

# St. John Neumann Parish

## Week of Service

633 Orchard St., Scranton, PA 570-344-6159

### Youth Registration Form

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_ Phone number: (    ) \_\_\_\_-\_\_\_\_\_

Name of Parent(s) / Legal Guardian(s): \_\_\_\_\_

Phone of Parent(s) / Legal Guardian(s): (    ) \_\_\_\_-\_\_\_\_\_ Parent's email: \_\_\_\_\_

#### **Medical Information**

Family Physician: \_\_\_\_\_

Phone Number of Physician: (    ) \_\_\_\_-\_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical History: \_\_\_\_\_

#### **In the case of an emergency, please contact:**

Name: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_-\_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: (    ) \_\_\_\_-\_\_\_\_\_

\_\_\_\_\_ Cell Phone: (    ) \_\_\_\_-\_\_\_\_\_

The cost for each youth, which covers meals and transportation, is \$125. A non-refundable deposit of \$50 is required by Monday, June 3<sup>rd</sup> with the balance due at the beginning of Service Week.

**This entire form must be completed and legible for each youth to attend Service Week. Please make sure a parent or legal guardian has signed (1) the Medical Consent and Release Form, and (2) the Hold Harmless Agreement and Permission for Use of Photographs and Videos. Each youth must also carefully read and sign the Participation Agreement.**

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### MEDICAL CONSENT AND RELEASE

By reason of our son/daughter being on St. John Neumann Parish's Service Week, we as parent(s)/guardian(s) of \_\_\_\_\_, hereby consent and give my (our) permission for my (our) child to be diagnosed, treated, and/or medicated in accordance with standard medical practice, by licensed medical personal.

I (we) hereby release any and all claims against St. John Neumann Parish, the Diocese of Scranton, and their respective agents, servants, employees, officers, trustees, administrators, and volunteers from and against any claim or claims brought by or on behalf of our child or by or on behalf of any other person arising out of or in any way connected with such medical treatment.

We agree to accept any and all financial responsibility as a result of such treatment, and the scheduling of such treatment.

Parent(s)/Guardian(s)  
signatures: \_\_\_\_\_

Printed Parent(s)/  
Guardian(s) Name(s) \_\_\_\_\_

Date(s): \_\_\_\_\_

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<b>Hold Harmless Agreement and Parent(s)/Guardian(s) Permission for Use of Photographs and Videos</b>
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Participant's Name: \_\_\_\_\_

I/We, the undersigned parent(s)/guardian(s), agree to protect, indemnify, save, and keep harmless, St. John Neumann Parish, the Roman Catholic Diocese of Scranton, and any and all organizations visited during Service Week, from any and all loss, cost, damage, or expense, arising out of or from any person or property whomsoever and whatsoever; and will protect, indemnify, save and keep harmless the above mentioned parties from any and all claims, costs, or expense arising out of any accident or other occurrence on or about said premises or in conjunction with any activity sponsored by St. John Neumann Parish, causing injury to any person or property whomsoever or whatsoever; and will protect, indemnify, save, and keep harmless the above mentioned parties from any and all claims, costs, and expenses arising out of any failure of any person or institution in any respect to comply with and perform all requirements and provisions agreed to and required by any law or ordinance related to the aforementioned premises or activities. I/we also hereby confirm that I/we have medical insurance or self-insured coverage which will be the sole provider of medical benefits and payments in the event of injury or illness arising out of any activity sponsored by St. John Neumann parish on or off the aforementioned premises.

I/WE, THE UNDERSIGNED PARENT(S)/GUARDIAN(S) OF THE ABOVE NAMED CHILD, HEREBY GIVE MY/OUR PERMISSION FOR HIS/HER PARTICIPATION IN THE YOUTH ACTIVITY NAMED ABOVE. I/WE AGREE TO DIRECT MY/OUR CHILD TO COOPERATE AND CONFORM TO DIRECTIONS AND INSTRUCTIONS OF PARISH AND DIOCESAN PERSONNEL RESPONSIBLE FOR THIS ACTIVITY.

**Photographs/Videos: (CHECK ONE)**

☐ **I/We, the undersigned parent(s)/guardian(s), hereby agree:**

(1) to allow photographs and videos of my/our child to be displayed in the publications of and/or on the websites of, including social media platforms such as Facebook, St. John Neumann Parish and its representatives, and on the websites of any organizations visited during Service Week, and of the Diocese of Scranton;

(2) to waive, release, and forever discharge any and all claims that I/we may have with respect to the use of the photographs and/or videos in such publications and/or on such websites by St. John Neumann Parish and its representatives, and any organizations visited during Service Week, and of the Diocese of Scranton, and their respective agents, servants, employees, officers, trustees, administrators, and volunteers; and,

(3) to indemnify, hold harmless, protect, and defend St. John Neumann Parish and its representatives, and any organizations visited during Service Week, and of the Diocese of Scranton, and their respective agents, servants, employees, officers, trustees, administrators, and volunteers, from any and all claims, losses, liabilities, damages, suits,

finances, penalties, costs, and expenses, including reasonable attorney's fees, brought or incurred by or on behalf of any person whomever or entity whatsoever, arising out of or in any way connected with the use of such photographs or videos by any person or entity.

**OR**

☐ **We, the undersigned parent(s)/guardian(s), hereby DO NOT agree** to allow any photograph or video of my/our child to be displayed in the publications of or on the websites of, including social media platforms such as Facebook, St. John Neumann Parish and its representatives, or on the websites of any organizations visited during Service Week, or of the Diocese of Scranton.

Parent(s)/Guardian(s)  
signatures:

\_\_\_\_\_

Printed Parent(s)/  
Guardian(s) Name(s)

\_\_\_\_\_

Date(s):

\_\_\_\_\_

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### PARTICIPATION AGREEMENT

‘For I was hungry and you gave me food, I was thirsty and you gave me drink, a stranger and you welcomed me, naked and you clothed me, ill and you cared for me, in prison and you visited me.’ Then the righteous will answer him and say, *‘Lord, when did we see you hungry and feed you, or thirsty and give you drink? When did we see you a stranger and welcome you, or naked and clothe you? When did we see you ill or in prison, and visit you?’* And the king will say to them in reply, ‘Amen, I say to you, whatever you did for one of these least brothers of mine, you did for me.’

~ (Matthew 25:31-40)

“The Gospel takes away our right forever to discriminate between the ‘deserving’ and the ‘undeserving’ poor.”

~ (Dorothy Day)

I \_\_\_\_\_ wish to participate in St.  
Printed name of youth participant  
John Neumann’s Service Week. I know that during the week I will work as a part of a team to live the Gospel message by being present to those in need, many of whom are sick and poor. To accomplish this:

1. I promise to treat the members of the Service Week team, as well as the employees and volunteers of the places we visit, with respect and kindness;
2. Because each and every person is a child of God, which means that every person is deeply loved and tenderly cared for by God, I promise to treat the people I serve with the dignity and respect they deserve;
3. I promise to follow instructions given to me by my team leaders, and the leaders of the organizations which we visit during the week;
4. I will strive to see Christ present in the faces of all the people I meet during the week, and I will pray that God will grant them health, safety, and happiness.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature