

DIOCESE OF COLUMBUS  
**YOUTH PARTICIPANT - REGISTRATION/PERMISSION/RELEASE AND INDEMNIFICATION AGREEMENT**

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PARISH NAME Seton Parish PARISH CITY Pickerington  
*Please print clearly; return with appropriate payment to your adult leader. All incomplete forms will be returned.*

**I. REGISTRATION**

A. Name of Participant \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_ Participant Cell (optional) (\_\_\_\_\_) \_\_\_\_\_  
E-Mail \_\_\_\_\_ T-shirt size:(Adult sizes)  S  M  L  XL  2XL  3XL  
Parish \_\_\_\_\_ School \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female  Grade(2017-18)  9  10  11  12  17grad  
Name of Adult Leader Barbara A. Serrano

B. Name of Activity Gospel Road 2018  
Location London, OH St Patrick School & Parish  
Dates of Activity July 15-19, 2018  
Mode of transportation if not self provided: \_\_\_\_\_

**II. PERMISSION**

The undersigned hereby state(s) that (he/she/they) (is/are) the (parent/parents/guardian) of the above named Participant and have full legal responsibility for the Participant. The undersigned hereby grant(s) permission for the Participant to participate in the Activity named in Section I.B., above.

\_\_\_\_\_  
Parent/Guardian Initials

**III. RELEASE AND INDEMNIFICATION**

A. **Release.** The undersigned on behalf of the undersigned, the Participant, and the heirs, successors and assigns of the undersigned and the Participant, hereby release, hold harmless from any liability, and discharge from all direct or derivative claims, actions, causes of actions, medical expenses, costs, legal expenses, other expenses and all other damages at law or in equity, known or unknown, direct or indirect, choate or inchoate against the Diocese of Columbus, the Parish and all current and former employees, agents, clergy, officers and volunteers of the Diocese of the Parish, arising from the Participant's participation in the Activity named in Section I.B., above.

B. **Indemnification.** The undersigned shall indemnify and hold harmless the Diocese of Columbus, the Parish, and all current and former employees, agents, clergy, officers and volunteers of the Diocese of Columbus or the Parish from any claim, liability, suit, judgment, loss, damage, expense, fee or cost (including court costs and attorney fees) arising directly or indirectly from the Participant's participation in the Activity named in Section I.B., above, unless arising from the negligence of an indemnified party.

**IV. SPECIFIC MEDICAL INFORMATION AND MEDICATION**

A. **Specific Medical Information.** The Parish will take reasonable care to see that the following information will be held in confidence.

Chronic Conditions (e.g. Epilepsy; Diabetes) \_\_\_\_\_

Allergic Reactions (e.g. Food, medications, plants, etc.) \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Has the Participant recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition: \_\_\_\_\_

You should be aware of these special medical conditions of the Participant: \_\_\_\_\_

**IV. SPECIFIC MEDICAL INFORMATION AND MEDICATION - CONT**

**B. Current Medication:** The Participant is taking medication at present. The Participant will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for taking such medications, including dosage and frequency of dosage, are as follows:

\_\_\_\_\_  
\_\_\_\_\_

**C. Non-Prescription Medication** Please check ONE of the following:

- No medication of any type, whether prescription or non-prescription, may be administered to the participant unless the situation is life-threatening and emergency treatment is required.
- Non-prescription medication may be given to the Participant, if deemed appropriate.

