

# Saint Anne Youth Ministry

## High School Summer Mission Trips 2016

~~Two~~ Appalachia Trips ~~—June 26–July 2, 2016~~ and July 23–July 30, 2016

*Register as soon as possible as space is limited*

Name \_\_\_\_\_ Male  Female

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Student E-Mail \_\_\_\_\_

School \_\_\_\_\_ Current Grade \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you a member of St. Anne? Yes  No

If not, what church do you belong to? \_\_\_\_\_

For which trip are you applying? ~~FULL!! Appalachia Folk Life — June 26–July 2~~   
Glenmary – July 23–July 30   
I can attend either one

T – Shirt Size (circle)    S    M    L    XL    XXL

### Mother/Female Guardian

### Father/Male Guardian

Name \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

**Return this form, along with the items listed below to  
Saint Anne Youth Ministry Office, 120 North Ela Street, Barrington, IL 60010,  
as soon as possible—space is limited!**

- Parent Permission Form
- Copy of insurance card (front and back)
- Participant Agreement
- Completed Essay- *Please explain in about 100 words, on a separate sheet, why you are applying to take part in this experience.*
- Supplemental Forms based on your choice of trip. *If you can do either trip, do not complete until trip has been assigned after interview.*
- Payment of \$400.00 made out to St. Anne Catholic Community  
*No refunds within 2 weeks of departure.*

### Questions?

Please contact Michael Hugo at 847.620.3073 or at [mhugo@stannebarrington.org](mailto:mhugo@stannebarrington.org) or  
Karen Poglitsch at 847-620-3072 or [kpoglitsch@stannebarrington.org](mailto:kpoglitsch@stannebarrington.org)

**Saint Anne Catholic Community**  
**Parent/Guardian Permission Form – Summer Mission Trips**

THIS FORM MUST BE COMPLETED FOR EVERY YOUTH PLANNING TO PARTICIPATE

I hereby give permission for my son/daughter \_\_\_\_\_ (child's full name) to participate in the summer service trips to Appalachia on June 26- July 2 and July 23-July 30, 2016 sponsored by SaintAnne. I understand that my child will be transported to the service trip site by van.

Appalachian South Folklife Center  
P.O. Box 10, Rocky Mount Road  
Pipestem, WV 25979  
Depart: 6/26/2016 at 5:45 a.m.  
Return: 7/2/2016 about 5 p.m.

The Glenmary Farm  
2925 Lower Kinney Road  
Vanceburg, KY 41179  
Depart: 7/23/2016 at 5:45 a.m.  
Return: 7/30/2016 between 4-6 p.m.

I hereby release and indemnify Saint Anne Catholic Community, The Archdiocese of Chicago, and The Office for Catechesis and Youth Ministry of the Archdiocese of Chicago, its staff and volunteers and the Catholic Bishop of Chicago, a corporate sole, from any and all liability arising from claims of any kind or nature whatsoever relating to my child's participation.

I understand that if my child violates any laws regarding possession of alcohol or drugs, or violates any rules governing the event, I will be called and notified of the situation and will be asked to arrange to have my child transported home immediately at my expense.

**PHOTO AUTHORIZATIONS**

I authorize Saint Anne to use unidentified photographs of my child in connection with this event.

**MEDICAL AUTHORIZATIONS**

In the event that the undersigned parent/guardian cannot be reached, and in the judgment of the responsible adults or other appropriate staff members accompanying the group, if 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.

**EMERGENCY CONTACT** In the event that the above parents(s)/guardian(s) cannot be reached

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

Relationship to Child \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**INSURANCE INFORMATION – PLEASE INCLUDE A COPY OF BOTH SIDES OF HEALTH INSURANCE CARD**

Policy in the Name of \_\_\_\_\_ Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ ID Number \_\_\_\_\_

**HEALTH INFORMATION**

Allergies \_\_\_\_\_

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

Additional Information \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Saint Anne Catholic Community**  
**Participant Agreement for High School Summer Mission Trips**

THIS FORM MUST BE COMPLETED PRIOR TO THE EVENT FOR EVERY YOUTH ATTENDING THIS RETREAT

In order to participate in the Saint Anne Catholic Community summer mission Appalachia trips on June 26-July 2 and July 23-July 30, 2016 I \_\_\_\_\_ (participant's full name) agree to abide by the Rules of Behavior as stated below. I understand that if I choose to break any of these rules or engage in behavior that is detrimental to the trip or to any of the participants, I will bear full responsibility for the consequences of my actions.

**Rules of Behavior**

- I will attend all scheduled activities
- I will not smoke
- I will not engage in the use of alcohol or drugs or have them in my possession
- I will treat all staff, chaperones and fellow retreatants with respect at all times
- I will treat the facilities and grounds with respect at all times
- I will abide by any and all additional rules expressed by the chaperones or facility staff

**Consequences of Not Abiding by the Rules**

- Participant will be given the opportunity to correct their behavior
- If illegal substances are involved, and depending on the circumstances, any or all of the following may occur:
  - Participants may be given the opportunity to forfeit any contraband anonymously
  - Belongings and rooms of all participants may be searched
  - Police may be called
- If the problem persists, the participant will be removed from the event and parents will be contacted to transport their child home immediately at their expense.

Participant Printed Name \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

I understand that if my child violates any laws regarding possession of alcohol or drugs, or violates any rules governing the event, I will be called and notified of the situation and will be asked to arrange to transport my child home immediately at my expense. I understand that I am responsible for any damages that may occur as a result of the actions of the subject of this agreement and that neither Saint Anne nor any of its agents will be held liable.

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_