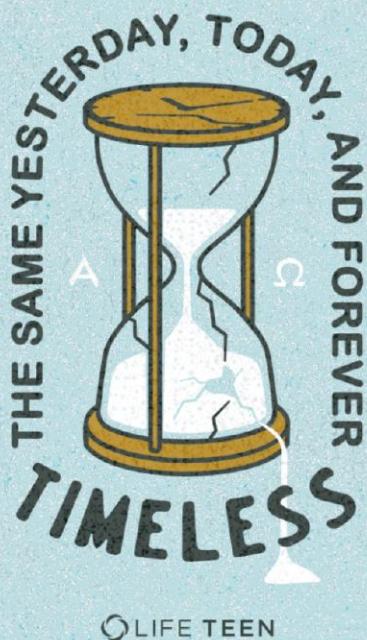


High School Spring Retreat **TIMELESS** April 28-30 @ The Vision Cost: \$75 (includes T-shirt) Open to all High Schoolers



Important Information

(Keep this sheet for reference)

- Permission Forms and Payments due on April 2nd
- Payments are non-refundable
- Bring a pillow, sleeping bag and towel + clothes and shoes for outdoor activities. Bug spray, sunscreen, etc.
- We will return to St. John's Youth Room on Sunday around Noon, we will give you a 30 minute notice of our arrival.
- Guys bring a 6-12 pack of water or soda, Girls bring a salty or sweet snack to share.

Parent help may be needed driving to and from the Retreat Center, and with providing breakfast, lunch and dinner on Saturday/Sunday. Details tbd.

The Vision is located at 187 Oscar Webster Road,
Huntsville, AL 35803

Questions? Contact Betsy at sijm@stjohnbchurch.org

COST: \$75 (checks payable to St. John's Church)

T-Shirt Size: _____

Bring Spending \$ for fast food on the way to and from retreat + sleeping bag, pillow and towel

Diocese of Birmingham in Alabama Parental/Guardian Consent Form and Liability Waiver

Participant's Name: _____ Sex _____ Birth Date: _____

Parent(s): _____

Home Address _____

City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Email: _____

➤ I, _____ grant permission for my child (name of Child): _____ to participate in this parish youth ministry event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees from St. John's Catholic Church, Madison, Alabama. A brief description of the activity follows:

Date of event/activity: Friday April 28-Sunday April 30, 2017

Type of event/activity: St. John's Spring Retreat

Destination of event/activity: Vision Ministry, Inc S. Huntsville, AL

Individual in charge of and responsible: Betsy Lashley

Estimated time of departure and return: 6:30pm Friday – ~1pm on Sunday

Mode of transportation to and from event: Vehicles and/or Parents

➤ I do hereby further give consent for all emergency medical care (including surgery, if deemed necessary and recommended by at least two attending physicians) prescribed by a duly licensed physician for my child in the event of injury or illness to my child during the above named activity. This emergency medical care may be given under whatever conditions are deemed necessary, or whatever conditions may then and there exist, so as to preserve and protect the life, limb, health and well-being of my child.

➤ I do hereby agree to forever indemnify, exonerate, hold harmless and defend the owner and driver of the private motor vehicle, the parish, the pastor, and staff members and all youth ministry personnel, and the Bishop of Birmingham in Alabama, a corporation sole, and their respective successors in office, from all claims, demands, actions, and causes of action arising out of or in any way pertaining to any bodily injury or illness including death, incurred by my child during the course of any said activities, and including emergency medical and/or surgical treatment for my child and whether or not said claim, demand, action or suit is based on, or alleged to be based on, in whole or part, the negligence, wantonness, or other similar conduct of any of the Indemnities.

➤ This Indemnity applies, in all events, to the extent that such an injury, damage, illness, or death to my child is not covered by applicable or enforceable liability insurance available to The Indemnities. I assume all risks and hazards incidental to or attendant with my child's participation in the above named activity, and in each phase of it.

➤ I request that in the event of any medical or other emergency involving my child during the above named event, when neither myself or the child's other parent is readily available to be contacted by phone, that the adult supervisor contact the following person who will have authority to speak for me with respect to the emergency needs of my child.

Required

Name: _____ Relationship: _____

Emergency Phone: _____

Signature of Parent: _____ Date: _____

(YOU MUST FILL OUT THE INFORMATION ON THE BACK AS WELL!)

MEDICAL INFORMATION

Required

Family Physician: _____ Phone: _____

Family Health Plan Carrier: _____

Policy/Contact Number: _____

Name of Policy Holder: _____

➤ My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage, and frequency of dosage is as follows:

Signature: _____ Date: _____

Optional

➤ No medication of any type, whether prescription or non-prescription may be administered to my child unless the situation is life threatening and emergency treatment is required.

Signature: _____ Date: _____

OTHER INFORMATION

Allergic Reactions (medications, foods, plants, insects, etc.) _____

Date of last tetanus: _____

Special Dietary Considerations: _____

Physical Limitations: _____

You should be aware of these special medical or psychological conditions of my child: _____

CODE OF CONDUCT

➤ I hold that my child will conduct himself/herself in a proper manner and failure to abide by standard codes of conduct will cause my child to be dismissed from the above named event. I understand that this dismissal will require that I provide and/or incur any costs for their transportation home from the event.

Parent Signature: _____