



# T4 Retreat NO. 11

August 28—30, 2020 / Registration Form

Name: \_\_\_\_\_ School (2020-21 year): \_\_\_\_\_

Adult T-Shirt size (please circle one):      Small      Medium      Large      XL

Address: \_\_\_\_\_ City: \_\_\_\_\_ MO Zip \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Email(s): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_

Do you have any special diet requirements, medical history, medication or major allergies? If so, please specify:

\_\_\_\_\_

I hereby authorize my son/daughter to attend the Timothy 4 retreat (August 28-30, 2020) at St. Joseph Church.

Print Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Optional fields: provide if teen would like to be added to St. Joe Youth Group Flocknotes and GroupMe messages.)

Teen Email: \_\_\_\_\_ Teen cell # : \_\_\_\_\_

Ways you can help us make this a successful weekend for your teen(s):

1. Pray for the retreat weekend!
2. Please consider helping us with a meal! We cater all food, but need help with serving and set-up & clean-up!
3. Please attend the Closing Mass on Sunday, August 30th at 5pm... as we work together to bring about stronger relationships with God, with self, and with family!

Please check if you can help in any of these areas:

\_\_\_\_ I will be able to help with a meal (serve, pick-up, etc.)

\_\_\_\_ I have taken the SAFE ENVIRONMENT PROGRAM with Archdiocese and am in compliance.

Don't let anyone look down  
on you because you are young,  
but set an example for the believers  
in speech, in conduct, in love,  
in faith and in purity.  
1 Timothy 4:12

The cost for the retreat weekend is **\$75.00** per child. (No one will be denied the opportunity for the retreat due to financial reasons. Contact your youth minister for details.)

**SPACE IS LIMITED – REGISTRATIONS ACCEPTED ON FIRST COME, FIRST SERVED BASIS.**

Make checks payable to St. Joseph Church. Turn in registration to the Parish Office or your youth minister, Maggie Schurz by August 21<sup>st</sup>. You may also mail forms and payment to the parish office:

St. Joseph Church  
Attn: Youth Ministry T4 Retreat  
567 St. Joseph Ln  
Manchester, MO 63021

**PARENTAL/GUARDIAN PERMISSION AND LIABILITY WAIVER**

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

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

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

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

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

I/we (name of parent/guardian) \_\_\_\_\_, grant permission for my child (name of youth) \_\_\_\_\_, to participate in the **Timothy 4 retreat, August 28—30, 2020**. I understand that this activity will take place under the guidance and direction of St Joseph's Youth Ministry. 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**

To the best of my knowledge, my child \_\_\_\_\_ is in good health and has my/our permission to attend the **Timothy 4 retreat, August 28—30, 2020.**

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 \_\_\_\_\_ Birthdate \_\_\_\_\_

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** \_\_\_\_\_