

# INFORMATION SHEET (PLEASE PRINT CLEARLY)

~FULL NAME \_\_\_\_\_ NICKNAME (OPTIONAL) \_\_\_\_\_

~TEEN'S CELL PHONE: \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

~CAN I TEXT YOU WITH MISSION TRIP INFORMATION? :      YES                      NO

~ARE YOU ON FACEBOOK? :      YES: FB NAME \_\_\_\_\_                      NO

~TEEN'S T-SHIRT SIZE: \_\_\_\_\_

~SCHOOL: \_\_\_\_\_ YEAR: \_\_\_\_\_

~HOME PHONE # \_\_ (\_\_\_\_) \_\_\_\_\_

~HOME ADDRESS: \_\_\_\_\_

~E-MAIL ADDRESS: \_\_\_\_\_

~NAME OF HOME PARISH: \_\_\_\_\_

## ~PARENTS/GAURDIANS FIRST AND LAST NAME

NAME- \_\_\_\_\_ RELATION \_\_\_\_\_ CELL# \_\_\_\_\_

WORK# \_\_\_\_\_

NAME \_\_\_\_\_ RELATION \_\_\_\_\_ CELL# \_\_\_\_\_

WORK# \_\_\_\_\_

## ~EMERGENCY CONTACT:

PERSON \_\_\_\_\_ RELATION \_\_\_\_\_

NUMBER TO BE REACHED AT \_\_\_\_\_

~DO YOU PLAY AN INSTRUMENT? \_\_\_\_\_

WHICH ONE? \_\_\_\_\_

~Please return this form in a manila envelope to the rectory with a *non-refundable deposit of \$250.00*

**TOTAL TRIP COST \$500 - The other half will be due at the end of May.**

**\*ALL CHECKS SHOULD BE MADE OUT TO MOST HOLY REDEEMER**

**\*Please make a copy of your insurance card front and back (both should be shown on *one page*)**

**\*On the front of your application envelope please write: MISSION TRIP 2019 - KIM MADONIA**

**\*PLEASE DO NOT BEND YOUR FORMS! PLACE ALL FORMS IN A LARGE MANILLA ENVELOPE!**

**\* PLEASE READ AND FILL OUT THE OTHER SIDE OF THIS PAPER \***

Archdiocese of Chicago — Child/Minor participation Release Form

(PLEASE PRINT CLEARLY)

NO ONE WILL BE ALLOWED TO PARTICIPATE WITHOUT FIRST PRESENTING THIS FORM

Child/Teen Name	Parent(s)/Guardian(s) Name—Relation to child/teen	
Address	City, State, Zip Code	Home Number
Hospitalization Plan	Policy Number	Emergency contact and number

Any allergies or medications currently being taken:

**IMPORTANT INFORMATION**

The Catholic Bishop of Chicago (the CBC) and MHR.SJF parish are committed to conducting its programs sand activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in programs must recognize however, that there is an inherent risk to injury when choosing to participate in activities. The CBC and MHR/SJF parish continually strive to reduce risks and insist that all participants follow safety rules and instructions which have been designed to protect the participant’s safety.

Please recognize that the CBC and MHR/SJF Parish do not carry medical accident insurance for the injuries sustained in its programs. The cost of such would make program fees prohibitive. Each person registering themselves. It must be noted that the absence of health insurance coverage does not make the CBC or MHR/SJF Parish automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the CBC and MHR/SJF Parish requires the execution of the following waiver and release. Your cooperation is greatly appreciated.

**WAVIER AND RELEASE OF ALL CLAIMS**

Please read this form carefully and be aware in registering your child/teen/minor for participation in this program you will be waiving and releasing all claims for injuries you or your child/teen/minor might sustain arising out of this

**PROGRAM: SJF/MHR Mission Trip & Fundraising Events**

**TRIP DATES: FUNDRAISING DATES / TRIP DATES: June 15-22, 2019**

-As the parent/guardian of the participant in the program, I recognize and acknowledge there are certain risks of physical injury and I agree to assume the full risk of any injuries (including death), damages of loss which I or my child/teen/minor may sustain as a result of participating in any and all activities connected with or associated with such program.

-I agree to waive and relinquish all claims I or my child/teen/minor may have as a result of participating in the program, against the CBC and MHR/SJF Parish and their agents, servants and employees.

-I do hereby fully release and discharge the CBC and MHR/SJF Parish and their officers, agents, servants and employees from any and all claims from injuries, (including death), damage or loss which I or my child/teen/minor may have or which may accrue to me or my child/teen/minor on account of participation in the program.

-I further agree to indemnify and hold harmless and defend the CBC, MHR/SJF Parish and their officers, agents and employees from any and all claims resulting from injuries (including death), damages and losses sustained by me or my child/teen/minor or arising our of, connected with, or in any way associated with the activities of the program

-I understand that the bringing of, or use of any drugs, including alcohol, will not be tolerated, and that if my child/teen/minor violates any of the rules which have been established, I will be called to pick up him/her.

In the event of any emergency, I authorize the CBC and MHR/SJF Parish officials to secure from a licensed hospital, physical and/or medical personnel any treatment deemed necessary for my child/teen/minor immediate care and agree that I will be responsible for payment of any/all medical services rendered.

By signing this form you are giving your consent to use your minors name and pictures/videos from this event in the parish bulletin and on the internet. You are also giving your consent for the Youth Minister to communicate electronically (email, text message, facebook etc.) with your minor.

I have read and fully understand the above Program Details, Wavier and Release of all Claims and Permission to Secure treatment.

(Parent(s)/Gaurdian(s) Signature)	DATE	(Participant’s Signature Birthday _____ Grade _____)	DATE
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**PLEASE TURN OVER AND FILL OUT INFORMATION**

# **SJF/MHR MISSION TRIP APPLICATION 2019**

Due to the overwhelming response to our Kentucky Mission Trip, we ask that you take some time to reflect upon the following questions and answer them in a **typed document**. Please print out your document, attach it to the rest of your information, and turn it in **no later than Sunday March 10, 2019** to the parish office. A group of adults will review your application and decide who will be joining us this year on our trip to Harlan, Kentucky. This decision will be based on the FULL completion of your application packet, as well as your involvement in the St. John Fisher & Most Holy Redeemer Youth Ministry Program.

***All decisions will be left to the adult committee and will be final. The selected list/wait list will be posted online at [www.mostholyredeemer.org](http://www.mostholyredeemer.org) on or before March 24th.***

***We expect to have quite a few teens apply to this trip, please attach a picture with your application so we can connect a face to a name.***

Please type your answers to the following questions and return them with your application packet. Be sure to explain your answers fully and to the best of your ability.  
(Each response should not exceed 2 paragraphs)

1. Please explain your involvement, up to this point, in the SJF/MHR Youth Ministry Program?
2. If you have not been involved in the SJF/MHR Youth Ministry Program, what is your past involvement of service and/or a youth program?
3. Please explain what you think your two greatest strengths and weaknesses are and how they could affect and/or contribute to your mission trip experience.
4. **SJF/MHR MISSION TRIP RETURNEES:** How has attending the Mission Trip affected your life? Give a few examples and explain. How have you taken what you have learned in Harlan and applied it at home, as well as in your life?
5. **FIRST TIME APPLICANTS:** The Kentucky Mission Trip has had a huge impact on all who have participated. What sort of experience do you hope to have as a result of participating on your first SJF/MHR Mission Trip? How do you hope this trip impacts your life?