

# Advent RETREAT

Please return to Greg Barker  
December 7-9, 2018

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

T-Shirt Size (Adult): \_\_\_\_\_

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

City \_\_\_\_\_ MO ZIP: \_\_\_\_\_

Home #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Cell #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Parent Email: \_\_\_\_\_

Teen Email: \_\_\_\_\_

School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Cost is \$125.00 Make checks payable to **St. Joseph Church**

What to bring:

Bring the usual retreat items, pillow, towel, clothing...and so on!  
outside wear & shoes

An open heart and willingness to get away for a weekend & grow spiritually!

To "officially" sign up, please fill forms and make payment. Please speak with Greg if there is need help.  
Arrive at St. Joseph at 6:00 pm and we will caravan down to **Il Ritiro, Dittmer, MO** with Core Team.  
We will return for the Sunday 5:00 pm Mass and there will be no Life Night.

**PARENTAL/GUARDIAN PERMISSION AND LIABILITY WAIVER**

Name of Student \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ City and Zip \_\_\_\_\_

Telephone numbers: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Emergency ( ) \_\_\_\_\_

I/we (name of parent/guardian) \_\_\_\_\_, grant permission for my child (name of youth) \_\_\_\_\_, to participate in the **Fall RETREAT- December 7-9, '18**

I understand that this activity will take place under the guidance and direction of St Joseph's Parish. I agree on behalf of myself, my child's other parent or guardian, my child named herein, our heirs, successors, and assigns, to release, waive, indemnify and hold harmless and defend the parish, its employees and volunteers or other agents and the Archdiocese of St. Louis, and the officers, agents, representatives, volunteers and employees of the Archdiocese with respect to any and all actions, claims or demands that may be made or brought against the Archdiocesan Youth Office, its directors, employees and volunteers and the Archdiocese of St Louis.

**Medical Matters:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

**Lost or Stolen Items:** The Parish of St Joseph and the Archdiocese of St. Louis will not be held liable for any valuables lost or stolen at the event described above.

I understand and agree that this release is required as contractual consideration to the Archdiocese of St. Louis for allowing my daughter/son to participate in this parish event, and that my agreeing to this release of liability is a required prerequisite for the Archdiocese and Parish to allow my/our daughter/son to participate in the above described Parish event.

\_\_\_\_\_  
**Parent/Guardian Signature Date**

**FOR YOUTH OLDER THAN THE AGE OF FOURTEEN**

In consideration for being allowed to participate in the above described Parish event, I hereby personally assume all risks in connection with said event, and all activities related to or associated with event, including travel, housing, meals and collateral entertainment for any harm, injury, loss or damage to any of my personal property, or damage that may befall me while I am participating the this Parish event, including all risks connected with the event, whether foreseen or unforeseen and whether obvious, hidden, understood or not understood by me.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THE ABOVE PARAGRAPH, AND THAT I FULLY UNDERSTAND THE MEANING AND PURPOSE OF THIS FORM AND MY SIGNING IT.

\_\_\_\_\_  
Youth Signature Date

**MEDICAL CONSENT FORM (If you have filled this out in 2018 or if there are changes....)**

To the best of my knowledge, my child \_\_\_\_\_ is in good health and has my/our permission to attend the **Fall RETREAT- December 7-9, '18.**

In the event of circumstances which indicate that my child is in need of medical care, I/we authorize parish officials to consent to any necessary x-ray examination, medical or surgical diagnosis or treatment, and other evaluation, diagnosis, treatment, medication or hospital care in accordance with standard medical practice by licensed medical personnel. I/we release and agree to hold the school harmless from any claims due to illness suffered by my child in the course of receiving such medical responsibility and consequences that may arise as the result of this treatment.

**Parent/Guardian Signature Date**

(Please print)

Parent/Guardian's Name \_\_\_\_\_

Home Address \_\_\_\_\_ City & ZIP \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

If you are unable to reach me, please contact:  
Name \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

**Medical Information** (Please print)

My/Our child's physician is: \_\_\_\_\_ Phone Number \_\_\_\_\_

My Child is allergic to \_\_\_\_\_

My child must take the following medication (indicate dosage and frequency) \_\_\_\_\_

Other Medical information \_\_\_\_\_

Date of Last Tetanus Booster \_\_\_\_\_

8Birthdate \_\_\_\_\_

Parent's employer \_\_\_\_\_

Insurance Carrier # \_\_\_\_\_ Policy # \_\_\_\_\_

*I (circle one) **do or do not** grant permission to employees and agents of the school to give my child nonprescription drugs in the events circumstances reasonably demonstrate that my child is in need of such drugs.*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

