

A CALL TO SERVICE — 2012 LIABILITY & MEDICAL RELEASE FORM

Youth participant's name: _____ Date of Birth: _____
Address: _____ Current Grade: _____
City: _____ State: _____ Zip: _____ Phone: (____) _____

Parent/Guardian: Please carefully read and completely fill in the following:

I give permission to my above-named child in ACTS from July 31-August 3. I understand that my child acts independently and may get hurt. I release the following from any liability in the event of an accident or injury en route to, doing and/or returning from this activity: ACTS, all sponsoring churches, all staff persons connected within, and all adult leaders and chaperones.

In the event of an emergency, I understand that every effort will be made to contact me. In the event that neither I, nor the emergency contact person listed below, can be reached, I hereby give permission for ACTS directors or adult leaders/chaperones to act in my behalf in seeking Basic First Aid or immediate Emergency Medical Treatment for my child at the nearest medical facility, in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I understand that I will be notified, as soon as possible, about any medical concern. I absolve ACTS, the program directors and staff, the sponsoring churches and the adult leaders/chaperones from liability in acting on my behalf in this regard.

Basic first aid may include: Tylenol, Advil, Benadryl, Dramamine, Antacids, or Topical itch/sunburn, scratch, abrasion medication. Emergency medical treatment may include: to select a physician, to obtain medical records related to those items listed above, to hospitalize, to secure proper treatment for, and to order injection, anesthesia or surgery for my child listed above.

I understand that I and/or my insurance company are responsible for medical expenses incurred. I agree to notify ACTS, in writing, of any health information that would restrict my child's participation in this youth activity. I also understand that the adult supervisors reserve the right to restrict my child from any liability they do not feel is within the physical or mental capabilities of my child.

Signature of Parent/Guardian _____ Date _____

Home Phone: (____) _____ Work: (____) _____ Cell: (____) _____

Family Physician: _____ Physician Phone: (____) _____

Additional comments regarding current medications (reason, name, dosage), medical history, mental health information, any allergies, reactions to medications, special diets, etc. which may be needed in any treatment.

Medical Insurance Provider Name: _____ Policy #: _____

Policy holder: _____ Group Number (if applicable): _____

Insurance Company Address _____

Emergency Contact: (Relative, Neighbor, Friend) in case parents cannot be reached during an emergency

Name _____ Home Phone (____) _____

Address: _____ Work Phone: (____) _____

City State: _____ Zip _____ Cell Phone: (____) _____

THIS FORM MUST BE COMPLETED PRIOR TO PARTICIPATION IN ACTS 2012



ACTS 2012

July 31-August 3

A Call to Service for
Middle and High School Youth.

BON AIR PRESBYTERIAN CHURCH

9201 W. Huguenot Rd.

Richmond, VA 23235

804-272-7514

ACTS 2012 APPLICATION

(adult leaders(s) and teens)

Name _____ Grade _____
Address _____
City _____ State _____ Zip _____
Email address _____
Phone (_____) _____
Parent's Name _____
Church _____
T-shirt size: XS S M L XL XXL

Have you done any volunteer work or Christian service in the past? If yes, please describe:

What were your feelings/reflections/thoughts before, during and after this/these experiences?

Rank these areas of service from 1-7, with 1 being the area which you are most interested:

_____ Child Care _____ Visiting the sick
_____ People with disabilities _____ Elderly
_____ Feeding the hungry _____ Emergency Shelters
_____ Job Training Programs

What gifts, skills, and abilities do you have which might be helpful during the "A Call to Service—Richmond" experience?

What concerns/anxieties do you have about this experience?

Why would you chose to take part in this experience:

LEADERSHIP



Lyndsey McCall
lyndseym@pbyjames.org
Youth Ministry Coordinator



Shawn Thomas Smith
Bon Air Presbyterian
Church

MISSION

ACTS (A Call To Service) Richmond exists to bring awareness of local mission and service opportunities in the City of Richmond and its surrounding area. It also works to provide a fellowship opportunity for your to form bonds with other churches and other youth their age.

NOTES

Adult Youth Leaders: there is a 1/6 ratio for adults to youth. Please plan accordingly to gender and number. Participating adults will be asked to be small group leaders. Also, DRIVERS are need to drive to and from service sites. Please ask available parents if they are willing to drive.



**Tuesday, July 31 thru
Friday, August 3, 2012**

BON AIR PRESBYTERIAN CHURCH

9201 W. Huguenot Rd.
Richmond, VA 23235

\$125.00 per youth,
includes: ACTS T-shirt,
Food, event, activity costs,
travel & operations.

Mail completed form with payment by

June 1, 2012—to:

Lyndsey McCall
Presbytery of the James
3218 Chamberlayne Ave.
Richmond, VA 23227