

TEAM APPLICATION
BACK TO HEARTLAND HIGH SCHOOL GATHERING
January 15 & 16, 2012

WE NEED YOU!!! POST HIGH SCHOOL YOUNG ADULTS.

Would you like to serve as a Team Member for the **BACK TO HEARTLAND HIGH SCHOOL GATHERING**?

By completing this form, you are agreeing to be on the team for this program.

If you wish to help, we welcome your involvement and want it to be a happy, growing experience for you. To become an active and beneficial team member, we must have your commitment to attend the program and the team training session. The Gathering will be held on Sunday/Monday, January 15-16, 2012 starting at noon on Sunday (It is Martin Luther King weekend.) at Galion St. Joseph 135 Liberty - Galion, OH 44833. Team needs to arrive Sunday morning and stay to help with clean-up, pack-up and team prayer. **Please bring** your overnight needs (sleeping bag, pillow, etc.) and a **box of cereal** to share **and** any or all of the **following items** for the service project tissue, towels, washcloths, deodorant, shampoo, lotion, soap, toothbrush, toothpaste, comb, disposable razors, socks, wallet, nonperishable snacks, etc
The Mandatory Team Training will be Saturday, January 14 at Galion St. Joseph at 10:30 a.m.

TEAM MEMBER AGREEMENT

When I agree to help with the Gathering, I take this commitment seriously and will be present for the training session and team meeting. I promise to do my part in making those who attend the gathering feel welcome and to participate in the gathering. I realize the gathering is not effective or successful without my help and commitment. I believe that faith is passed on through me and my actions.

Signature: _____

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BIRTHDATE: _____ HS GRADUATION YEAR: _____

E-MAIL _____

____My address has changed in the past 12 Months (Please list past experience on the back.)

Information/permission/liability Release

Date: _____

By completing this form my child has permission to attend the above event.

I understand that by my child's participation in Parish and Diocesan youth activities his/her picture could be taken and used in press releases, brochures, video, CD/DVDs, websites, etc. for publicity use only. This authorization will remain in effect forever. I understand that I have the right to revoke this authorization at anytime by submitting a written request. This agreement does not obligate the use of your child's picture. If participant is under 18 year old, this must be signed by parent or guardian.

I grant permission

I do NOT grant permission

I voluntarily and knowingly accept and assume the known risks involved in the program for myself and my child. in consideration for my Parish allowing us to participate in the program. I hereby fully release of myself, heirs, executors, administrators, and assigns, I hereby fully release and forever discharge the parties named above, along with heirs, officers, agents, employees, and volunteers.

I understand and acknowledge the significance and consequence of my specific intention to release any and all such claims and I hereby assume full responsibility.

This release is knowingly and voluntarily signed with the intent to be legally bound.

(Participant Signature)

(Parent/Guardian Signature if under 18)

Please complete this form and return it to: St. Francis Catholic Church, C/O Sheila Hershiser, 25 W Perry St. Willard, OH 44890 on or before January 1st. (Remember you can always send ap. back earlier.)
You can also email me your info. Any questions please don't hesitate to call me at 419-524-2572 or e-mail cre@woillard-oh.com or Scott & Tabitha Bleile - sbleile@neo.rr.com

Thanks for being a part of the team!! These good programs could not happen without you, who are willing to become involved and share your faith. We admire and appreciate your effort. We would really like to get these aps. back ASAP but if it would be easier for you to e-mail your info please do so. Please include all the above information.

Thanks again!!!

Medical Form

The law requires that parental permission be obtained for operative and medical procedures on minors. Please fill out the following consent form so that emergency procedures may be promptly carried out. Those in charge will make every effort to notify you if your child is hurt. Also, no operation other than minor surgery will be performed, except in an extreme emergency, without parents being contacted and fully informed.

Child's Name: _____

I give my permission for operative and medical procedures as may be deemed necessary for my son or daughter _____ Date: _____
(Parent or guardian)

Mother's Day Phone: _____ Evening: _____

Father's Day Phone: _____ Evening: _____

Is the above covered by hospitalization insurance? Yes No

Is so, what is the name of the company? _____

Policy number: _____ Group number: _____

Individual number: _____

Yes you can give my child Tylenol --- Dose: 1 tablet or 2 tablets -- 250 mg or 500 mg (please circle)

Please list facts concerning the child's medical history, including allergies and medications being taken, and any physical impairments to which a physician should be alerted.

Preferred Physician: _____ Phone: () _____

Address: _____

Preferred Dentist: _____ Phone: () _____

Address: _____

Year of child's last tetanus shot: _____

Anything else we should know about your child:
