to Minors

~ Annual Youth Registration and Promise

~ Annual Youth Registration and Promise: Parental Agreement / Consent, Release and Waiver of Liability

~ Emergency Health / Medical Information and Consent

~ Youth Behavior Contract