

Youth (High School)/YA (18-21)

**ARCHDIOCESE OF BALTIMORE – DIVISION OF YOUTH AND YOUNG ADULT MINISTRY
YOUTH/YOUNG ADULT PERMISSION FORM AND RELEASE**

Youth/YA Name: _____ **Home phone** _____

Parent Name _____ **Parents Cell** _____

Parent E-mail _____

Youth/YA Address _____ **Cell Phone** _____

_____ **E-Mail Address** _____

Date of Birth _____ **Male** **Female** **(please circle)**

Youth/YA Social Security Number _____

In consideration of the wholesome recreational and learning experience in which my son/daughter will participate, I as parent or guardian of my son/daughter, do hereby agree to allow my son/daughter to accompany the youth ministry group of their parish/school to:

**Baltimore-Appalachia Workcamp during the weeks of:
June 27 – July 3 (Baltimore City and Terra Alta, West Virginia)**

I/we acknowledge receipt of the attached information sheet describing the planned activities. In consideration of the opportunity for my son/daughter to participate in the Program, I agree to RELEASE AND HOLD HARMLESS AND INDEMNIFY the parishes/school communities **St. Bernadette (Severn), Catholic Community of St. Frances Xavier (Hunt Valley), St. Francis (Harford Road), Holy Trinity (Glen Burnie), St. Ignatius (Hickory), Our Lady of Grace (Parkton) , Our Lady of the Chesapeake (Pasadena) , St. Paul (Ellicott City), St. Pius X (Rogers Forge), Sacred Heart (Glyndon), St. Joseph (Cockeysville), Mount St. Joseph High School, and John Carroll High School;** the Division of Youth and Young Adult Ministry, the Roman Catholic Bishop of Baltimore and his successors, and Corporate Sole, and all their agents, servants and employees from any liability, claims, demands, and causes of action arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my son/daughter’s participation in the Program.

I hereby grant permission to any adult staff person to obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter in the event that I cannot be reached.
(Check on the following)

I am covered by hospitalization and medical insurance under policy # _____
issued by _____ (insurance company name)

I do not have medical coverage and assume responsibility for the cost of hospitalization and/or medical care for my son/daughter

I hereby grant permission to any adult staff person to provide the following over-the-counter drugs to my son/daughter if requested by my son/daughter **(Circle all that apply)**

Tylenol Benedryl Advil Sudafed Midol Kaopectate Neosporin Pepto Bismol

ADD any other medical information concerning medications, allergies, illness, etc.

ADD any dietary restrictions (note if you are a VEGAN or VEGETARIAN – for meal planning purposes)

Parents/guardians of participants are advised that photographs or videotape of participants may be used in publications, websites, or other materials produced from time to time by the participating parishes, the Baltimore-Appalachia Fund, or the Archdiocese of Baltimore. (Participants would not be identified, however, without specific written consent.) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the Parish/School Youth Office in writing. Please note that the Parish/school has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

_____ Date

_____ Parent/Guardian Signature

_____ Youth/Young Adult’s Name

For all participants: Adult leaders, young adults, and youth participants.

SKILLS ASSESSMENT

PLEASE RETURN THIS FORM WITH YOUR REGISTRATION FORM AND DEPOSIT

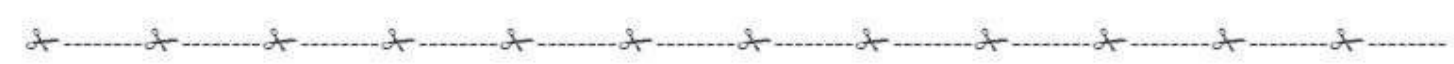
Name: _____

Age of Youth/YA as of June 27, 2010 _____

Parish/School with whom you are attending _____

What skills will you bring to Baltimore- Appalachia Workcamp 09? What skills would you like to learn? Please fill this out as completely as possible so that we can assign people to projects according to their interests and ability level!

	Have Some Experience	Have an interest in learning
Scraping, Painting and Wallpapering	_____	_____
Gardening	_____	_____
Use of hand tools (hammers, screwdrivers, etc)	_____	_____
Carpentry	_____	_____
Electrician	_____	_____
Plumbing	_____	_____
Use of Power Tools	_____	_____
Roofing (18 yrs or older)	_____	_____
Flooring	_____	_____
Other Skills (please list) _____		



T-Shirts

Name _____ *Please circle one*
I'm attending: BALTIMORE or APPALACHIA

Sizes available (Please check one)

___ Small ___ Med ___ Large ___ X-Large ___ XX Large ___ XXX Large