

HOLY FAMILY PARISH'S ANNUAL

LIFE TEEN RETREAT

For all High School teens.
Register now to secure a spot!

Friday, February 8 to Sunday, February 10 (2pm)
@ Mount Hermon Conference center



COST: \$225

INCLUDES: 6 MEALS, LODGING, TSHIRT, POWERFUL TALKS,
WORSHIP BAND, MASS, RECONCILIATION, FUN ACTIVITIES, NEW
FRIENDSHIPS, RENEWED FAITH IN CHRIST AND MORE

WHY?: BECAUSE YOU NEED A RETREAT! WHY NOT?

MONEY AN ISSUE? NO TEEN WILL EVER BE TURNED AWAY DUE
TO FINANCIAL REASONS. TALK TO US FOR SCHOLARSHIPS!

DOWNLOAD PERMISSION SLIP & ITINERARY ON OUR WEBSITE.
PERMISSION SLIP AND FULL PAYMENT DUE SUNDAY, FEBRUARY 3RD
MAKE CHECKS TO: HOLY FAMILY PARISH OR PAY ON OUR WEBSITE

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408-265-8650 | CHRIS.MARDESICH@DSJ.ORG



HOLY FAMILY PARISH



Holy Family Parish PARENTAL PERMISSION AND MEDICAL RELEASE FORM

Please Print. Thank you

PARTICIPANT'S NAME _____ (H)PHONE _____

ADDRESS _____ SCHOOL _____

CITY _____ STATE _____ ZIP _____ GRADE _____

YOUTH EMAIL _____

PARISH _____ BIRTH DATE _____ GRADE _____ GENDER _____

PARENT/GUARDIANS' NAME _____ CELL PHONE _____

PARENT EMAIL _____

DOCTOR'S NAME _____ DR.'S PHONE _____

INSURANCE COMPANY _____ POLICY # _____

Are there any known physical, psychological or emotional limitations that would affect this young person's participation in this event? Does the participant have any known food allergies? Yes No

If Yes, explain: _____

EMERGENCY CONTACT IN THE EVENT THE PARENT (S) CANNOT BE NOTIFIED:

NAME _____ PHONE _____

MEDICAL RELEASE FORM

I request that the Roman Catholic Diocese of San Jose, Office of Youth and Young Adult Ministries, permit my child to participate on the **Holy Family Life Teen Retreat** to be held at **Mount Hermon Conference Center** on **February 8-10, 2019**. **The cost is \$225.00 and starts at 5:30pm on Friday, and ends at 2pm on Sunday.** I understand that reasonable precautions will be taken to safeguard the health and well being of my child, and that I will be notified as soon as possible in the event of an emergency. In case of sickness or accident, I authorize and consent to any x-ray exam, anesthetic, medical, dental or treatment and hospital care to be rendered to my child under the general care and advice of any physician, dentist or surgeon licensed to practice in any state. I further understand and agree to be responsible for any such medical, dental and/or hospital expenses incurred. I understand and agree to direct my child to follow all rules and guidelines including any dress codes. I understand the consequences of my child violating or disrespecting and of these rules.

I hereby grant permission for my child to be photographed and/or videotaped during the event/activity. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting the Holy Family Life Teen and Edge ministries.

PARENT'S SIGNATURE _____ DATE _____

OTHER PARENT'S SIGNATURE _____ DATE _____