

# 2010 YOUTH MISSION TRIP!!!

INFORMATIONAL  
MEETING...

- JAN. 19TH -

TUESDAY, EVE.

@ 7PM

(IN TEACHER'S LOUNGE)

## SUMMER MISSION TRIP!!!

WHEN:  
(SUN. JULY 11th - SAT. JULY 17th)

WHERE:  
TBA

COST:  
\$550.00  
(FUNDRAISERS NOT INCLUDED)

## WHAT WE WILL DO...

- SERVE POOR FAMILIES (LOCATION TBA) BY MAKING THEIR HOMES WARMER, SAFER, AND DRIER...
- SHARE CHRIST'S LOVE WITH THE FAMILIES AND EACH OTHER...
- EXPERIENCE CHRIST'S LOVE THROUGH THE FAMILIES AND EACH OTHER...



### CONTACT:

JASON FOR MORE DETAILS OR IF YOU CAN'T MAKE THE MEETING...  
(867-1055 X224 OR JSOLOMON@STHILARYCHURCH.ORG)

# REGISTRATION FORM



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ANY SPECIAL CONSTRUCTION SKILLS/EXPERIENCE WITH ASP: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*\*\*TEENS ONLY\*\*\**

AGE/GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

**“COMPLETED FORMS  
&  
\$50 DEPOSIT  
RESERVES SPOT”**

# HEALTH INFORMATION & RELEASE FORM

PLEASE PRINT

&

ALL AREAS OF THE FORM MUST BE COMPLETED (IF NOT ON FILE)!!!

PARTICIPANT \_\_\_\_\_  
GRADE IN SCHOOL \_\_\_\_\_  
PARENT/GUARDIAN NAME \_\_\_\_\_  
ADDRESS (STREET/CITY/STATE/ZIP) \_\_\_\_\_  
\_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_  
FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_  
FAMILY DENTIST \_\_\_\_\_ PHONE \_\_\_\_\_  
MEDICAL INSURANCE \_\_\_\_\_ POLICY # \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_ / \_\_\_\_ / \_\_\_\_ COUNTY/STATE OF BIRTH \_\_\_\_\_  
ANY ALLERGIES, CONDITIONS, DIETARY RESTRICTIONS, SPECIAL NEEDS, MEDICAL CONCERNS OF WHICH WE SHOULD BE AWARE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO THE BEST OF MY KNOWLEDGE, ALL THE ABOVE INFORMATION IS CORRECT AND TRUE. IN CASE OF A MEDICAL EMERGENCY, IN THE EVENT I CAN'T BE CONTACTED, ***I HEREBY GIVE PERMISSION*** TO THE ATTENDING PHYSICIAN TO HOSPITALIZE, SECURE PROPER TREATMENT FOR, AND TO ORDER INJECTION, ANESTHESIA, OR SURGERY FROM MY CHILD. MY REQUEST RELEASES ST. HILARY PARISH OF FAIRLAWN, OHIO, AND THE CATHOLIC DIOCESE OF CLEVELAND IN CASE OF INJURY. ST. HILARY'S YOUTH MINISTRY STAFF AND CHAPERONES WILL NOT BE HELD RESPONSIBLE OR LIABLE FOR ANY INJURY OR LOSS OF PROPERTY.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TO THE BEST OF MY KNOWLEDGE, ALL THE ABOVE INFORMATION IS CORRECT AND TRUE. IN CASE OF A MEDICAL EMERGENCY, IN THE EVENT I CAN'T BE CONTACTED, ***I DO NOT GIVE PERMISSION*** FOR TRANSPORTATION, OR MEDICAL ATTENTION FOR MY CHILD. MY REQUEST RELEASES ST. HILARY PARISH OF FAIRLAWN, OHIO, AND THE CATHOLIC DIOCESE OF CLEVELAND IN CASE OF INJURY. ST. HILARY'S YOUTH MINISTRY STAFF AND CHAPERONES WILL NOT BE HELD RESPONSIBLE OR LIABLE FOR ANY INJURY OR LOSS OF PROPERTY.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

