

St. Charles Mexico Mission 2026

Teen Forms *(you are 17 years old or younger)*

Participants Name: _____

Date Received: _____

Instructions:

- *Please print and fill out each form. Sign all forms. Original signatures are required.*
- *Effective 2008, passports are required to cross the Mexican border (passports must be valid through December 2026).*
- *Other Important information/instructions*
 - **Date of last Tdap** (tetanus booster - tetanus shot only good for 10 years) - required
 - Medical Authorization (carefully select options as to whether you can receive over-the-counter medication like Tylenol from the on-site designated person. *(Parents are to sign only one authorization, not both)*)
 - Review signature sections - check for signatures on all pages of forms packet
 - Teen fee \$650 - Make checks payable to "St. Charles Church"
 - Archdiocese requirements – "Virtus" Training/Certification - Once paperwork and deposit turned in, you will receive an email from the archdiocese only if you need to update Virtus training (formerly called Shield the Vulnerable)
 - AMOR Form - AMOR waiver/form must be filled out using online AMOR site and electronic signature. Instructions will be received after initial packet is completed and approved. Teens will need two electronic signatures: self and parent
- *Questions? Please contact Carlos DeMarchena cfdemarchena@gmail.com, 650-520-3725*

General and Contact Information

Parent /Legal Guardian Name: _____

Contact Phone: _____

Other Parent /Legal Guardian Name: _____

Contact Phone: _____

Home Address

Street/Number: _____

City: _____

School: _____

Passport number: _____

Passport Issuing Country: _____

Passport expiration Date: *(MM/DD/YYYY)* _____

Current Grade: _____ Birth Date: *(MM/DD/YYYY)* _____

T-shirt size: (Adult S/M/L/XL/XXL) _____

THE ARCHDIOCESE OF SAN FRANCISCO

PARENTAL PERMISSION FORM

ACTIVITY: Mexico Mission 2026 trip – Departing Monday, June 15 and returning Sunday, June 21. Includes two overnight stays at Univ of San Diego. Includes crossing the Mexico border and camping at AMOR’s Hacienda camp in Tijuana.

I, the parent/guardian of the above-named child, hereby give my permission for his/her participation in the activity named above. I agree to direct my child to cooperate and conform with the directions and instructions of the parish, school, or Archdiocesan personnel responsible for the activity.

I agree, to the extent permitted by law, that in the event my child is injured as a result of his/her participation in the above-named activity, including but not limited to transportation to and from the activity, whether or not caused by the negligence (active or passive) of the parish/school or Archdiocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse.

I am not aware of any medical condition of my child which would render it inappropriate for him/her to participate in any such activity.

I hereby give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

Further, I hereby waive any and all rights to, or compensation for, any photographs, videotapes, motion pictures, recordings, or any other record of this event or activity which may be made by the Archbishop/Parish/School/Agency and affiliate organizations.

Parent/Guardian’s Signature: _____ Date: _____

Other Parent/Guardian Signature: _____ Date: _____

I have read and/or discussed with my parents this Waiver and Release form concerning my participation in the event. I understand it and agree that the Waiver and Release shall apply to me also.

(Print Participant's Name)

(Signature of Participant)

Date

Youth Promise Contract

I agree to uphold and exemplify positive Catholic values, and I understand that my participation in an Activity requires compliance with rules and regulations regarding my conduct. Specifically, I agree that during my participation in the Activity:

I will not use, bring, or be under the influence of illegal drugs or alcohol;

I will not smoke, vape or use tobacco products.

I will politely obey the requests and directions of the adult leaders;

I will stay with my assigned group or buddy at all times;

I will participate in the approved activity at all times;

I will dress appropriately at all times;

I will be on time to activities and will observe all check in rules;

I will treat adult leaders, other participants, and community members with respect and will not engage in behavior that reflects poorly on me or the group such as: stealing, swearing, fighting, being physically or verbally abusive, being dishonest, damaging property, threatening others, or engaging in disruptive behavior;

I will only use cell phones and other personal devices at appropriate times and places when allowed by adult supervisors;

I will not participate in hazing, teasing, or other similar activities;

I will not engage in inappropriate sexual behavior;

I will not be in possession of or use firearms, knives, lighters, explosives, or weapons of any kind;

I will not engage in acts of violence; and I will respect the physical property of the facilities used by us and others and will not engage in acts of vandalism.

I agree to abide by these rules and the supervision of adult leaders and understand that violations will be dealt with in an immediate and appropriate manner. If I should be dismissed from participation in the Activity, I understand that my parents will be contacted to arrange for my immediate transportation home.

I have read and/or discussed with my parents this Waiver and Release form concerning my participation in the Activity. I understand it and agree that the Waiver and Release shall apply to me also.

(Print Participant's Name)

(Signature of Participant)

Date

Emergency Health / Medical Information and Consent

In the event of an emergency, I, the undersigned parent/guardian of the child named on this form, hereby gives permission to the Roman Catholic Archbishop of San Francisco, the Pastor, employees, agents, representatives, Chaperones and adult volunteers (the Designated Person(s)) to arrange for and authorize emergency medical, dental, or surgical treatment for my child, as considered necessary by the attending physician or dentist. I wish to be advised prior to any further post-emergency treatment by the hospital, doctor or dentist.

Signature of Parent/Guardian Date: _____

Family Doctor Phone: (_____) _____

Family Dentist Phone: (_____) _____

Family Health Plan Carrier: _____

Policy Number: _____

I also agree to provide the Pastor, the designated Youth Ministry representatives, Chaperone or adult volunteer with current telephone numbers at which I can be reached, as well as the names and phone numbers of individuals who are likely to know where I am should an emergency arise. In the event of an emergency, if you are unable to reach me at the numbers listed above, please contact:

Name _____

Relationship _____

Mobile Phone Number (_____) _____

[Note: sign only one of the following two options]

Option 1 - If my child becomes ill with symptoms that do not indicate emergency medical treatment (e.g., headache, vomiting, sore throat, fever, diarrhea) I hereby grant permission for nonprescription medication (e.g., non-aspirin pain relievers, throat lozenges, cough syrup) to be given to my child, if deemed advisable by the Designated Person(s).

Signature of Parent/Guardian/Date: _____

Option 2 - If my child becomes ill with symptoms that do not indicate emergency medical treatment (e.g., headache, vomiting, sore throat, fever, diarrhea), I wish to be called to be informed of my child's condition.

Signature of Parent/Guardian/Date: _____

My child is currently taking the following medication(s), which he/she will be bringing on this activity in well-labeled containers that include clear directions for dosage and frequency of usage. I hereby give permission the Designated Person (s) to administer the following medication(s): *(Please list all medications)*

Signature of Parent/Guardian/Date: _____

Specific Medical Information / Conditions

Date of last tetanus immunization: _____ *(required)*

Allergic reactions (to medications, foods, plants, insects, etc.):

Medically-prescribed dietary restrictions:

Physical limitations?

History of severe homesickness, emotional reactions to new situations, sleepwalking, bed wetting, fainting?

Any recent exposure to contagious disease/condition, such as mumps, measles, chicken pox? If so, specify the date and the condition exposed to:

Any other special medical issues to be aware of?

Please feel free to attach any additional information to this forms packet.