

St. Matthew Emmaus XIII
“We Are His Hands”
February 8 – 10, 2002

CANDIDATE APPLICATION

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Date Of Birth _____

Sex: M _____ F _____ Parish _____ Town _____

Sponsor's Name _____ Sponsor's Phone _____

Medical Or Dietary Restrictions: Yes _____ No _____

If 'Yes', Please Explain _____

School: _____ Grade _____

Father's Name _____ Father's Address _____

City _____ State _____ Zip Code _____

Mother's Name _____ Mother's Address _____

City _____ State _____ Zip Code _____

Person to contact in case of emergency other than parents:

Name _____ Relationship _____

Phone _____

I understand that Emmaus is a Catholic experience with Catholic liturgies and sacraments.

Candidate's Signature _____

Parents: I agree to attend a meeting held before the weekend to explain the dynamics of the weekend.

Parent's Signature _____

Please make check for **\$50.00** payable to **St. Matthew Emmaus** and mail to:

Jim and Donna Forcier
11 Frances Avenue
Norwalk, CT 06854

LIABILITY RELEASE FORM

Name of Activity: St. Matthew Emmaus Community Emmaus XIII Retreat
Location: All Saints Catholic School, Norwalk, CT
Dates of Retreat: February 8-10, 2002

The undersigned do hereby release, forever discharge and agree to hold harmless the St. Matthew Emmaus Community, St. Matthew Church, and the Diocese of Bridgeport from and against, any and all liability, claims, demands, lawsuits, and expenses of any kind arising from personal injury, sickness, death, or property damage of any kind whatsoever which may be incurred or suffered by the undersigned and/or the participant (if the participant is 18 years or younger).

Furthermore, the undersigned hereby assume all risk of personal injury, sickness, death, damage and expense arising from the undersigned's or participant's activities including recreation and work activities involved in the retreat. Further, authorization is hereby given to furnish all necessary transportation, food, and lodging for the undersigned or participant (if the participant is 18 years or younger).

The undersigned hereby agree to indemnify and hold St. Matthew Emmaus Community, and its respective members, Executive Board, Officers, employees, and agents (collectively, the "indemnities") harmless from and against any and all claims, demands, actions, lawsuits, and liabilities, including attorney's fees and expenses sustained by the indemnities as a result of negligent, willful, or intentional acts of the undersigned and/or the participant (if the participant is 18 years or younger).

If the participant is under 18 years of age: We (I), the parent(s) or legal guardian(s) of the participant, do hereby grant permission for our (my) child to participate fully in the aforementioned retreat and all of its activities and hereby give permission to St. Matthew Emmaus Community to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery and, we (I) fully and completely assume responsibility for all medical bills, including medical transport.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary actions, or otherwise, we (I) assume all responsibility and transportation costs.

For youth under 18 years of age, both parents, custodial parent(s), or legal guardian(s) must sign. If participant is 18 or over, the participant must sign his or her own form.

Name (printed) _____ Age _____ Sex _____

Signature (over 18) _____

Parent(s) or Legal Guardian(s) Signature _____ Date _____

Signature _____ Date _____

Address _____

City, State, Zip _____

Birth date _____ Phone # _____

ST. MATTHEW PERMISSION & MEDICAL RELEASE FOR MINORS

I HEREBY, GIVE MY SON/DAUGHTER _____ SEX: _____

(ANYONE UNDER 18 YEARS OF AGE)

ADDRESS: _____

BIRTH DATE: _____ AGE: _____ SOCIAL SECURITY # _____

HOME PHONE# (____) _____ PARENT/GUARDIAN: (____) _____

CHURCH YOU BELONG TO: _____ WEEKEND YOU MADE: _____

MOTHER:: _____ ADDRESS: _____ PHONE# _____

FATHER: _____ ADDRESS: _____ PHONE# _____

MOTHERS WORK PHONE # (____) _____ FATHERS WORK PHONE# (____) _____

TWO EMERGENCY PHONE # (____) _____ (____) _____

NAME & RELATIONSHIP TO MINOR: _____

PERSONAL PHYSICIANS NAME _____ PHONE# _____

PHYSICIANS ADDRESS: _____

MEDICATIONS I CANNOT TAKE:
: _____

MEDICATIONS I AM PRESENTLY
TAKING: _____

ALLERGIES, SPECIAL HEALTH PROBLEMS: _____

RESPONSIBLE PARTY'S EMPLOYER: _____ PHONE # _____

INSURANCE COMPANY: _____ POLICY # _____

ADDRESS: _____

NAME OF INSURED: _____

I UNDERSTAND THAT ST. MATTHEW EMMAUS/P.I.E. DOES NOT CARRY ACCIDENT OR MEDICAL INSURANCE ON PARTICIPANTS. I AGREE THAT MY INSURANCE COMPANY WILL BE USED FOR SUCH MEDICAL CARE AND I AM AWARE THAT I MAY BE BILLED BY THE MEDICAL PROVIDER FOR ANY MEDICAL TREATMENT NOT COVERED BY MY INSURANCE.

I UNDERSTAND THAT THERE IS A ZERO TOLERANCE OF ANY TYPE OF DRUG OR ALCOHOL AT THIS EVENT. IF MY SON/DAUGHTER BEHAVE INAPPROPRIATELY, I WILL BE CALLED AND I AGREE TO COME AND GET HIM/HER IMMEDIATELY

SHOULD AN EMERGENCY ARISE AND TREATMENT BECOME NECESSARY,
I HERE BY GIVE MY PERMISSION FOR MY CHILD TO BE TREATED.

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____