



Life Teen Fall Retreat

Oct 28 - 30, 2011

Registration / Consent Form

Cost of retreat is \$75 per person. Registration deadline is Oct 19, 2011.

Participant's Name: _____ T-Shirt Size: _____

Participant's Age: _____ Grade: _____ Birthdate: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Participant's E-mail Address: _____

Parents' Name(s): _____

Home Phone: _____ Cell Phone: _____

Parents' E-mail Address(es): _____

Other phone numbers where parents can be reached during the retreat weekend:

If I/we cannot be reached at the numbers given above in the event of an emergency, the following person(s) is/are authorized to act on my/our behalf:

Name: _____ Relationship to Participant: _____

Home Phone: _____ Cell Phone: _____

Pertinent insurance and medical information for my/our child is as follows:

Insurance Carrier: _____ Group #: _____

Policy Number: _____ Social Security Number: _____

Has the participant received a tetanus shot in the past 10 years? Yes _____ No _____

Do you give permission for over-the-counter medications such as Tylenol, Motrin, Tums, Benadryl, etc. to be dispensed if requested by participant? Yes _____ No _____

Listed below are known allergies, health problems, and/or current medications for each student:

MEDICAL CONSENT

The student's medical conditions stated on this application are complete and correct. I hereby give permission to the adult supervisor to arrange for medical care and treatment in case of a medical emergency. I also give permission to the physician selected by the adult supervisor to examine, diagnose and treat or secure proper treatment for the student as the physician determines proper and necessary under the circumstances. A photocopy of this authorization shall be as valid and may be accepted as the original.

PARENTAL CONSENT

I have been informed of the nature of the program in which the student is enrolled. I understand there are risks associated with the student's participation in the program and transportation to and from the program, which pose a threat of injury, illness or death. The undersigned is familiar with the activities involved and the student's abilities and I am not aware of any physical, emotional or mental problem or limitation that would prevent, impair or increase the risks involved in the student's participation.

I hereby release and discharge St. Mary's Catholic Church, the Archdiocese of Omaha, and Camp Calvin Crest and their agents and employees from liability to the student for any and all losses, damages, and expenses and any injury to person or property, including death resulting from the student's travel to or from the program and participation in the program.

Parent or legal guardian signature: _____ Date: _____

Please complete back of this form also



Life Teen Retreat Rules

RETREAT RULES:

- 1 Participants will not be allowed to leave the camp area at any time during the weekend for any reason other than a medical emergency; the group will arrive together and depart together
- 2 No purple or PDA (public displays of affection between boys/girls)
- 3 Stay out of the opposite sex's cabin(s) / room(s).
- 4 Respect camp property.
- 5 Help keep camp area and retreat center clean.
- 6 Bunk in your assigned cabin / room.
- 7 Leave all cell phones, computers, electronic games, mp3 players, CD players, DVD players, and other electronic entertainment at home or it will be confiscated by an adult and returned to parents after the retreat is over (cameras are okay).
- 8 What's discussed among participants at retreat MUST STAY AT RETREAT!
- 9 Leave all bad attitudes AT HOME!
- 10 Absolutely no tobacco, alcohol, drugs, discrimination, bullying, profanity or inappropriate language will be tolerated at any time during the retreat weekend.

I have read THE RETREAT RULES. I agree to abide by all rules and follow the directions of the youth minister and core team leaders at all times. I understand that failure to follow any of the rules will result in my dismissal from the retreat.

Participant's Signature

Date

I have read THE RETREAT RULES with my son/daughter and understand that I will be called to pick up my son/daughter from the retreat should he/she be dismissed for failure to comply with the rules.

Parent's Signature

Date

Note to parents:

Parents, would you be willing/available to help in any of the following areas? (please check to volunteer)

_____ Serve on The Life Teen Core Team _____ Presenter at the retreat (materials provided)

_____ Adult chaperone for weekend _____ Prayer/Adoration coordinator

_____ Make a donation to help defer the costs for the retreat

Name(s): _____

Please complete back of this form also.