

# Rapid City Diocese Mission Trip Registration Form 2012

## Medical Permission Form, Liability Waiver, Permission to Photograph, Code of Conduct and Cancellation Policy

**Instructions:** A separate copy of this waiver must be completed, **leave no spaces blank**, for each participant traveling to Denver, Colorado. This copy must be signed or you will not be permitted to travel. Please keep a copy of this signed waiver at home. By signing this waiver, you agree that you may be giving up legal rights and remedies available to you, your child's other parent and your child. Read and complete this waiver carefully.

Participant (Print Clearly) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent Cell \_\_\_\_\_ Email \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Age \_\_\_\_\_

Group # \_\_\_\_\_ Allergies \_\_\_\_\_

Dr.'s Name \_\_\_\_\_ Medications/Medical Conditions \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**T-Shirt (circle one)- Men's Cut- S- M-Lg-XL- XXL *or*  
Women's Cut-(loose fit) -S-M-LG-XL-XXL**

**Roommate Preference(s)** \_\_\_\_\_

**Nature of Risks:** I understand that travel to and from Denver, CO may involve certain risks beyond the reasonable control of the Diocese and all parishes within it, and their respective officers, directors, volunteers and agents, and chaperones, including but not limited to accidents, emergencies, exposure to reckless conduct of persons, and/or negligence of the Catholic Heart Work Camp, St. Joseph, St. Paul Our Lady of the Black Hills Catholic Church, and the Dioceses disclaim any and all responsibility for any such risks.

**Medical Permission for Participant:** I hereby grant permission in the event of an emergency or accident for emergency medical care to be administered to myself during the Life Teen Retreat and/or during or after transportation to a hospital or doctor for emergency medical care.

**Waiver of Liability/Hold Harmless:** By signing this liability waiver, I agree and acknowledge that I may be giving up important legal rights and remedies available to myself, my family, my heirs, successors, and assigns. I agree that if I have an illness requiring dismissal from Rapid City Mission Trip, or there is an accident or emergency requiring my dismissal from the Rapid City Mission Trip must be discontinued in event of accident or emergency, I will be sent home at my expense, I am assume the risk of any loss of any non-refundable or additional costs associated with travel and fees for Rapid City Diocese Mission Trip with no right of reimbursement or refund for any amount in connection with the St. Joseph, St. Paul, Our Lady of the Black Hills Catholic Church. or Catholic Heart Work Camp.

**Code of Conduct:** It is expected that youth and adults will follow all directions of all Catholic Heart Work Camp Staff, St. Joseph & St. Paul, Our Lady of the Black Hills Core Team, and

volunteers. Load and unload buses at times given by adult leaders. Males and females are not allowed in the same sleeping area. Cell phones, iPods, and other distracting technology are not allowed. The use of drugs, tobacco, alcohol or items that endanger people are prohibited. Language and behavior should exemplify Christian values. Respect the rights and property of others. Theft and vandalism will not be tolerated. Clothing must be modest. Any instances of lack of cooperation or insubordination will not be tolerated and will be subject to possible removal and barring from Rapid City Diocese Mission Trip. Parents will be informed of such infraction(s). The child will be taken home at the parent's expense. Any and all expenses relating to travel are also the parent's expense.

**Photograph permission:** I give my permission to have my minor child photographed. These photos will be used for promotional materials or publications including printed materials or website. \_\_\_\_ Check here if your do not want your children to be photographed.

**Cost: \$550.00**  
\$100 to guarantee your seat before or on January 27,2012;  
Second payment of \$225 before or on March 23rd;  
and final payment of \$225 due before or on April 27.

**Cancellation Policy: All payments are non-refundable.** If your child is the on the waiting list and does not make it to the main participant list, you will receive your deposit back. Binding non-refundable contracts are signed for services provided for the event.

I fully understand the consequences of and sign this Registration Form, including Medical Permission, Liability Waiver, Permission to Photograph, and Code of Conduct and Cancellation Policy knowingly, freely, and willingly. I understand that all payments are non-refundable.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Gaurdian: \_\_\_\_\_ Date: \_\_\_\_\_

**Registration payments should be made to your parish and sent as a group.**

The Parish Contact Person/Youth Minister mails registration forms & payments to:  
Our Lady of the Black Hills, Attn: Teresa Thompson, 12365 Sturgis Road,  
Piedmont, SD 57769

**Event Contact:** Lisa Fahey, 605-222-2838, [lisanewmanbhsu@gmail.com](mailto:lisanewmanbhsu@gmail.com) &  
Teresa Thompson, 605-787-5168, [teresa.thompson@olbh.org](mailto:teresa.thompson@olbh.org)

Office Use: Dep \_\_\_\_\_ # \_\_\_\_\_ date \_\_\_\_\_ f \$ \_\_\_\_\_ # \_\_\_\_\_ date \_\_\_\_\_