

SHINE CATHOLIC WORK CAMP
MEDICAL INFORMATION & RELEASE
(MUST BE COMPLETED BY EVERY PARTICIPANT)
-PLEASE RETURN TO YOUTH GROUP CONTACT PERSON-

[Please Print Clearly]

Church: St. Martha Contact Person: Laura Gallardo

Name: _____ Male Female Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone () _____ Cell phone () _____

Emergency Contact: _____ Relationship: _____

Phone () _____ Other phone () _____

HEALTH STATUS (confidential): Please list any/all health problems you may have (ex. Asthma, Allergies, Hay Fever, Hearing difficulties, Back trouble, Diabetes, Seizures, etc.)

Date of last tetanus shot: _____ Social Security # (for emergencies) _____

Please list any/all medication(s) you are taking: _____

(NOTE: All medications need to be in the care of adult leader during the camp.) *** UPDATE MEDICATION INFORMATION PRIOR TO DEPARTURE TO REFLECT CHANGES

Please list any medication(s) that participant is allergic to: _____

**Personal Medical Insurance Provider: _____

Name of Policy Holder: _____ Ins. Policy # _____

****PLEASE ATTACH COPY OF MEDICAL INSURANCE CARD (FRONT & BACK) Anyone without medical insurance must provide a letter authorizing medical care and assuming all financial responsibility.**

EMERGENCY MEDICAL RELEASE

In the event of an emergency, or should medical needs arise, I hereby give permission to SHINE Catholic Work Camp, its staff, volunteers, or representatives to transport me/my child to a doctor or hospital and hereby authorize medical treatment as needed. I release SHINE Catholic Work Camp of all responsibility and consequences resulting from such treatment. Furthermore, I agree to and accept any and all financial responsibility as a result of medical treatment.

(Participant's Signature)

(Date)

(Custodial Parent Signature – if under 18 years of age)

(Emergency Phone #)

PLEASE NOTE: If special diets are needed, we are willing to accommodate as much as possible. ANYONE WHO ARRIVES AT WORK CAMP WITHOUT THE PROPER SIGNATURE OR AN INCOMPLETE FORM, WILL NOT BE ALLOWED TO PARTICIPATE IN THE WORK CAMP. PARENT AND PARTICIPANT SIGNATURE(S) ARE REQUIRED ON MEDICAL FORM AND RELEASE OF CLAIMS.

SHINE CATHOLIC WORK CAMP LIABILITY RELEASE FORM

(MUST BE COMPLETED BY EVERY PARTICIPANT)
-PLEASE RETURN TO YOUTH GROUP CONTACT PERSON-

I (we) understand that there are inherent risks involved in any mission trip and do hereby release and agree to forever hold harmless SHINE Catholic Work Camp, its directors, officers, employees and agents thereof, from any and all liability, claims, demands for personal injury, sickness, death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned child participant resulting from my (my child's) participation in SHINE Catholic Work Camp, (including travel between the child's home and the camp, travel to and from the work sites, free day activities, excursions from the camp and anytime spent at the camp.)

Furthermore, I (we) on behalf of our child-participant, if under the age of 18) hereby assume all risk of said personal injury, sickness, death, damage and expenses as a result of participation as above set forth.

Furthermore, I (we) give authorization and permission to SHINE Catholic Work Camp to furnish any necessary transportation, food, lodging for and to assign work projects to me (my child).

The undersigned further agrees to hold harmless and indemnify SHINE Catholic Work Camp, any host church/school, all social agencies and day care centers associated – its directors, officers, employees and agents, for any loss, claim, liability, damage, including property damage or injury whatsoever incurred by child-participant as a result of the negligent, willful or intentional acts of said participant, including reasonable attorneys fees and other expenses incurred attendant thereto.

If participant has not attained the age of 18 years:

I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him (her) to participate fully in SHINE Catholic Work Camp, and hereby give my (our) permission to said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical cost incurred. I give permission for my child to be transported in privately owned vehicles to and from public transportation or for approved out-of-institution activities; and for the release of medical records to an attending physician in case of illness. Furthermore, should it be necessary for the participant to return home due to disciplinary action, for medical reasons or otherwise, I (we) hereby assume all transportation costs.

I (we) am (are) aware of no physical, mental or emotional problems that would limit work performance during the work camp. I (we) am (are) fully aware of the nature of the work to be undertaken during SHINE Catholic Work Camp.

The SHINE Catholic Work Camp will employ reputable staff members, obtain background checks, and take reasonable precautions to safe guard the work camp participants during the week of work camp. However, neither the SHINE Catholic Work Camp, social agencies or the facility acting as "SHINE Central" will be liable for loss or damage to property of participants prior to, during or following the work camp due to theft, fire, accident or any other cause beyond its control.

MEDIA RELEASE: I (we) grant SHINE Catholic Work Camp all right, title, and interest in any and all photographic images and video or audio recordings made by SHINE during the volunteer's activities with SHINE, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

(Neatly PRINT Participant's Name)

(Participant's Signature)

(Custodial Parent Signature – if under 18 years of age)

(Date)

CONSENT AND LIABILITY WAIVER

Important! To be filled out by the Parent/Guardian for youth under 18 years of age.

If participant is 18 years of age or older, consent must be signed by the individual.

I (name of parent/guardian) _____, grant
permission for my child, (participant's name) _____,
to participate in (event) SHINE Catholic Work Camp to be held
(date) June 4 - 9, 2018, and (location) McAllen, TX.

In consideration of my child's participation in this event, I agree on behalf of myself, my child named herein, and our heirs, successors, and assigns to indemnify, hold harmless and defend the Archdiocese of Galveston-Houston, the sponsoring parish, its pastor, youth ministry leader, principal, other agents, employees or other representatives associated with the event from any and all injuries, losses or claims arising out of my child's participation in the event.

In signing this form I certify that all information contained herein is true and accurate to the best of my knowledge.

Signature (Parent/Guardian)

Date

Signature (Participant 18 years of age or older must sign own consent)

Date