

**Bring Original Form
and 2 copies to Site.**

2010 YouthWorks Release Form
(To be filled out by both Students and Adult Leaders)

Name of Participant (please print) _____

Sponsored by (Church or Organization Name) St. Giles Church

Name of Site Rosebud Reservation **Week Attending** June 20-25, 2010

Liability Release Agreement

I/we understand that there are inherent risks involved in any mission trip, and I/we hereby release YouthWorks!, Inc., its staff and volunteer workers from any and all liability due to any injury, loss or damage to person or property that may occur during the course of my/our involvement with the YouthWorks organization. I understand that during the week participants may be photographed or video taped for promotional materials.

Transport Home Agreement for Students

I/we, the undersigned, are the parents having legal custody or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend a mission trip operated by YouthWorks, or are of legal consenting age myself. I/we understand that a member of the YouthWorks staff or the lead adult of our group may need to send a participant home as a result of illness or discipline problem. I/we understand if the participant named above is dismissed from the mission site, I/he/she will be transported home at my/our expense. YouthWorks or the lead adult of our group will attempt to contact the parent or guardian to arrange such transportation.

Medical Release Agreement

I/we the undersigned, are the parents having legal custody, or the legal guardians of the above named participant, a minor, have given our consent for him/her to attend a mission trip operated by YouthWorks!, Inc., or are of legal consenting age myself. In the event that I/he/she is injured while attending the trip and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without my/our consent, I/we hereby authorize _____, the lead adult of our group, or a member of the YouthWorks staff to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed below, or because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance carrier. Further, I/we affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force for the participant named above at the time of the mission trip.

Full Name _____ **Date of Birth** _____ / _____ / _____

Home Address _____ **Phone** _____

Date of Last Tetanus Shot _____ **Known Allergies** _____

Date of Last Tuberculosis Test* (if applicable) _____ **Positive or Negative** _____

Current Medications or Health Conditions _____

Please attach a copy of your insurance card to this form.

**We are not requiring participants to get Tuberculosis testing.*

Emergency Contact Information

1) _____
Relationship to Participant _____
Home Phone _____
Work Phone _____
Cell Phone _____

2) _____
Relationship to Participant _____
Home Phone _____
Work Phone _____
Cell Phone _____

Insurance Information

Name of health insurance company _____
Health insurance policy number _____
Phone/address of health insurance company _____
Name of policy holder _____
Policy holder's phone number _____

Participation on a YouthWorks trip is contingent upon compliance with all the policies stated on the previous page.

Liability Release
Transport Home
Medical Release

Participant/Adult Leader (Print) _____

(Signature) _____ Date _____

Parent/Guardian (1) (Print) _____

(Signature) _____ Date _____

Parent/Guardian (2) (Print) _____

(Signature) _____ Date _____

**Bring Signed
Form to Site**

2010 Youth Covenant

In order to have a safe and life-changing mission experience, clear expectations are needed between all who are involved. We desire to serve communities without bringing them any harm. As a result, we ask all participants of YouthWorks trips, to agree to the following expectations in accordance with the purpose of a YouthWorks mission trip.

The goal of the covenant is to ensure the knowledge of YouthWorks policies, solidify your commitment to your group, and demonstrate your respect of the community you will be serving.

- Because I want to truly help others as Jesus did, I agree to bring a servant, joyful attitude. I understand that I am on the trip to serve God, help a community, build new relationships, and learn new things. I agree to come prepared to do so!
- Because I am aware that my actions have consequences beyond myself, I agree to obey all local laws and ordinances pertaining to use of drugs and alcohol by minors. I will not bring weapons, illegal substances or use illegal substances on any YouthWorks controlled ministry sites, on the property of our ministry partners, or in vehicles of any YouthWorks participants.
- Because I want nothing to distract me in this short week of serving others and because valuables are more susceptible to theft at a mission site, I understand that I am not to bring to the site an iPod, Discman, electronic games, lap top, mp3 player, portable DVD player or any other device that could potentially isolate me from those around me.
- Because I want to remain focused on the people and experiences at the mission site, and out of respect for the policies of YouthWorks' ministry and housing partners, I will consider leaving my cell phone at home. If I choose to bring my cell phone, I understand that I will only be allowed to use it during approved times and that I will also risk theft or loss. I understand that my parents will be given instructions on how to contact my adult leaders in the event that they need to reach me.
- Because I am coming and returning with a group, I agree that this mission week is a group experience. I will do my best to build community, create relationships, be welcoming, and include others. I agree to treat everyone – leaders, staff, other groups, and community members – with the utmost respect.
- Because I know that how I treat people's things makes a statement, I agree that I will respect the property of all participants, the community members, and the housing site in which we stay. I will conduct myself as a representative of Jesus Christ at all times, remembering the purpose of the trip and my responsibility as a witness to the community.
- Because I know that my parents and leaders care about my well-being, and because I want to be safe, I agree to stay within the designated YouthWorks boundaries, stay in groups of three or more, respect gender specific areas (sleeping rooms, restrooms and showers) and refrain from using my cell phone in these areas due to privacy concerns, follow rules at the ministry sites and communicate with my group.
- Because I know that I am representing Jesus Christ and want to respect the people around me, I agree to follow the clothing policy. I understand that the way I dress can affect my ministry and I will respect my group, the community, and myself by dressing modestly.

I agree to follow all of the above expectations because I desire to represent Jesus in a positive manner at all times.

Participant Signature

Date

Parent/Guardian Signature

Date

St. Giles Youth Ministry Permission Form
Rosebud Reservation 2010

Participant's Name _____ Birth Date _____

Parent/Guardian Name(s) _____

Address _____

Phone _____

Parent/Guardian Alternate Emergency Phone # (cell) _____

I request that St. Giles Youth Ministry allow my child to participate in **Rosebud Reservation 2010** from June 19, 2010 to June 26, 2010. I hereby release and indemnify St. Giles Parish and the Archdiocese of Chicago, staff, and volunteers from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program. My child also agrees to the contents of this permission slip. In the event that the undersigned or my authorized physician cannot be reached, and in the judgment of the designated supervisor of the activity or other responsible person accompanying the group, and there is a necessity for immediate examination and/or treatment of my child, I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

(Signature of Parent/Guardian)

(date)

(Signature of Participant)

(date)

I authorize St. Giles Youth Ministry to use my child's picture for educational and marketing purposes for the St. Giles Youth Ministry program, such as St. Giles Parish website, newsletters, bulletins, etc.

(Signature of Parent/Guardian)

(date)

I don't want St. Giles Youth Ministry to use photos of my child at this time.