

High School Students



WINTER FUN RETREAT
DECEMBER 10 – 11 2011
AT CONCORD RETREAT

Meet at St. Johns at 8:30am Saturday, December 10
Return to St. Johns to attend the 5:30 pm Mass, December 11
Cost: \$75

Optional Activity: Paintball!
Play 3 rounds of paintball during the afternoon Free Time. Cost: \$24 additional

Save this part and submit this part with \$75 by December 4, 2011

Retreat only Retreat and Paintball

Fall Retreat Permission and Emergency Release Form

Participant's name: Date of Birthday:

High School: High School Graduation Year:

Address: City: Zip:

Participant's Email Address: Phone:

Emergency Contact Name: Phone:

Family Physician: Phone:

Please list any medical concerns (e.g. allergies) that your child has and that we need to be aware of:

List any medication your child will need administered on this outing:

I, parent/guardian of, agree to indemnify the St. John the Evangelist Parish, Youth Ministers, Volunteers, and the Diocese of Arlington for any costs or expenses arising out of my child's participation in Winter Fun Retreat, December 10-11, 2011 including the cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in the activity.

I further give my consent to that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor. I authorize the All Saints Youth Ministry to use my child's picture or video recording for educational and/or marketing purposes. Parents/guardians who do not wish their child to be photographed or filmed should so notify All Saints Youth Ministry in writing.

Signature of parent or guardian: Date:

For Office Use Only: Date: Check Number: Amount: