



Catholic Diocese of Richmond

Summer Work Camp

ADULT CHAPERONE Registration Form – Work Camp 2021

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

ADULT PARTICIPANT INFORMATION

Name: _____ First Name for Nametag: _____
Address: _____
City/State/Zip: _____
Home Phone: _____
Cell Phone: _____
Email: _____
Parish Name: _____ City: _____
Gender: _____ Birthday: _____ Adult T-Shirt Size: _____

SAFE ENVIRONMENT

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

☐ Yes ☐ No Screening One (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 community service 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
Volunteered at a soup kitchen

Experience: _____

EMERGENCY CONTACT INFORMATION

Name _____
Contact Number _____
Relationship to Participant _____



Catholic Diocese of Richmond

Summer Work Camp

Medical Information and Release Form

All information is kept private and confidential

Name of Participant: _____

MEDICAL INFORMATION

*In many cases, our Work Camp team is not familiar with the medical, physical, and/or emotional history of each participant. It is essential that **ANY** information relating to the participant is shared in detail. BE AS SPECIFIC AS POSSIBLE.*

Does the participant have any dietary restrictions?

☐ YES ☐ NO

Select any restrictions that apply to this participant:

☐ **Gluten-free** ☐ **Peanut-free** ☐ **Vegetarian**

List any other dietary restrictions (i.e. food allergies, etc.)

Is the participant allergic to anything?

☐ YES ☐ NO

List any details of allergies below (this may include allergies to specific medications or chemicals, allergies to any substances, etc.):

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 emotional, physical or sensory conditions?

☐ YES ☐ NO

List any **emotional** conditions that may impede participation in the event. 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.

List any **physical and/or sensory conditions** of which we should be aware or of which need special accommodations (e.g. hearing loss, visual impairment, mobility).

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 or my parish responsible for authorizing any medical treatment beyond necessary transportation to the hospital.

I hereby give my consent to allow my child to participate virtually via Zoom should circumstances surrounding the COVID-19 pandemic dictate that such means of participation are in the best interests of all concerned.

Participant Signature: _____ Date: _____

USE OF PICTURES AND/OR VIDEO

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

☐ YES ☐ NO Participant Signature: _____ Date: _____



Catholic Diocese of Richmond

Summer Work Camp

ADULT CHAPERONE CODE OF CONDUCT

Adult Chaperones must read, understand, agree, sign and return this sheet. Each participant is expected to adhere to the following principles while participating at their parish for Diocesan Work Camp.

ALCOHOL, DRUGS, AND SMOKING

- ✓ Possession and/or consumption of alcohol or drugs are not permitted during Work Camp.
- ✓ Adults who choose to smoke must smoke out of sight of youth participants.

APPROPRIATE DRESS

- ✓ All participants are expected to dress in a fashion that is modest and appropriate for the work at hand.
- ✓ Clothing must cover undergarments, shoulders, and midribs. All participants must wear shirts at all times during Work Camp.
- ✓ Chaperones are asked to help the Youth Minister/Group Leader uphold the dress code during Work Camp.

PARTICIPATION

- ✓ It is expected that Adult Chaperones will be present and participate at all activities during Work Camp unless previously arranged with their parish Youth Minister/Group Leader.
- ✓ Adult Chaperones may be asked to drive during Work Camp, as arranged with their parish Youth Minister/Group Leader. Adult Chaperones should never drive one-on-one with a teenager.
- ✓ Only registered Adult Chaperones and Volunteers over the age of 21 are permitted as drivers during Work Camp.
- ✓ Anyone participating in Work Camp MUST be officially registered with the Office for Evangelization.

OTHER CONSIDERATIONS

- ✓ All current Diocesan Safe Environment guidelines should be followed.
- ✓ It is expected that youth and adults will follow the direction of their parish Youth Minister/Group Leader. If any discipline problems or concerns arise, the first person to communicate with is the parish Youth Minister/Group Leader.
- ✓ The parish Youth Minister/Group Leader has the authority to dismiss any youth or adult from participating in Work Camp.

I have read, understand, and agree to the above principles. Any violation of the above principles may result in my parish dismissing me from Diocesan Work Camp for the day or for the entirety of the week, including me forfeiting my registration fee.

Signature: _____

Date: _____

Printed Name: _____

Parish: _____