

# Altar Server Congress 2019

Carpathian Village

Cresco, Pa

July 21-24, 2019

## Chaperone Registration Form

*This form must be filled out completely and signed in order to participate in the Congress.*

*Thank you. Please print legibly.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_/\_\_/\_\_\_\_ Male: ( ) Female: ( )

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Parish Name/City & State: \_\_\_\_\_

Pastor: \_\_\_\_\_

### **Registration Deadline:**

**July 12, 2019**

### **Mail, fax or email completed forms to:**

**ATTN: ALTAR SERVER CONGRESS**

**Fax: 973-890-7175**

**Mail: 445 LACKAWANNA AVENUE**

**WOODLAND PARK, NJ 07424**

**Email: [passaicservercongress@gmail.com](mailto:passaicservercongress@gmail.com)**

## **ACTIVITY RELEASE**

I fully release, discharge and waive any claims or right of actions which I have or might have later have arising from any negligent acts or omissions of the Eparchy of Passaic, any of its employees, agents and all affiliated individuals arising out of any activity associated with the Congress. I agree to indemnify and hold harmless the Eparchy of Passaic, any of its employees, agents and all affiliated individuals for damage based on negligence of the Eparchy of Passaic, any of its employees, agents or all affiliated individuals arising out of any incident during the Congress, and that the aforementioned persons cannot be held responsible for any social media incident that occurs during the Congress. All photography and videography are the property of and will be for Altar Server Congress promotional use ONLY. By signing this form you give permission for pictures and videos of for this Altar Server Congress promotional use.

## **CHAPERONE SAFE ENVIRONMENT INFORMATION AND APPROVAL**

In accordance with the Safe Environment Policy mandated by the U.S. Catholic bishops, ALL Congress chaperones must be approved and cleared by their respective Eparchy. A Letter of Approval from the Safe Environment Office of the Eparchy IS REQUIRED. The Congress Directors may also require a copy of the cleared Background Check Form before registration is accepted and attendance permitted. All chaperones participating in the Congress are expected to attend all events, follow all rules of conduct and assist in overseeing the activities of the teens. A chaperone training will be provided.

\*Chaperone space is limited. Acceptance of chaperone registration is at the discretion of the Congress Directors.

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*Chaperone Signature*

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*Date*

# Altar Server Congress 2019

## Confidential Medical History And Authorization Form

*This form MUST be filled out completely and signed in order to participate in the Congress. Thank you.  
Information on this form is confidential and will be destroyed after the Congress. Please print legibly.*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Incase of an emergency, please notify:

Name(s) \_\_\_\_\_

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

### Physician Information:

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**Health Insurance Information: Please include a copy (front and back) of your medical insurance card, prescription card and dental card. These are required if emergency care is needed.**

### MEDICAL RELEASE

In the event I am unable to do so at the time of the emergency, I hereby give permission to the health personnel to perform routine tests and treatment for my health. In the event of an emergency or other acute event where time will not allow my designated contact person to be reached, I hereby give permission for the health personnel to secure necessary consultative care for me, including hospitalization, anesthesia, surgery and other medical treatment. I hereby give permission for any health personnel to view my medical history so I may be treated as necessary. I hereby agree to accept any financial responsibility for any and all medical attention necessary.

SIGNATURE OF CHAPERONE \_\_\_\_\_ DATE \_\_\_\_\_

**Please fill out this form COMPLETELY so you can be treated properly.**

(1) Medical History (please circle yes/no):

ADD/ADHD	yes	no	
Allergies	yes	no	If yes complete (2) below.
Asthma	yes	no	
Autism Spectrum Disorder	yes	no	
Bipolar/Depression	yes	no	
Bleeding/Clotting Disorder	yes	no	
Convulsions/Epilepsy	yes	no	
Diabetes/Low Blood Sugar	yes	no	
Emotional Disorder	yes	no	
Heart Disease	yes	no	
High Blood Pressure	yes	no	
Migraines	yes	no	
Mobility Disability	yes	no	
Other _____			

**If “yes” to any of the above, please give any special information here:**

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**(2) Allergies (please circle yes/no):**

Penicillin or Other Antibiotics/Medications    yes    no

If yes please specify \_\_\_\_\_

Insect Bites/Stings            yes    no

Environmental                yes    no

Dietary                        yes    no    If yes, circle all that apply:

Gluten / Tree Nuts / Peanuts / Soy / Lactose Intolerant / Shellfish

Other (Specify) \_\_\_\_\_

Is an epipen required to be carried?            Yes    no

**If “yes” to any of the above, please explain the reaction:**

**(3) Medications:**

Please list all medications to be taken (including inhalers and non-prescription medications). Medications brought must be in the original prescription packaging and dispensed by health personnel. List all medications:

**(4) Additional Information/Permissions:**

Blood type (if known): \_\_\_\_\_

Tetanus Vaccination-Date received if applicable: \_\_\_\_\_

Do you give your permission to receive a tetanus vaccination if in need of medical care (circle choice)?                      Yes    no