

St. Charles Mexico Mission 2026

Adult/Chaperone (18 year and older) Forms

Participants Name: *(First/Last legal name)* : _____

Date Received by mission team: _____

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 Dec 2026. Please provide a copy)*
- Important information/instructions*
 - **DATE OF LAST Tdap** (tetanus booster - tetanus shot only good for 10 years)
 - Medical Authorization (Carefully mind information and signatures in this section. Make sure you write down your insurance information and doctor/dentist numbers, date of last tetanus booster)
 - **Driver's license** – if you are over 25 years old, please provide photocopy of your driver's license
 - Review signature sections AGAIN- check for signatures on all pages
 - Fees: there are no adult/intern fees, however your tax-deductible donations are welcome
 - Archdiocese requirements – all adults must complete the following to be approved to participate. Once paperwork is turned in, you will receive an email from the archdiocese/church coordinator regarding your certification status.
 - LiveScan/Fingerprint – all adults must complete and pass a background check
 - “Virtus” Training/Certification – all adults must be up to date on the “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 the initial packet is completed and approved.
- Questions? Please contact Carlos DeMarchena cfdemarchena@gmail.com, 650-520-3725*

General and Contact Information

Name: _____

Home Address

Street/Number: _____

City/State/Zip: _____

Best Contact Phone Number: _____

Best Email: _____

Driver's License No. & Expiration Date: _____

(submit a photocopy of Driver's License)

Birth Date: (MM/DD/YYYY) _____

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

THE ARCHDIOCESE OF SAN FRANCISCO

ADULT WAIVER 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 agree to cooperate and conform to the directions and instructions of the parish, school, or Archdiocesan personnel responsible for the activity.

I agree, to the extent permitted by law, that if I am injured as a result of my 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 that would render it inappropriate for my participation 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.

Signature: _____ Date: _____

Emergency Health / Medical Information

Family Doctor Phone: (_____) _____

Family Dentist Phone: (_____) _____

Family Health Plan Carrier:

Policy Number:

In the event of an emergency, please contact:

Name _____

Relationship _____

Mobile Phone No: (_____) _____

Home Phone No: (_____) _____

Specific Medical Information / Conditions

Date of last tetanus (Tdap) immunization: _____

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

Medically prescribed dietary restrictions:

Physical limitations?

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

Any other special medical issues to be aware of?

Code of Conduct: Chaperones

I agree to be responsible and provide adult supervision for the children.

I agree to be a good role model in my interactions with children and adults at this event by:

Dressing appropriately

Not consuming alcohol

Not smoking, vaping

Not using illegal drugs

Not possessing a weapon

Being respectful to all children, adults and others and their property that I may encounter on this trip.

I have read and understand this Agreement and agree to perform my obligations as set forth above.

Signature : _____ Date: _____

Please include a photocopy of your passport with these forms.

If you are over 25 years old, please include a photocopy of your driver's license.