**V. EMERGENCY MEDICAL CONTACT AND TREATMENT**

**A. Emergency Contact Information**

Parent or Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone(s) \_\_\_\_\_

Medical Insurance Policy Number \_\_\_\_\_

Member's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**B. Emergency Medical Treatment**

In the event of an emergency, the undersigned hereby give(s) permission to transport the Participant to a hospital for emergency medical or surgical treatment. The undersigned wish(es) to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if the undersigned cannot be reached at the above numbers, contact:

Name & relationship: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**VI. CODE OF BEHAVIOR**

The Participant shall comply with the following:

1. The Participant must stay and participate in the entire event. The Participant may not leave the premises unless accompanied by an adult leader, parent, or legal guardian.
2. The possession or use of alcohol, tobacco, drugs, or weapons of any kind is not permitted.
3. Foul language is not tolerated.
4. The Participant must comply with any and all directions of activity staff.
5. The Participant must respect the rights and property of others. Damage to or defacing of property will be the financial responsibility of the Participant involved and the undersigned.
6. Failure to abide by this Code of Behavior may result in a request to the undersigned to transport the offending Participant from the premises, and the undersigned shall immediately comply with the request.

**VII. CONSENT FOR RELEASE OF PERSONALLY IDENTIFIABLE INFORMATION**

The undersigned hereby consent to the release of photographs and name of the Participant to be used by the Diocese of Columbus and \_\_\_\_\_ Seton Parish (PARISH NAME) for future promotional programs of the Diocese and Parish. If you have any questions or concerns, please contact Barbara A. Serrano (PARISH POINT OF CONTACT) at 614-833-0485 (PHONE NUMBER).

\_\_\_\_\_ Please initial here if you **DO NOT** consent to the release of personally identifiable information.

**GOSPEL ROAD 2018  
YOUTH PARTICIPATION - CONT**

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**IX. CONFIDENTIALITY STATEMENT**

As a Christian, I affirm the dignity and uniqueness of each person created in God's image and likeness. I respect the well being, privacy and diversity of all my sisters and brothers in Christ. During Gospel road, I will be helping people in need who have been referred through local churches and social service agencies. I am away that being a recipient of charity can make people feel more vulnerable and acknowledge that I am in a privileged position to be invited into their homes. Trusting that all personal information will be held in strictest confidence, the residents may share with me their personal stories and tell me of daily struggles. Recognizing that sacred trust, I will avoid relating to anyone privileged information that could identify the resident. As a matter of justice, I will honor every individual's right to confidentiality.

\_\_\_\_\_  
Participant Initials

**X. PREVIOUS EXPERIENCE**

Have you ever attended a workcamp?     YES     NO

If so, what camp(s) did you attend and when? \_\_\_\_\_

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**XI. SIGNATURES**

**THE UNDERSIGNED HAS READ, UNDERSTANDS AND HEREBY  
AGREES TO AND ACCEPTS ALL PROVISIONS IN THIS AGREEMENT**

Participant's Signature _____	Date _____
Parent Signature _____	Date _____
Parent Signature _____	Date _____
Legal Guardian Signature _____	Date _____

Please rate your competency in the following areas  
(1=no experience; 2=minimal experience; 3=proficient; 4=thorough understanding)

Carpentry:  1  2  3  4      Dry Wall:  1  2  3  4      Painting:  1  2  3  4  
Yard work:  1  2  3  4      Cement work:  1  2  3  4

Briefly describe your home repair or construction experience(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Helping Hands Scholarship Application  
(for Gospel Road 2018)

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade (2018-19) \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
Parish/School \_\_\_\_\_ Dollar amount requested (up to \$135) \$ \_\_\_\_\_

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**What is your primary goal for participating in this mission focused work camp?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**We have been called by God to serve His people. Why do you want to answer that call?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**When you return you will be called to continue to serve God's people. What will you do to look for new opportunities to continue your call to action?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(If needed, use the reverse side of this form for more writing space.)*

I understand that this application may be used for the purpose of helping to fund my youth missionary experience. I further understand that by applying to serve I am willing to attend Gospel Road with an open heart and an open mind, and may be asked to give a written or spoken testimonial.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Applications are due no later than May 1, 2018.  
Send application to: Kathy Hamilton      Email: [shyouth@neohio.twcbc.com](mailto:shyouth@neohio.twcbc.com)      Fax: 330-343-1406

*For office use only*

Date received \_\_\_\_\_ Scholarship amount granted \_\_\_\_\_