

**“Beyond the Walls”
Marlborough Area Youth Summer Service Weekend
Parent/Guardian Consent Form/Liability Waiver**

Youth Participant’s Name: _____ **Birthdate:** _____ **Age:** _____

Address: _____

Phone: (Home) _____ **(Cell):** _____ **E mail:** _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone: _____ **Email:** _____

What: Marlborough Area Youth Summer Service Weekend

When: Wednesday, July 17th – Barbeque Kick-off at Lake from 6:00PM-8:00PM

Friday, July 19th – Sunday, July 21st 2019 (Work days from 8:00AM-5:00PM)

Saturday, July 20th – 5:00PM Pizza Social at St. John Fisher (following 4:00 Mass)

Sunday, July 21st – Ice cream Social at Lake from 4:00PM-5:00PM

Mode of Transportation: Driven by volunteers (locally in the town of Marlborough)

Cost: \$20 per participant; \$50 family cap (cash or check made out to the church)

While youth are responsible for his/her own behavior, as parents and/or legal guardian, I remain legally liable for any actions or damages made by the above named minor. I am aware that I will be called if my youth breaks any of the rules and has to be sent home. I agree on behalf of myself, my youth herein, our heirs, successors, and assigns to hold harmless and defend The Congregational Church of Marlborough, its officers, directors, agents, employees, representatives associated with this event from any and all liability claims, loss or damage arising from or in connection with my youth attending this event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate The Congregational Church of Marlborough, its officers, directors, agents, employees, or representatives associated with the event for reasonable attorney fees and expenses arising in connection therewith.

I hereby warrant that to the best of my knowledge, my youth is in good health and I assume all responsibility for his/her health. In the event of an emergency and I can not be reached, I hereby give permission to transport my youth to a hospital or medical facility and to seek medical attention. I give permission for the administration of non-prescription medication, aspirin, Motrin, Advil, Tylenol, throat lozenges or cough syrup – if deemed appropriate and if the situation is not life-threatening.

I also understand that my child may be photographed for future publicity highlighting this event.

Emergency Contact: _____	Phone: _____
Hospital Preference: _____	Town: _____
Doctor: _____	Phone: _____
Insurance Company: _____	Employer: _____
Subscribers Name: _____	Member ID #: _____
Date of Last Tetanus Shot: _____	
Medications currently taking (name and dosage): _____	
Allergies: (medication, food, plants, insects) _____	
Other special medical/physical/mental/emotional needs to be aware of: _____ _____	

Parent/Guardian Printed Name: _____

Signature: _____ **Date:** _____

Youth Signature: _____ **I agree to abide by participant expectations & code of behavior**

**“Beyond the Walls”
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Youth and Adult Volunteer Registration**

Name: _____

Address: _____

Phone #: _____ email: _____

Please circle one: MCC Member SJF Parishioner Other

If a youth:

Grade in the Fall: _____ DOB: _____ Age: _____

Mother/Guardian’s Name: _____ Cell Phone: _____

Father/Guardian’s Name: _____ Cell Phone: _____

Best email address for information/contact: _____

Emergency Contact: _____ phone #: _____

T shirt size: Adult S M L XL XXL XXXL Child S M L

Lunch choice (lunch includes sandwich, chips, fruit, water, dessert):

	PB&J	turkey	ham
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

List any experience you have with carpentry, home repair, painting, yard or outside work, etc:

List any skills you would like to learn:

Anything else we should know about you? Requests?

Cost: \$20 per participant/\$50 cap per family (includes T shirt and lunches)

Please make checks payable to participant’s church of worship:
St. John Fisher or Marlborough Congregational Church (MCC)

REGISTRATION DUE BY: JUNE 15, 2019

Please return completed form and payment to the church office

At MCC, attention to: Deb Lynch At SJF, attention to: Barbara Meyer or Jen O’Neill
