



# St. George Trek 2017 Application

Please send applications to:  
Diocese of Richmond Catholic Scouting  
Office for Evangelization  
7800 Carousel Lane  
Richmond, VA 23294

## Diocese of Richmond Application and Release Form

### YOUTH INFORMATION

Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

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

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

Parish Name: \_\_\_\_\_ City: \_\_\_\_\_

Gender: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

### PARENT / GUARDIAN INFORMATION

Name: \_\_\_\_\_ (Father) \_\_\_\_\_ (Mother)

Cell Phone: \_\_\_\_\_ (Father) \_\_\_\_\_ (Mother)

Email: \_\_\_\_\_ (Father) \_\_\_\_\_ (Mother)

### EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_

Contact Number \_\_\_\_\_

Relationship to Child \_\_\_\_\_

### INVOLVEMENT

Why do you want to go on the St. George Trek?	Answer:
How are you involved in your parish?	Answer:
Share about previous extended back packing experience	How many miles? _____ Explanation:
Are you in a Boy Scout troop or Venture Crew? <input type="checkbox"/> YES <input type="checkbox"/> NO	Please tell us what troop or crew you are a part of and where?

## Medical Information and Release Form

*All information is kept private and confidential.*

Name of Participant: \_\_\_\_\_

### MEDICAL INFORMATION

*In many cases, our retreat team is not familiar with the medical, physical, and/or emotional history of each participant. Since this participant will be participating in a weekend retreat, it is essential that ANY information relating to the participant is shared in detail. BE AS SPECIFIC AS POSSIBLE.*

Is the participant allergic to anything?	List any details of allergies below (this may include food allergies, allergies to specific medications or chemicals, allergies to any substances):
Is the participant currently taking or has taken any prescription medication in the last 6 months? <input type="checkbox"/> YES <input type="checkbox"/> NO	List the specific prescription medications, reasons for medication, and daily dosage. Indicate if the medication is currently being administered.
Does the participant have any physical or emotional conditions? <input type="checkbox"/> YES <input type="checkbox"/> NO	List any physical or emotional conditions that may impede participation in the weekend. This may include counseling, treatment for emotional conditions (i.e. depression, eating disorders), and/or family situations that may have a significant impact on the participant.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Participant meets the height weight requirement.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Participant is mentally, developmentally and emotionally fit for the trek.

### RELEASE OF LIABILITY AND MEDICAL RELEASE

*As parent and/or legal guardian I remain legally responsible for any personal actions taken by the above named minor. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Catholic Diocese of Richmond, 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 Diocese, its employees and agents and chaperons, or representatives 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 Diocese.*

*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. In the event of any 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, if you are unable to reach me at the above numbers I give permission for the noted emergency contact to be notified. I will not hold the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.*

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

### USE OF PICTURES AND/OR VIDEO

*I give permission for pictures and/or video of my child (named above) engaged in activities related to any Diocesan retreat to have their pictures posted in the Diocese of Richmond publications or websites. Names of participants **will not** be used without expressed permission from the parent or guardian. If no box is checked below, the Diocese of Richmond assumes you give permission.*

YES    NO   Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_