

**Ascension Youth Ministry
Service Trip Application Form - Teen**

Parent(s) Name(s): _____

Dad Cell Phone: (____) _____ Mom Cell Phone: (____) _____

Parent(s) Email(s): _____

School: _____ Graduation Year: _____

Teen Cell Phone: (____) _____ E-Mail: _____

In effort to better communicate with you and your teens, we would like to give you the opportunity to opt-out to different forms of electronic messages. Please designate how we may communicate with you and your teens.

I **do not** give permission to communicate with my child in the following ways:

- | | |
|---|--|
| <input type="checkbox"/> Email | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Cell Phone Calls | <input type="checkbox"/> Text Messages |

I **do not** give permission to communicate with me in the following ways:

- | | |
|---|--|
| <input type="checkbox"/> Email | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Cell Phone Calls | <input type="checkbox"/> Text Messages |

Pertinent information about allergies, health problems, and present medication which your child may be taking and any other information that will enable the adult leaders to obtain safe medical treatment for your teen:

I request that my daughter/son _____ be allowed to participate in _____ program at Ascension from 11/2011 – 7/2012. I understand adults will adequately supervise the teens in all activities. I accept full responsibility for any property damage or bodily injury which results from the failure of my daughter/son to follow instructions of the adults supervising. I give permission for any video or photos taken of my son/daughter to be used for promotional purposes for Ascension Youth Ministry. I hereby release and indemnify Ascension Parish and the Archdiocese of Chicago, staff and volunteers, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program. In the event of an emergency, I give my permission for emergency transportation and medical treatment.

_____/_____
(Signature of Parent/Guardian) (date)

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Youth Participation Covenant

By registering for this service trip, I promise to participate in:

- Formation Meetings: Formation meetings provide an opportunity to prepare for the experience, to educate, and to build community. I will attend and participate appropriately in all formation meetings during the course of this year. If I am unable to attend a meeting, I will contact the Director of Youth Ministry, in advance, and I understand that there will be consequences.
- Fundraising: I will participate in all fundraising activities to which I sign up for. I understand that I will not receive credit for a fundraiser that I do not fully participate in.
- Cancellation/Refund: A refund of the deposit will only be made if an alternate participant is found and at the discretion of the Director of Youth Ministry.
- Local Service Project: I will spend one day performing a local service project. The Service Project Leader and/or the Director of Youth Ministry will coordinate the project.
- Financial Commitment: I will pay a total of \$100 due with the application. I understand that I will be responsible for the remaining balance after fundraisers that must be paid by June 1st.
- Expectations: I agree to follow all rules and expectations of the program and the direction of the adult leaders.
- Consequences: I understand that if I do not fulfill the requirements listed above, or make other arrangements with the Director of Youth Ministry, I will be given a warning followed by possible removal from the trip. **Teen Initial Here:** _____

Teen Signature: _____

I have read this Covenant and understand my child's responsibilities in preparing for and participating in ASP. I request that my child be allowed to register for the

_____ trip for the summer of 2012.

Parent/Guardian: _____

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Please write a reflection on why you want to participate in this service trip including your skills and talents, availability with other commitments, past experience and relation to your faith.