



Adult Volunteer Registration Form

High SEAS Treasure Hunt

August 4, 2010

DATE: _____

NAME: _____
Last Name First Name

ADDRESS: _____

CITY: _____ ZIP CODE: _____ HM PHONE: _____

CELL PHONE #: _____ EMAIL: _____

Please complete EMERGENCY CONTACT/MEDICAL form on pg 2 of this document!

I WOULD LIKE TO VOLUNTEER TO HELP WITH:

Group Leaders lead the children on the hunt and direct the different activities.

____ Morning Early Elementary Program (preschool - entering 1st grade)

____ Afternoon Older Elementary Program (entering 2nd - completed 5th grade)

I can help in Nursery during the following time

Nursery (0-17 months): morning _____ or afternoon _____

Nursery (18-36 months) morning _____ or afternoon _____

Signature of Volunteer

I NEED NURSERY SERVICES:

____ Nursery (0-17 months) child's name _____ DOB _____

____ Nursery (18-36 months) child's name _____ DOB _____

*** NOTE: This is not a registration form for your children.
You will still need to complete the registration form for your child(ren).**

HSTH Assignment: _____ Postcard Sent: _____ Reg ID #: _____

Please complete the Adult Volunteer and Emergency Contact/Medical Form on page 2.

Adult Emergency Contact and Medical Form

St. Elizabeth Ann Seton Treasure Hunt

August 4, 2010

Adult: _____
Last Name First Name

Children in Hunt ___ No ___ Yes: Grades _____ - _____

In case of Emergency please contact:

Contact 1: _____
Last Name First Name

Relationship: _____

Home #: _____ Email: _____

Cell #: _____ Work #: _____

Contact 2: _____
Last Name First Name

Relationship: _____

Home #: _____ Email: _____

Cell #: _____ Work #: _____

Medical Insurer _____

Policy # _____ Group # _____

Medical Conditions _____

Allergies _____ Drug Allergies _____ Asthma _____

Current Medications _____

Waiver/Authorization for Emergency Treatment

I understand all reasonable precautions will be taken to keep me safe during this event. I will not hold St. Elizabeth Ann Seton Parish, members of their staff or their volunteers responsible for accidental harm or injury that may occur during this event. I, who by law may do so, authorize the administration of emergency medical treatment to she/he who is subject of the form. I understand that, in the event medical intervention is needed, every attempt will be made to contact the person(s) above immediately.

Volunteer's Signature _____ **Date** _____