



Catholic Diocese of Richmond

Summer Work Camp

Work Camp Registration Form

Please complete the registration form and return it to your parish contact for Work Camp.

ADULT PARTICIPANT INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Parish Name: _____ City: _____

Gender: _____ Birthday: _____ Adult T-Shirt Size: _____

Please check if applicable: Vegetarian Vegan Other _____

SAFE ENVIRONMENT

All adults who participate in a youth event sponsored by the Office of Youth Ministry must be in compliance with the Diocesan Safe Environment Policies. Please indicate that you have completed each component listed below:

- Yes No Child Protective Services Criminal Background Check (completed every 5 years)
- Yes No Volunteer Select (completed every 5 years)
- Yes No VIRTUS Training (completed once)

Print your entire legal name: _____

ADULT PARTICIPANT SKILLS AND EXPERIENCE

There is no need to be experienced with home improvement to be an adult participant at Work Camp. However, if you have any home improvement skills and experience (formal or informal), please list below.

Example: Painting – have painted several interior spaces
 Familiar with basic tools such as hammers, screwdrivers, sanders, and ladders
 I'm a retired plumber

Experience: _____

EMERGENCY CONTACT INFORMATION

Name _____

Contact Number _____

Relationship to Participant _____



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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?

YES NO

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?

YES 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?

YES NO

List any physical or emotional conditions that may impede participation in the week. 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.

Has the participant received a tetanus shot

YES NO

List the date of the last tetanus shot:

RELEASE OF LIABILITY AND MEDICAL RELEASE

I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend the Catholic Diocese of Richmond, its officers, directors, agents employees, or representatives associated with this event from any and all liability, loss or damage arising from or in connection with my participation in this diocesan event.

Furthermore, I hereby warrant that to the best of my knowledge, I am in good health and assume all responsibility for my health. In the event of an emergency, I hereby give permission to transport me to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor or that my emergency contact be notified prior to any further treatment. I will not hold the Diocese of Richmond responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

Participant 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 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 Participant Signature: _____ Date: _____