

# DIOCESAN ALTAR BOY RETREAT 2017

## REGISTRATION FORM

***Retreat Date: June 25 – June 28***

***Registration Fee: \$100***

***Please return no later than Monday June 12, 2017***

### Personal Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Parish: \_\_\_\_\_ City & State: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical History

Please check any conditions your child has had:

\_\_\_\_ Measles                      \_\_\_\_ Chicken Pox                      \_\_\_\_ German Measles

\_\_\_\_ Mumps                      \_\_\_\_ Hepatitis A                      \_\_\_\_ Hepatitis B

\_\_\_\_ Hepatitis C

Please list any other medical condition: \_\_\_\_\_

\_\_\_\_\_

Restricted Activities: \_\_\_\_\_

\_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

\_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

PARENT OR GUARDIAN AUTHORIZATION: I wish to enroll my child in the **Altar Boy Retreat at Johnstown, PA, Sunday June 25 – Wednesday June 28, 2017**. If I cannot be reached in the event of an emergency, I give my permission to the Retreat Director and staff to hospitalize, secure proper treatment for, and order injections, anesthesia or surgery for my child, if necessary. By my signature below, I accept FULL responsibility for my child, who has my permission to engage in all prescribed activities, except as noted by me and/or the examining physician.

This is to certify that all above information is correct to the best of my knowledge and that my child is in Good Health and has no known recent exposure to any contagious disease. (IF CHILD HAS HAD A SERIOUS ILLNESS OR SURGERY SINCE LAST EXAM, WRITTEN PERMISSION MUST BE OBTAINED FROM A PHYSICIAN TO ATTEND THE RETREAT.)

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

- ITEMS TO BRING: Altar Boy Robes; Personal Toiletries; Casual Clothes; Swimsuit; Sneakers; Sweater or Sweatshirt; Sleeping Bag or Sheets, Pillow & Blanket, Insect Repellent, Baseball Glove, Extra Spending Money. A GOOD ATTITUDE!!

- ITEMS NOT TO BRING: Cell Phones and Pagers; Gaming Systems; Laser Pointers;. Roller Blades, Sneaker Skates, Roller Skates; Alcoholic Beverages; Cigarettes or any Tobacco Products; Illegal Drugs; Knives; Guns; Fireworks; Shaving Cream; Clothing with suggestive or obscene imagery or words; or any other item NOT deemed appropriate. A BAD ATTITUDE!!

PLEASE NOTE: At the conclusion of the Retreat, no one will be able to leave until 11 a.m. This morning time will be used to place all areas of the retreat back in proper order. Those who will be picking up their young men are asked to adjust their time accordingly!!!

## ENCOUNTER 2017 T-SHIRT

All retreat participants receive an "Encounter 2016" T-Shirt. This shirt is worn while we are away from Johnstown to help keep track of the participants. Form must be received by June 16 to guarantee size. Please note that all sizes are **"Adult"** sizes:

\_\_\_ SMALL    \_\_\_ MEDIUM    \_\_\_ LARGE    \_\_\_ EXTRA LARGE    \_\_\_ XX LARGE

Electronic Registration and Payment Options are available at: <http://conta.cc/2qtYtEX>

Please return the form (and payment if by check) by June 12, 2017 to:  
Fr. David Cochran, 40 Beaver Dam Rd, Stratford, CT 06614

Or email it to: [pauldcochran@gmail.com](mailto:pauldcochran@gmail.com)

Please include your payment with your registration, either by check or electronically by credit card. Checks should be made out to "DIOCESE ALTAR BOY RETREAT" and include your child's name in the memo.