



Diocese of Metuchen  
**Volunteer/Adult (21+) Registration Form  
For Off-Site Events**



One form must be completed for *each* Adult/Volunteer

**Activity:** \_\_\_\_\_ **Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE PRINT CLEARLY**

Parish Town: \_\_\_\_\_ Parish Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Best Phone to Reach during the Event: \_\_\_\_\_

**Medical Information**

Your Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Significant Medical History: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy & Group Number: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Conditions to be aware of:

(Circle) Seizures, Asthma, Migraines, and Diabetic Other: \_\_\_\_\_

Allergies: Peanut, Latex, Dyes, Other: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

List all current medications & reason: \_\_\_\_\_

List Dietary Restrictions: \_\_\_\_\_

Are immunizations up to date? Yes No Date last tetanus shot: \_\_\_\_\_

Location and Date of Virtus: Protecting God's Children Training: \_\_\_\_\_

**Attach a copy of your Virtus Certification**

Kidsafe Record Checks: ID Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a copy of your KidSafe ID Card or**

Sagem Morpho Verification: \_\_\_\_\_

*For International Travel Only:*

Exact Passport Name: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Passport Number: \_\_\_\_\_ Date Expires: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Make checks payable to** \_\_\_\_\_. Do not send cash in the mail. Registration will not be accepted without a completed registration form and payment! Notary required **only** if out of state activity.

For additional information contact: \_\_\_\_\_.

Parish Youth Minister: \_\_\_\_\_ Youth Minister Cell During Activity: \_\_\_\_\_.



Diocese of Metuchen  
**Volunteer/Adult (21+) Registration Form**  
**For Off-Site Events**



**Please read carefully and sign below.**

I, \_\_\_\_\_, freely consent to my participation in the activity described above and I consent to the mode of transportation indicated.

I specifically waive and release any and all claims of any nature which I may have now or in the future against the above named parish and/or school, the Diocese of Metuchen, their representatives, employees, agents and assigns (including, but not limited to, staff and adult supervisors) arising out of, related to, or connected in any way with the above described activity including, but not limited to, claims that may be derived from any accident or injury sustained by me or damages or loss to property in route to, during, and/or returning from the activity.

**AUTHORIZATION FOR MEDICAL TREATMENT**

Should emergency medical treatment be necessary I authorize the delegated agents of the above named parish/diocesan agency to consent to medical or surgical treatment of an emergent or non-emergent nature, including in-patient or out-patient hospitalization, to be rendered to me under the general or special supervision and advice of a physician, surgeon or dentist. Such consent may include, but it not limited to, medical or surgical diagnosis or treatment, diagnostic tests, blood tests, x-rays, transfusions, intravenous treatments, administration of medication or anesthetics, and any related procedures that may be deemed advisable or necessary. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required. It is given to provide authority and power to the delegated agents of the above named parish/diocesan organization to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician, surgeon or dentist, in the exercise of his/her best judgment, may deem advisable. I understand that I assume all financial responsibility for the delivery of such care at the time that such care is provided by the agency, hospital, or facility. I further understand that diocesan and/or parish representatives are NOT permitted to dispense medication.

**PHOTO RELEASE**

I hereby grant to the Diocese of Metuchen and its parishes, schools and assigns, the irrevocable and unrestricted right to use, reproduce and publish photograph(s) or video(s) of me, including my image and likeness for Diocesan, parish or school publications, advertising, or website(s), or any other purpose and in any manner and medium; to alter the same without restriction; and to copyright the same. I hereby release the Diocese of Metuchen and its trustees, officers, employees, agents, legal representatives, and assigns from any and all claims, actions, and liability of whatever nature and relating to the use of said photograph(s) and/or video(s).

**DISCIPLINE / TRANSPORTATION OR DAMAGE COSTS**

I agree that I have read and fully understand the *Office of Youth & Adult Ministry's Policies and Rules of Conduct* and I agree to adhere to them. I agree to respect the rights and property of others and further understand that vandalism, stealing or insubordination will not be tolerated. I assume all responsibility for any and all financial obligations that result from any such behavior or the violation of the Policies and Rules of Conduct. Should it be necessary for me to return home due to medical reasons, disciplinary actions or otherwise, I assume all responsibility and transportation costs.

Volunteer/Adult Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Volunteer:/Adult: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**FOR OUT OF STATE/Country ACTIVITY ONLY:**

***In witness thereof, the undersigned, intending to be legally bound hereby sets their hand and seal the date written below.***

**Notary Signature (REQUIRED): \_\_\_\_\_ Date: \_\_\_\_\_**