

PAPERWORK CHECK LIST

**The staff of Love Begins Here is really excited that you are coming on a Mission Trip.
WE HOPE THAT YOU ARE READY FOR A LIFE CHANGING WEEK OF
SERVICE TO THE POOR, HAVING FUN AND ENCOUNTERING JESUS CHRIST.**

The first thing we need to know are some basics:

Name: _____

Are you coming with a Parish Group? Yes! If so, which one? St. Albert the Great

Which week of Love Begins Here will you be attending this summer?

- | | |
|---|---|
| <input type="checkbox"/> HS1 - June 11 - 16 (Corpus Christi, Boscobel) | <input type="checkbox"/> MS1 - June 25 - 28 (Queen of Peace, Madison) |
| <input type="checkbox"/> HS2 - June 18 - 23 (St. Clare, Monroe) | <input checked="" type="checkbox"/> MS2 - June 28 - July 1 (Queen of Peace, Madison) |
| <input checked="" type="checkbox"/> HS3 - July 16 - 21 (All Saints, Berlin) | <input type="checkbox"/> MS3 - July 5 - 8 (St. Mary, Portage) |
| <input type="checkbox"/> HS4 - July 23 - 28 (St. Bernard, Middleton) | <input checked="" type="checkbox"/> 9th Grade - July 10 - 14 (St. John the Baptist, Montello) |

Have you filled out the following paperwork?

- Paperwork Check List (this page)
- Parental/Guardian Consent Form and Liability Waiver (2 pages)
- Student Information Form (1 page)
- Photo/Video Release Waiver + Participant Contract (1 page)
- Copy of Insurance Card

ONCE ALL OF THIS IS COMPLETE, FOLLOW WHICHEVER OF THE FOLLOWING INSTRUCTIONS APPLY TO YOU:

If you are coming with a group from your parish or school: return the above 5 pages to your leader with the appropriate payment. All checks, if you are registering with your parish, should be made out to your parish!

↳ Please make checks out to: St. Albert the Great Catholic Church

If you are coming as an individual: return the above 6 pages to Love Begins Here (702 S. High Point Rd. / Madison, WI / 53719) with your payment of \$100 for a Middle School Week, \$110 for the Rising 9th Week, or \$120 for a High School Week. Make sure to get in touch if you need financial assistance. * **For individual payment, make checks payable to Diocese of Madison - LBH. (LBH will mail you a confirmation postcard within 2 weeks of receiving this paperwork!)**

MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

In addition to the following medical information and waivers, please include a copy of your child's insurance card when returning your paperwork.

Participant's name: _____

I, _____ grant permission for my child, _____,

parent or guardian's name

child's name

to participate in this parish/school event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from _____

St. Albert the Great

Name of Parish/School

A brief description of the activity follows:

Type of Event: Love Begins Here Mission Trips

Individual in Charge (Parish Group Leader): _____

Sarah King

* If coming as a Lost Sheep, write in **Love Begins Here Core Team.**

Mode of Transportation To and From Event: Personal Vehicles of Chaperones

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend *St. Albert the Great*, its officers, directors, employees and agents, and the Diocese of

Name of Parish/School

Madison, Bishop Robert Charles Morlino, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Diocese of Madison, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Diocese of Madison.

Signature: _____ Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, use the Emergency Contact, in the event that both parents/guardians have already been contacted.

Signature: _____ Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary IN THEIR ORIGINAL CONTAINERS and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: (Use an additional sheet of paper and attach, if needed.)

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Has your child received a tetanus/diphtheria immunization in the last 10 years?

Circle One: YES or NO

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.?

Circle One: YES or NO

If so, list date and disease or condition: _____

Madison Catholic Youth :: Student Information Form :: 2016 - 2017

* The Parish and LBH staff will take reasonable care to see that this information is held in confidence.

Student Name: _____ Sex: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Parish & City: _____ T-Shirt Size (Adult Unisex): _____

Grade In School (2016 - 2017): 6 7 8 9 10 11 12 Birthdate: _____

Parent/Guardian Name(s): _____

Home Phone Number: _____

Parent/Guardian #1 Cell Phone Number: _____ (Name: _____)

Parent/Guardian #2 Cell Phone Number: _____ (Name: _____)

Primary Family E-Mail Address: _____

Student's E-Mail Address: _____

*** The Emergency Contact must be someone other than the parents. In all emergency situations, parents will be the first contacted.**

Emergency Contact Name & Relationship: _____

Home Phone: _____ Cell Phone: _____

Family Doctor: _____

Family Health Plan Carrier: _____ Policy Number: _____

Allergies: _____

Dietary/Food Needs: _____

Physical Limitations: _____

Please share other medical or behavioral information that would be helpful for the adult leaders to confidentially know about your child:

* To provide further details, please attach an additional sheet of paper.

PHOTO / VIDEO WAIVER

During the Love Begins Here Summer Mission Program we will be taking pictures and video during the weeks for possible promotional material in the future. Please fill in and sign the waiver below, granting us to use material that may include your child(ren).

Photos that are taken of _____ during the Summer Mission Program may be used to promote and advertise the value of volunteering and participating in Love Begins Here, by the Office of Evangelization and Catechesis, The Catholic Herald and other associated organizations, including work sites.

Participant Signature

Date

Parent Signature

Date

PARTICIPANT CONTRACT

Everyone who comes on a Love Begins Here Mission Trip will be in for one of the best weeks of their life. In order to guarantee that everyone will have an enjoyable experience, please make sure that you can agree to the following:

I will show respect for myself, others, and my surroundings, especially by...

- ... wearing modest clothing,
- ... not bringing any dangerous or illegal items,
- ... and not putting myself or others down.

I will be excited to learn about how to be safe during the service we perform and try my hardest to practice what we learned during the Mission Work.

I will be open to developing new relationships and meeting new people, including those who I serve and those I serve alongside.

I will be ready to try new things and grow from this experiences.

I will commit to having fun and giving my all during Love Begins Here.

Participant Signature

Date

Parent Signature

Date

