



Teen Volunteer Registration Form

HIGH SEAS Treasure Hunt

August 4, 2010

DATE: _____

NAME: _____
Last Name
First Name
Nickname

ADDRESS: _____

CITY: _____ ZIP CODE: _____ HM PHONE: _____

CELL PHONE #: _____ EMAIL: _____

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

Grade You WILL Attend in 2010/2011 School Year: _____

I WOULD LIKE TO VOLUNTEER TO HELP WITH: (pick one)

1. Teen Group Helper will accompany the groups to the different stations and assist with the activity.

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

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

2. I can help in Nursery during the following time:

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

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

I will attend the informational meeting and commit to being here the time I have signed up for.

 Signature of Teen Aide Volunteer

For Office Use Only:

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

Teen Aide Emergency Contact and Medical Form

HIGH SEAS Treasure Hunt

Aug. 4, 2010

Teen: _____
Last Name First Name

Parent 1: _____
Last Name First Name

Parent's Home #: _____ Email: _____
Cell #: _____ Work #: _____

Parent 2: _____
Last Name First Name

Parent's Home #: _____ Email: _____
Cell #: _____ Work #: _____

Medical Insurer _____

Policy # _____ Group # _____

Medical Conditions _____

Allergies _____ Drug Allergies _____ Asthma _____

Current Medications _____

Waiver/Authorization for Emergency Treatment

I, hereby authorize my child to participate in High SEAS Treasure Hunt August 4, 2010, at St. Elizabeth Ann Seton Parish of Plano, TX. I understand all reasonable precautions will be taken to keep my child 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.

Parent Signature is required _____ **Date** _____